Excellence and Choice
A consultation on the Proposal to build an Acute Mental Health Inpatient Facility at Belfast City Hospital

14 December 2009 - 8 March 2010
**CONTENTS:**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>2</td>
</tr>
<tr>
<td>1. Executive summary.</td>
<td>3-9</td>
</tr>
<tr>
<td>2. Introduction.</td>
<td>10-11</td>
</tr>
<tr>
<td>3. What has influenced our decision to change the way in which we deliver acute mental health care?</td>
<td>12-15</td>
</tr>
<tr>
<td>4. Profile of current provision of Acute Mental Health inpatient service.</td>
<td>16-21</td>
</tr>
<tr>
<td>5. Future Service Provision in Mental Health.</td>
<td>22-28</td>
</tr>
<tr>
<td>6. Option appraisal and the decision making process.</td>
<td>29-41</td>
</tr>
<tr>
<td>7. Workforce Implications.</td>
<td>42-43</td>
</tr>
<tr>
<td>8. Conclusions and Recommendations.</td>
<td>44</td>
</tr>
<tr>
<td>9. Your chance to have a say – Consultation questions.</td>
<td>45-46</td>
</tr>
</tbody>
</table>

**Appendices**

- Appendix 1 – Programme of consultation 48
- Appendix 2 – Equality and Human Rights 49
- Appendix 4 – Options not short-listed 51-53

This document is available on request in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English).

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Foreword

Welcome to this formal consultation on the proposal to build an acute mental health facility at Belfast City Hospital. The paper outlines what our acute mental health services are currently like and where they are; what is influencing the proposed changes to our acute mental health services; and reflects on what future demand on acute mental health services in Belfast is likely to be. This document also asks for your opinion on our proposal and outlines how you can tell us what you think.

The Trust has moved away from a centre-based day hospital approach, to delivering care and treatment more locally to patients.

We are seeing more people receiving home treatment and being supported and treated within their community. We expect to see more people availing of new community home treatment beds that enable people who are unable to remain in their own home to continue to receive treatment in the community, thus avoiding unnecessary hospital admission.

As part of our new model of care we also want to see an enhancement of therapeutic interventions, including psychological therapies, for those requiring admission to an acute inpatient bed. As a result of this we expect to see fewer admissions to hospital, with those patients who are admitted having shorter length of stay for inpatient treatment and being able to return home more quickly.

Our current facilities need to be updated and we are seeking to build a new inpatient facility for Belfast. We believe this should be situated in the grounds of Belfast City Hospital. This paper describes the process we have used to come to this decision and we would now like to hear your views.

Thank you for taking the time to become involved and contributing to our future plans.

BERNIE McNALLY
Director of Mental Health and Learning Disability
1.0 EXECUTIVE SUMMARY

1.1 Introduction

This document explains why Belfast Trust would like to site a single acute mental health inpatient facility and a psychiatric intensive care unit for Belfast in the grounds of Belfast City Hospital. It outlines what our acute mental health services are currently like, the improvements made recently and what is influencing the proposed changes to our services; and reflects on what future demand on acute mental health services in Belfast is likely to be. This document also asks for your opinion on our proposal and outlines how you can tell us what you think.

In early 2009, our Trust Board ratified a previous consultation called, “Mental Health Excellence and Choice”. One element of that consultation proposed acute mental health inpatient beds should be provided in one place and the people and organisations that we consulted with, agreed. Now we are asking if you agree that Belfast City Hospital is the best place for this development. This document describes how the preferred option was selected.

1.2 Strategic context and proposed service model

The future provision of acute mental health inpatient services in Belfast has been considered within a Northern Ireland-wide context.

In 2002, the DHSSPS (Department of Health and Public Safety) initiated an independent review of mental health and learning disability law, and policy and service provision. This is now referred to as the Bamford Review. The report, published in June 2005, contained a number of recommendations aimed at improving mental health services across Northern Ireland.

Key recommendations from the Bamford Review, which have informed the proposals for how Belfast Trust can modernise our mental health service are outlined below:

- Mental health services should be person-centred, seamless community-based services, informed by the views of service
users and their carers, making early intervention a key priority and protecting and promoting people’s mental health.

- Services should support people with mental illness to live as full a life as possible and to promote recovery.
- Care and support should be provided in such a way as to allow people to remain in their own home or in a community setting.
- Some people will need admission to hospital from time to time for specialist assessment or treatment, however such admissions must be short, therapeutic and focused on a speedy return to life in the community.

Based on the Bamford Review recommendations, Belfast Trust new proposed model of mental health service is characterised by enhanced home treatment services, revitalised and more socially inclusive day support services, enhanced therapeutic input to inpatients with a reduced reliance on acute inpatient beds. As a consequence of reduced reliance on beds, the proposed model includes a reduction in the number of acute inpatient beds across Belfast from the current 138 to 80. (Excluding PICU beds.) The first reduction of 24 beds will take place in late January 2010.

1.3 Current service profile

Belfast Trust provides acute mental health services through the three elements of home treatment care including community treatment beds, acute day treatment services and acute inpatient services.

The home treatment service was established in 2005, and has been successful in enabling many patients to receive intensive care and treatment without admission to hospital.

The Trust currently provides day treatment through the acute day treatment team based at Woodstock Lodge. Staff provide treatment for patients across Belfast after their discharge from hospital, or work to prevent admission to hospital.

In exceptional circumstances some people will require an admission to a hospital inpatient unit for a period of assessment and / or treatment. The Trust currently has three acute inpatient mental health units: Windsor House at Belfast City Hospital (35 beds), Knockbracken Healthcare Park (Dorothy Gardner male and
Rathlin female, 48 beds, this will reduce to 24 in January) and at the Mater Hospital (55 beds).

There are seven acute assessment and treatment wards across the three mental health inpatient units, which collectively provide 138 beds across Belfast. In January this will have reduced to six wards providing 114 beds.

The psychiatric intensive care unit (PICU) provides 12 beds at Avoca ward at Knockbracken.

1.4 Future Service Provision in Mental Health

The Trust is guided in its approach to modernising Mental Health Services by a number of general principles:

- Services are person-centred;
- Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs;
- Everyone has the right to community living;
- Everyone has the right to experience the same level of service regardless of location;
- Services will be planned, implemented and evaluated in partnership with users and carers;
- All mental health services will be provided on a Belfast wide basis;
- Service improvement and modernisation will be based on best practice;
- Staff will be supported in their professional and personal development; and
- Services will be delivered in an efficient and effective manner within available resources.
The Trust proposals to reduce the number of acute inpatient beds are underpinned by the development of a recovery-focused model of care with more care delivered in a community setting. Recovery services will integrate and interface with acute care services in order to ensure that each service user:

- Can access services more easily,
- Has choice about where and how services are delivered; and
- Receives seamless and person centred care.

More people are already receiving home treatment and being supported and treated within their community. Referrals to home treatment are increasing and admissions to acute units are falling. The Trust expects to see more people availing of its new community home treatment beds that enable people who are unable to remain in their own home to continue to receive treatment in the community, thus avoiding unnecessary hospital admission and reducing the requirement for inpatient beds.

1.5 The decision-making process (benefit criteria and weighting)

Option analysis

The list of options was developed by the project team comprising of representatives of all current in-patient sites and multi-professionals based on an analysis of the strategic context, vision and objectives for the service set out in this document.

Proposed Options

Option 1 – do nothing

Services remain on 3 sites providing 114 acute mental health beds (24 Knockbracken, 55 Mater and 35 Windsor), and 12 PICU beds at Knockbracken.
Option 2 – refurbish existing sites

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

Option 3 – centralise all acute mental health inpatient beds on Mater site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12). The beds will be provided in a new, purpose-built facility on the Mater Hospital site.

Option 4 – Centralise all acute mental health inpatient beds on Knockbracken site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12). The beds will be provided in a new, purpose-built facility on the Knockbracken site.

Option 5 – Centralise all acute mental health inpatient beds on Belfast City Hospital site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12). The beds will be provided in a new, purpose-built facility on the Belfast City Hospital site.

Option 6 – Centralise all acute mental health inpatient beds on a site within Greater Belfast – not currently Trust owned

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12). The beds will be provided in a new, purpose-built facility on a site not currently owned by the Trust within Greater Belfast. A site would need to be identified and acquired.
Option 6a Girdwood Barrack Site, Crumlin Road

This option involves the Trust acquiring land adjacent to the Mater Hospital known as Girdwood Barracks. The beds will be provided in a new, purpose-built facility.

Option 6b The Court House Site, Crumlin Road

This option involves the Trust acquiring land adjacent to the Mater Hospital the former court House. The beds will be provided in a new, purpose-built facility.

Option 7 – Centralise all acute mental health inpatient beds on an existing site owned by Belfast Trust

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12). The beds will be provided in a new, purpose-built facility on a site owned by the Trust, which has sufficient space to enable development to take place. Trust-owned sites that would have sufficient space are:

Option 7a Musgrave Park Hospital Site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus PICU beds (12) on Musgrave Park Hospital Site. The beds will be provided in a new, purpose built facility.

Option 7b Forster Green Hospital Site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus PICU beds (12) on the Forster Green Hospital Site. The beds will be provided in a new, purpose built facility.

Option 8 – Centralise all acute mental health inpatient beds on Royal Hospitals site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus PICU beds (12). The beds will be provided in a new, purpose built facility on the Royal Hospitals site.


**Preferred Option**

The options were short-listed then subject to a benefit appraisal against a number of agreed benefit criteria. (A weight was also assigned to each criterion and options were scored against each weighted criteria).

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

The Trust is mindful of the Deed of Arrangement (signed 1971), reinforced by the Memorandum of Understanding (signed March 2007) and the particular regard to the ethos and character of the Mater Hospital. The Trust will continue to give due recognition to the Deed of Arrangement and the Memorandum of Understanding.

**Conclusion**

This document was approved for consultation by Belfast Health and Social Care Trust at Trust Board meeting on 10 December 2009. We are now seeking staff, service user and public views on the proposed option. Please refer to section 8 setting out the implications of the different options considered and section 9 for the consultation questions
2.0 INTRODUCTION

The creation of the new Belfast Trust has provided the opportunity to review how we can modernise adult mental health services for the future. In doing this we want to better organise and deliver care and treatment so that services are easier to access, are more flexible, and are delivered by the right person in the right place. Our aim is to provide the highest quality of care and treatment for people with mental illness.

2.1 What this document covers

The focus of this consultation document is on the proposal to build an Acute Mental Health Facility at Belfast City Hospital. It sets out:

- The existing acute mental health services in Belfast Trust.
- Highlighting issues that are influencing future service planning.
- Describe the Trusts proposed new model of acute care.

A key aspect of this model is a new acute mental health inpatient facility for Belfast. The document sets out the preferred option for the location of a new facility, Belfast City Hospital, and describes the process, used to come to this decision.

2.2 The new model of Care and Benefits

The Trust proposals are underpinned by the development of a recovery focused model of care with more care delivered in a Community setting. As a consequence of more care and treatment available in the Community there will be less reliance on Acute Hospital In-Patients beds.

The benefits of the new model are many:

- More people will be able to have support and treatment provided to them in their own homes as opposed to in a hospital.
- Those who don’t require hospital admission, but for whom home treatment is no longer an option, can avail of home treatment in our community treatment beds.
• Those people who require admission to inpatient acute care will benefit from an increase in therapeutic care.
• People admitted to an inpatient unit will also know how long they can expect to receive inpatient treatment and when and what the follow up will be.
• The balance of service provision will move from hospital to community.

As a result, patients can expect to spend less time in hospital. When they are in hospital the environment will assist in their recovery.
3.0 WHAT HAS INFLUENCED OUR DECISION TO CHANGE THE WAY IN WHICH WE DELIVERY ACUTE MENTAL HEALTH CARE

A number of drivers for change have been identified that influence the Trust strategic direction for mental health services:

3.1 Commissioner Strategy and Commissioning Statement

The Trust’s commissioner for mental health services, the legacy EHSSB, has published 2 relevant documents in relation to the future of mental health services in the Boards area:

- The EHSSB Strategy for Adult Mental Health Services (2004) reflects much of what is in the Bamford Vision Report; and
- The Commissioning Statement on the Future Provision of Acute Psychiatric In-patient Services (2007) in the Board’s area which was quality assured by ATM Consulting.

3.2 The Bamford Review

The Bamford Framework envisages that, with the appropriate development of community based services, the need for admission to hospital will be much reduced and that patients will stay for a much shorter period. This will result in a reduction in the number of acute mental health inpatient beds required.

3.3 Belfast Trust Consultation on the Future of Acute Psychiatric Inpatient provision

In May 2008 the BHSCT commissioned, an independent consultant, to carry out a consultation exercise on the future of the existing three psychiatric units in Belfast with key stakeholders including service users, carers, GP’s and staff. The issues that have emerged from the consultation exercise are summarised below:

In relation to a vision of an effective mental health service:

- All participants indicated they would like to see ‘a modern fit for purpose building(s)’ which supported the delivery of high quality
care. There was universal acceptance that the current acute inpatient mental health buildings are unfit for purpose and the need to improve, enhance or replace the current buildings.

- For many of the stakeholders the quality of the patient experience was much more important than location and structure of any future inpatient provision.

*In relation to the future location of services:*

- There was no clear consensus as responses to the consultation exercise tended to be very dependent on where an individual worked or had received treatment.
- For the majority of carers the link between any changes to acute inpatient provision and community based service provision was uppermost in their thinking.

3.4 “Excellence and Choice” – A Consultation on Adult Mental Health Services in Belfast

The consultation documents were sent to a broad range of stakeholders and made available on the Trust’s website. In addition to the postal consultation process a public meeting was also held on 25 February 2009 at the Grosvenor Hall in Belfast. The Trust received forty-six written responses to the consultation on Mental Health Services.

Following the consultation period, referenced in paragraph 1.1 and which concluded on 26 March 2009, a number of recommendations were made to Trust Board:

- That the Excellence and Choice Consultation paper recommending the modernisation of the Mental Health Services in Belfast be approved;

- That the Modernisation of Mental Health Day Support Services Paper recommending the closure of Victoria Day Centre as a further step in the development of a recovery based day support service be approved; and

- That the development of an implementation plan by the management of Mental Health Services which will provide
assurances to the Trust Board that the process of change will be managed in a safe and effective way be approved.

3.5 Delivering the Bamford Vision

In October 2009, the Minister for Health, Social Services and Public Safety, published ‘The Response of the Northern Ireland Executive to The Bamford Review of Mental Health and Learning Disability – Action Plan 2009-2011’. The Bamford Action Plan will drive change over the coming years. In relation to Mental Health Services the plan outlines that its focus will be the provision of a comprehensive range of safe and effective services that support people with mental health needs to achieve and maintain their maximum level of functioning. This will be achieved through a focus on the recovery model, by providing an early and appropriate service response, as far as possible within the primary and community care sector.

In relation to the development of inpatient services the action plan details that

“There will still be a need for some people to be admitted to hospital for assessment and treatment. The continued development of community mental health services, however, should result in a 10% reduction in admissions to mental health hospitals by 2011. Over time there will be a shift from large psychiatric institutions to smaller psychiatric units and a network of step-up and step-down facilities closer to the community, with a smaller number of beds overall” (DHSSPS, 2009, The Response of the Northern Ireland Executive to The Bamford Review of Mental Health and Learning Disability – Action Plan 2009-2011, Pg 56).

3.6 Priorities for Action

The Priorities for Action documents set out the key priorities for Health and Social Care Services as identified by the Minister. The
targets contained within the most recent PfA document set out a number of targets in relation to Mental Health Services targets, i.e:

- By 2011, ensure a 10% reduction in admission to Mental Health Hospitals;
- By 2011, ensure a 10% reduction in the number of long-stay patients in Mental Health Hospitals;
- By 2009, ensure a 13-week maximum waiting time for defined psychotherapy services

3.7 Summary

In summary the policies influencing the changes required in the Trust’s current services are endorsing an increase in the level of community home based treatment and care along with a reduced reliance on acute mental health hospital inpatient beds.
4.0 PROFILE OF CURRENT PROVISION OF ACUTE MENTAL HEALTH INPATIENT SERVICE

The Belfast Trust provides its acute mental health services through the three elements of Home Treatment services including community treatment beds, acute day treatment services and its acute inpatient services.

4.1 Home Treatment Service including Community Treatment Beds

The Trust’s Home Treatment Team, established in 2007, includes consultant psychiatrists, nursing, social work staff, a psychologist and peer advocate and provides intensive support without the need for hospital admission.

The service:
- Operates 24-hours a day 7 days a week;
- Remains in contact with the patient until their episode is resolved;
- Acts as a sole gate-keeper for mental health inpatient beds; and
- Offers a range of psychosocial, psychotherapeutic and psychopharmacological interventions to service users at home.

Community treatment beds complement and assist the Home Treatment Service in delivering home treatment in a variety of settings appropriate to the assessed needs of the service user at a time of illness. These community treatment beds serve to supplement and enhance the provision of acute care provided in a community setting.

The table below provides details of the numbers of referrals admitted to home treatment since April 2007. The figures clearly demonstrate that there are an increasing number of users admitted to home treatment. It is anticipated that these numbers will increase further during the coming years.
Table 1:  Home Treatment Service activity April 2007 to August 2009

<table>
<thead>
<tr>
<th>Period</th>
<th>Referrals admitted to Home treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>391</td>
</tr>
<tr>
<td>2008/09</td>
<td>475</td>
</tr>
<tr>
<td>01/04/09 – 31/08/09</td>
<td>271 (pro rata 650 for year)</td>
</tr>
</tbody>
</table>

The impact of the home treatment teams can be seen clearly when occupied bed days and admissions are compared month on month between 2008/09 and 2009/10. The success of home treatment depends on the team having responsibility for the gate keeping function pertaining to admission assessments and protocols. The home treatment team did not take responsibility for this function until March 2009.

This reduction in bed days has also been accompanied by a reduction in the number of people admitted for inpatient care. There were 69 fewer admissions to acute wards between April to August 2009/10 when compared to April to August 2008/09. This is directly correlated to the increase in home treatment referrals.

Table 2: Comparison of Bed Days

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knockbracken</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>1648</td>
<td>1449</td>
<td>34</td>
<td>25</td>
</tr>
<tr>
<td>May</td>
<td>1665</td>
<td>1546</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>June</td>
<td>1457</td>
<td>1405</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>July</td>
<td>1557</td>
<td>1392</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>August</td>
<td>1671</td>
<td>1569</td>
<td>21</td>
<td>46</td>
</tr>
<tr>
<td><strong>Mater</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>1707</td>
<td>1544</td>
<td>45</td>
<td>30</td>
</tr>
<tr>
<td>May</td>
<td>1769</td>
<td>1537</td>
<td>55</td>
<td>29</td>
</tr>
<tr>
<td>June</td>
<td>1742</td>
<td>1412</td>
<td>43</td>
<td>31</td>
</tr>
<tr>
<td>July</td>
<td>1715</td>
<td>1373</td>
<td>44</td>
<td>29</td>
</tr>
<tr>
<td>August</td>
<td>1663</td>
<td>1527</td>
<td>34</td>
<td>25</td>
</tr>
</tbody>
</table>
* admissions at Knockbracken include adolescent admissions (on average 4 beds per month)

This trend of reduction in bed usage has been sustained and continues to such a degree that there are on average 25 – 26 empty beds in Belfast across the three units. In order to maximise efficiencies within the service a ward of 24 beds will be able to be redesignated to provide a better environment for patients undergoing rehabilitation. This will also allow staff redeployment to wards where there are significant vacancies improving staffing levels, consistency and reducing bank and agency usage. It is planned that this will take place in January 2010.

4.2 Acute Day Treatment Services

Acute day treatment is currently provided by a single acute day treatment team located at Woodstock. The team provide acute day treatment services from a number of centres including Woodstock, Carlisle Well-Being and Treatment Centre and other community facilities.

4.3 Acute Inpatient Mental Health Beds

Some people will require admission to an inpatient unit for a period of assessment and/or treatment. The Trust currently has three acute mental health inpatient units, Windsor House (35 beds) at Belfast City Hospital, Knockbracken (Dorothy Gardner (male) and Rathlin (female), 48 beds) and the Mater Hospital (55 beds). The number of beds provided at Knockbracken will change to 12 male and 12 female acute and 24 rehabilitation beds in January 2010 reducing acute beds from 138 to 114.
4.4 Psychiatric Intensive Care Unit (PICU)

Occasionally people may be very ill and need to be moved to a more secure environment within hospital i.e. the Psychiatric Intensive Care Unit (PICU). The PICU within the Belfast Trust is called Avoca and is situated at Knockbracken Healthcare Park. There are currently 12 beds available in the Unit.

4.5 Condition of current facilities

4.5.1 Existing Site Assessment

A condition and functionality survey of the Trusts acute inpatient facilities has been carried out. The aim was to provide an analysis of current estate performance and utilisation using the land and property appraisal as described in ‘Estate code’. This enabled the production of comprehensive data essential to the formulation of the Trust’s key strategic planning objectives and contributed to the option appraisal and decision making process.

Table 3: Condition of Inpatient Psychiatric Units

<table>
<thead>
<tr>
<th></th>
<th>Functional Suitability</th>
<th>Space Utilisation</th>
<th>Physical Condition</th>
<th>Statutory Standards</th>
<th>Energy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windsor</td>
<td>Dx</td>
<td>3</td>
<td>Dx</td>
<td>Dx</td>
<td>Dx</td>
</tr>
<tr>
<td>Dorothy Gardner/ Rathlin</td>
<td>A</td>
<td>3</td>
<td>B</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Mater</td>
<td>DX</td>
<td>4</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

4.5.2 Mater Hospital

The Psychiatry building at the Mater was refurbished in 2000 but is showing evidence of its age and has been categorised by the Estates department as being Dx in relation to functional suitability indicating that the building is not only below standard or unsuitable, but that it is not capable of being economically brought up to acceptable standards for current use. The Mater psychiatric ward scores a C in relation to their physical condition, statutory
compliance and Energy and scores a 4 in relation to energy efficiency.

Patient accommodation is provided on a dormitory basis with communal facilities.

4.5.3 Windsor House

Windsor House was originally constructed in 1847 for use as a School. The building was extended in 1926 to provide Hospital facilities for persons with epilepsy. The building is now used to provide in-patient psychiatric services, day hospital and office accommodation. Facilities are on two levels. Patient accommodation is provided on a dormitory basis with communal facilities.

Elements of the building are now well in excess of 150 years old and the elements of the structure and fabric have effectively reached the end of their useful lives and require replacement.

Windsor House has been classified as Dx, indicating that the building is not only below standard or unsuitable, but that it is not capable of being economically brought up to acceptable standards for current use.

4.5.2 Knockbracken

Dorothy Gardner was refurbished approximately nine years ago and would be considered in good condition; any shortfalls identified were rectified with improvement work carried out at the end of last year.

Rathlin has only recently been refurbished and therefore would be considered in condition A.

Both Rathlin and Dorothy Gardner wards provide modern single ensuite accommodation.
SUMMARY

Knockbracken is the only accommodation, which currently meets the standards the service requires. More detailed information on the condition of current facilities is available on request as detailed in Appendix 1.
5.0 FUTURE SERVICE PROVISION IN MENTAL HEALTH

5.1 The Trust is guided in its approach to modernising Mental Health Services by a number of general principles:

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

The Trust proposals to reduce the number of acute inpatient beds are underpinned by the development of a recovery-focused model of care with more care delivered in a community setting. Recovery services will integrate and interface with acute care services in order to ensure that each service user:

- Can access services more easily,
- Has choice about where and how services are delivered; and
- Receives seamless and person centred care.
The integrated service model is already in place and is being developed on an ongoing basis. The model is illustrated below:
• Services will be person-centred
• Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs.
• Everyone has a right to experience community living.
• Everyone has the right to experience the same level of service regardless of location.
• Services will be planned, implemented and evaluated in partnership with users and carers.

• Services will be delivered in an efficient and effective manner within available resources.
• Psychological services will be available to all who need them.

• All Mental Health services will be provided on a Belfast wide basis.
• Service improvement and modernisation will be based on best practice.
• Staff will be supported in their professional and personal development.

Voluntary and Community Sector
Counselling, support, family services, befriending, self help etc
Day support, Supported accommodation, specialist counselling
Alcohol/Drug rehabilitation beds

Primary MHT
- PMHT Teams
- Trauma Resource
- Psychological Services
- Self Harm
- Addictions
- Health Promotion

Recovery
- Recovery Teams
- Day Support
- Community Accommodation
- Specialist Community Teams
- Rehabilitation

Specialist Inpatient Services
- Shannon
- Maine

Acute
- Acute Inpatient
- Home treatment
- Acute Day Treatment
- Psychiatric Intensive Care Unit
- Home treatment House

Single Point of Referral

Adult Mental Health Services in the Belfast Trust
More people are already receiving home treatment and being supported and treated within their community. Referrals to home treatment are increasing and admissions to acute units are falling. The Trust expects to see more people availing of its new community home treatment beds that enable people who are unable to remain in their own home to continue to receive treatment in the community, thus avoiding unnecessary hospital admission and reducing the requirement for inpatient beds.

The benefits of the new model are many. More people will be able to have support and treatment provided to them in their own homes as opposed to a hospital admission. Those who do not require hospital admission, but for whom home treatment is no longer an option, can avail of home treatment in the community treatment beds.

5.2 Supporting Changes in the Model of Care

The Department of Health has recognised that additional resources are required for mental health to deliver the modernisation of services set out in the Bamford Review. Initially an extra £44 million has been secured by the Minister to begin this process within Northern Ireland over the period 2008 - 2011.

The Belfast Trust currently has around £57 million available from commissioners to support the delivery of mental health services. The resources available to the Trust include the impact of efficiency savings of 3% a year from 2008-2011, which health and social care services are required to achieve.

The EHSSB has made available through the Health and Wellbeing Investment Plan (HWIP) almost £5 million of new investment over the current 3 years to enhance the range of community services available within Belfast which will support the delivery of the proposed new mental health service model.

5.3 Acute Hospital Mental Health Hospital Services – Rationale for 80 Acute Beds

As a result of improvements in patient flow, reduction in delayed discharges and a reduction in the need to admit patients from outside Belfast, the Belfast Trust has reduced its reliance on beds and will need fewer acute hospital beds in the years ahead.
5.3.1 Acute Inpatient Beds for 18-64 Age Group

Bamford states that ‘the requirement for acute inpatient provision should reduce to approximately 20 places per 100,000, their location recognising the advantages of general hospital settings.’ (This relates to 18-64 age group).

Belfast Trust currently serves a population of 345,000. The requirement for inpatient provision for Belfast using Bamford recommendations would equate to 70 beds.

This is supported by work undertaken by the EHSSB (ATM report) which initially proposed the commissioning of 174 beds for those aged 18-64 until community services are fully developed, and then moving to 110 beds (70 for Belfast Trust and 40 for South Eastern Trust).

5.3.2 Acute Inpatient Beds for those over 65

15% of bed days (on average) are occupied by patients aged >65. The Trust will ensure that there is adequate provision for those in this age group to avail of mental health services. There will be 10 beds specifically allocated for the provision of services to those over 65 with functional mental illness.

5.3.3 Implementation

While the position on bed numbers has been detailed by both Bamford and ATM acute inpatient beds will reduce as community provision continues to develop, supported by the commissioner. It is envisaged that beds will reduce in a phased way over the next few years. It is anticipated that the Trust will eventually operate with approximately 80 acute inpatient beds. This reduction will be possible due to:

- Ongoing development in home treatment service;
- Consistent admission protocols with only those requiring intensive support being admitted resulting in reduced admissions. Inpatient admissions should only be required for people with the most severe episodes of mental disorder, typically psychosis and severe depression;
• Reduced length of stay as those patients admitted will have intensive treatments and interventions to enable them to be discharged to community settings as quickly as possible.

• Acute service provision in 80 beds will only occur when the service has fully developed a recovery ethos with the necessary community services.

5.3.4 PICU Beds

The Trust currently has 12 PICU beds in Avoca, providing services for the Belfast area.

In line with the modernisation of mental health services PICU services have been reviewed. It is the intention of the Health and Social Care Board (Eastern Area) to commission 12 beds for the Eastern Area (6 for Belfast Trust and 6 for South Eastern Trust) in a modern purpose built facility adjacent to the acute inpatient unit.

5.3.5 Summary

In summary the future service provision of mental health services will deliver:

• Enhanced home treatment services;
• Acute Day Treatment Services – delivered on an outreach basis;
• Community treatment beds;
• Acute inpatient services on one site; and
• PICU services - adjacent to a single acute inpatient unit.

The 80 beds proposed for Belfast Trust compared to the previous 138 beds, reflects the confidence within the Trust that the new model will change the delivery of services to a community focus. With this proposal for 80 acute beds, the Trust is signalling its intention to continue to develop its community mental health services as per its Health and Wellbeing Investment Plans into 2010/11 and beyond.

Likewise the Commissioner requirements for a 12 bed PICU facility for the Eastern area, merging two inappropriately sized facilities, brings this service into line with the scale of services across the UK. With the sustained
improvements in the patient flow throughout the mental health system, both Commissioners and Trusts are confident that PICU will continue to reduce average length of stay and deliver services only to those who are in need.
6.0 OPTION APPRAISAL AND THE DECISION MAKING PROCESS

The option appraisal was undertaken by a representative group of staff and user and carer advocacy organisations. It included all professions from all sites affected by the proposed changes. A long list of options was considered and 5 options were taken forward to be scored against the benefit criteria (the reasons why certain options were not short listed can be found in appendix 4), the advantages and disadvantages were considered and each option was scored to identify a preferred option. The long list of options considered by the project team were:

**Proposed Options**

**Option 1 – Do nothing**

Services remain on 3 sites providing 114 acute mental health beds 24 Knockbracken, 55 Mater and 35 Windsor and PICU remaining at Knockbracken). (This option is normally taken forward as a baseline)

**Option 2 – Refurbish existing sites**

This option involves providing an agreed number of beds on the three existing sites. In order to do this accommodation needs to re-furbished to meet current Health Building Note (HBN) standards. (This option was not short listed see appendix 4 for more details)

**Option 3 – Centralise all acute mental health inpatient beds on Mater site**

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12 beds). The beds will be provided in a new, purpose-built facility on the Mater Hospital site. (This option was short-listed)

**Option 4 – Centralise all acute mental health inpatient beds on Knockbracken site**

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12 beds). The beds will be provided in a new, purpose-built facility on the Knockbracken site. (This option was short-listed)
Option 5 – Centralise all acute mental health inpatient beds on Belfast City Hospital site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12 beds). The beds will be provided in a new, purpose-built facility on the Belfast City Hospital site. (This option was short-listed)

Option 6 – Centralise all acute mental health inpatient beds on a site within Greater Belfast – not currently Trust owned

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12 beds). The beds will be provided in a new, purpose-built facility on a site not currently owned by the Trust within Greater Belfast. A site would need to be identified and acquired.

Option 6a Girdwood Barrack Site, Crumlin Road

This option involves the Trust acquiring land adjacent to the Mater Hospital known as Girdwood Barracks. The beds will be provided in a new, purpose-built facility. (This option was not short listed see appendix 4 for more details.)

Option 6b The Court House Site, Crumlin Road

This option involves the Trust acquiring land adjacent to the Mater Hospital the former court House. The beds will be provided in a new, purpose-built facility. (This option was not short listed see appendix 4 for more details.)

Option 7 – Centralise all acute mental health inpatient beds on an existing Trust owned site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds on one site plus PICU beds (12 beds). The beds will be provided in a new, purpose-built facility on a Trust owned site which has sufficient space to enable the development to take place. Trust owned sites that would have sufficient space are:

Option 7a - Musgrave Park Hospital site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus PICU beds (12 beds) on the Musgrave Park Hospital Site. The beds will be provided in a new, purpose-built facility. (This option was short-listed)
Option 7b - Forster Green Hospital site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus PICU beds (12 beds) on the Forster Green Hospital Site. The beds will be provided in a new, purpose-built facility. (This option was not short listed see appendix 4 for more details)

Option 8 – Centralise all acute mental health inpatient beds on Royal Group of Hospitals site

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus PICU beds (12 beds). The beds will be provided in a new, purpose-built facility on the Royal Group of Hospitals Site. (This option was not short listed see appendix 4 for more details)

Option Appraisal

The options were short-listed and then subjected to a benefit appraisal against a number of agreed benefit criteria. (A weight was also assigned to each criterion and options were scored against each weighted criteria). The options not short-listed can be found in appendix 4. The benefit criteria used are listed below:

Benefit Criteria

- **Improvement in quality and effectiveness of service** – the delivery of a high quality, effective service to users and carers is the key priority of the Trust. The Trust aims to provide a solution which meets the expectations of service users, carers, staff and user’s support networks and enhances the current service provision (Weight 25)

- **Compatibility with strategic direction** – the delivery of services should be compatible with and comply with the strategic direction for mental health services and the strategic direction for the Trust. The solution should maximise the utilisation of the site it is located on to ensure that any additional strategic plans for the site are not hindered (Weight 15)

- **Accessibility and Acceptability** – ease and equity of access are key determinants in selecting a location that must be accessible to families and carers who will visit service users during their inpatient stay. The
location should promote and facilitate inclusion and should be neutral (Weight 20)

- **Availability of Service Linkages** – refers to the level of complementary services in close proximity to the inpatient unit which will provide the opportunity for integrated services. These services include clinical hospital services, social, recreational and employment facilities (Weight 10)

- **Minimum disruption** (service and people) – relates to the requirement to minimise disruption in terms of continuity of service to service users and carers and minimal disruption in respect of staff redeployment (Weight 8)

- **Ease of implementation** (building) – this reflects the ease with which the various options can be implemented within the required timescale (Weight 7)

- **Appropriate space** – the solution should meet national and international guidance for best practice in the delivery of acute mental health inpatient unit (Weight 10)

- **Flexibility to respond to future need** – the solution should be designed to respond to any changes in service delivery that may be required as a result of regional strategic reviews of services (Weight 5)
A summary of the criteria and the outcome of the appraisal process are set out below:

**Table 4: Appraisal process**

<table>
<thead>
<tr>
<th>Benefit Criteria</th>
<th>WT</th>
<th>Option1 Do nothing</th>
<th>Option 3 Mater</th>
<th>Option 4 Knockbracken</th>
<th>Option 5 BCH</th>
<th>Option 7a MPH</th>
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<td>Accessibility and Acceptability</td>
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<td>4</td>
<td>80</td>
<td>6</td>
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<td>Availability of Other Service Linkages</td>
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<td>60</td>
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<tr>
<td>Minimum disruption</td>
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<td>10</td>
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<td>7</td>
<td>10</td>
<td>70</td>
<td>6</td>
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<td>5 - Centralise all acute mental health inpatient beds on Belfast City Hospital Site</td>
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<td>7a – Centralise all acute mental health inpatient beds on an existing Trust owned site – Musgrave Park Hospital</td>
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<td>4 – Centralise all acute mental health inpatient beds on Knockbracken site</td>
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<td>3 – Centralise all acute mental health inpatient beds on Mater site</td>
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<tr>
<td>1 – Do Nothing</td>
<td>5</td>
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</table>
6.1 The Key features of this analysis are:

Option 1 – Do nothing

Option 1 scored 350 against the criterion as the dispersion of the service does not promote provision of a person centred seamless services. While current service provision is good the ‘poor’ environment in many areas impacts on service provision. This option does not address inadequate space requirements that are not in line with current HBN requirements. Some current facilities have limited outdoor space. Some current facilities do not meet the expectations of service users, carers and staff.

In addition remaining on 3 sites is not in line with Trust strategic direction.

Furthermore the three current sites vary in terms of accessibility in relation to availability of public transport and parking. Windsor and Mater could be improved in terms of disability access and Knockbracken is not viewed as being an acceptable location as it does not promote social inclusion due to its distance from the city.

Windsor and Mater have good clinical linkages however the Mater has poor access and links to shopping and recreational facilities while Knockbracken is not located with other acute clinical services.

Finally option 1 would result in no change so therefore would be easy to implement with no disruption. It would not however provide appropriate space and could not respond to future need.

In summary the advantages and disadvantages of this option were:

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

**Disadvantages**
- Does not address inadequate space requirements that are not in line with current HBN requirements.
- Remaining on 3 sites is not in line with Trust strategic direction.
- Mater has poor access and links to shopping and recreational facilities.
- Knockbracken is not located with other acute clinical services.
Option 3 - Centralise all acute mental health inpatient beds on Mater site

Option 3 scored 596 against this criterion as a new unit would have to be developed on the site adjacent to Fairview and opposite the main hospital building. For 80 inpatient beds plus PICU this would result in a building of three plus storeys with no outdoor space. It was felt that to locate the facility here would not be very complementary to improving quality and effectiveness of service. The solution would not meet expectations of service users, carers and staff. There would be a reduction in environmental quality for some service users who would move from sites with outdoor space.

In addition this solution would not meet the Trust strategic direction of moving from three sites to one would not significantly meet the strategic recommendations of Bamford, which include providing an environment, which is conducive to recovery. The group felt that the constraints placed by the site would compromise design and therefore the optimum environment could not be created.

Furthermore The Mater site is in a good location in relation to accessibility i.e. getting to the site however once at the site accessibility may be difficult if parking is limited, difficulty in locating drop off points beside the building as there is limited space. The surrounding area may not be perceived as neutral by some of the population.

The site would be located on an acute site so clinical linkages would readily be available, it would have good networks with statutory and voluntary agencies in the locality that provide services that service users and carers could benefit from. However it would not promote inclusion, as there are few local facilities within easy walking distance. Design solution would limit space indoors for walking etc and externally limited routes for patients to use.

The site would be separate from current service provision so could continue until the new facility was ready to be occupied.

During building work there would be disruption due to space constraints and site being located on main road disruption for service users and staff moving from other sites would be minimised by ensuring adequate communication over the life of the project to ensure everyone was kept informed.

Planning permission for a building on this site may take time and may not be granted there may be local opposition to having a ‘high’ building close to
residential housing, the site would be constrained but problems would not be insurmountable.

The development would meet guidance in terms of indoor space but have limited outdoor space and limited ability to meet changes in capacity, as restricted space would reduce the ability to be flexible.

In summary the advantages and disadvantages of this option were:

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

**Disadvantages**
- Would have to be developed on the site adjacent to Fairview and opposite the main hospital building. For 80 inpatient beds plus PICU this would result in a building of three plus storeys with no outdoor space.
- There would be a reduction in environmental quality for some service users who would move from sites with outdoor space.
- Would not meet the Trust strategic direction of moving from three sites to one, would not significantly meet the strategic recommendations of Bamford, which include providing an environment which is conducive to recovery.

**Option 4 - Centralise all acute mental health inpatient beds on Knockbracken site**

Option 4 scored 685 against the criterion as locating the inpatient beds on the Knockbracken site would significantly improve the quality and effectiveness of service, as the service would be located in an ideal environment in terms of space resulting in freedom in terms of design. Expectations of service users, carers and staff to have one storey service provision and outdoor space would be met.

In addition it would meet the Trusts strategic direction of moving from three sites to one and would provide an environment conducive to recovery.
However it would not meet the strategic direction for location of services as outlined by Bamford, for example, close to acute facilities.

This solution was viewed as the least acceptable in terms of both accessibility and acceptability as it has a historic link with being the ‘Belfast Asylum’ and therefore strong perceptions of stigma remain, it does not promote social inclusion as it is on the outskirts of the city and is isolated.

It is not located adjacent to general hospital services. The site would be separate from current service provision so services could continue until the new facility was ready to be occupied.

There would be some disruption for service users and staff moving from other sites when complete but this could be minimised by ensuring adequate communication over the life of the project to ensure everyone was kept informed.

This solution could be implemented relatively easily, an open site that would enable design to meet all standards for both internal and external space it could respond well to any subsequent changes.

There may be some limitations in re-using building as designed with a specific purpose in mind but this could be adapted if required.

In summary the advantages and disadvantages of this option were:

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

**Disadvantages**
- Would not meet the strategic direction for location of services as outlined by Bamford, for example, close to acute facilities.
- Historic link with being the ‘Belfast Asylum’ and therefore strong perceptions of stigma remain.
- It does not promote social inclusion as it is on the outskirts of the city and is isolated.
Option 5 - Centralise all acute mental health inpatient beds on Belfast City Hospital site

This option scored 815 against the criterion, as service provision would be improved as an appropriate environment could be created. The footprint identified could provide an ideal solution there may be some double storey buildings but patient accommodation should remain on the ground floor.

In addition the solution would meet the Trusts strategic direction of moving from three sites to one, it would provide an environment conducive to recovery and is located close to acute facilities on the hospital site.

However it could impact on the overall strategic plan of the Trust as it may impact on provision of other services proposed for the site – this may have implications in the long term so was not given extensive consideration.

This location was viewed as the most accessible and acceptable as it has, access to major transport links both road and rail, adequate parking facilities. Viewed as a more acceptable location for more people than the other sites. Is centrally located so easy access to social facilities within walking distance promoting social inclusion.

Disruption to service users within Windsor would be minimised and managed by stopping admissions and utilising beds on other sites, services would continue on the other sites until the new development was ready to be occupied.

Disruption for service users and staff moving from other sites would be minimised by ensuring adequate communication over the life of the project to ensure everyone was kept informed.

Some site constraints due to location of other services but these could be identified in advance and resolved.

In summary the advantages and disadvantages of this option were:

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

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

Option 7a - Centralise all acute mental health inpatient beds on Musgrave Park Hospital site

This option scored 800 against the criterion for the following reasons; service provision would be improved as an appropriate environment could be created.
Significant footprint identified that could provide an ideal solution that would, meet the Trusts strategic direction of moving from three sites to one it would not significantly meet with Bamford recommendation to be located close to or adjacent to acute facilities.

The location was viewed as meeting accessibility and acceptability ‘well’ as it would be located close to good transport links both road and rail although some difficulties may be experienced depending on which part of Belfast patients and carers are travelling from.

However access into and around the site can be difficult.

The site was viewed as neutral by the project team. The site is independent from the current service provision so there would be limited disruption during construction. There would however be some disruption to services currently on site.

Any disruption for service users and staff moving from other sites would be minimised by ensuring adequate communication over the life of the project to ensure everyone was kept informed.
Minimum problems on site would mean that implementation would be relatively easy. With no site restrictions it would enable the design to meet all standards for internal and external space. The site could respond to any subsequent changes including increased capacity.

Some limitations in re-using building as designed with a specific purpose in mind but could be adapted if required.

In summary the advantages and disadvantages of this option were:

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

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

**Conclusion**

Based on the benefits analysis set out above, Option 5 emerges (Centralise all acute mental health inpatient beds on Belfast City Hospital site) as the preferred option with the highest weighted score, followed by Option 7a, Option 4, followed by option 3 and finally by option 1. Option 1 scores poorly in comparison to the other options due to its failure to result in any improvement, reconfiguration or change in the current service delivery. This option was taken forward as the Trusts preferred option.
7.0 WORKFORCE IMPLICATIONS

The proposal to replace the current service provision with a single purpose built unit on Belfast City Hospital site will impact on those staff currently working in the Mater, Knockbracken and Belfast City Hospital.

The main impacts anticipated for staff are:

- Staffing levels
- Relocation
- New ways of working / retraining or reskilling

7.1 Staffing Levels

While the number of beds in the new unit will be lower, the new proposed model and delivery of care will require a higher staff: patient ratio than in the existing units. The proposals within the Banford Review identified a need for additional staff in Community Mental Health Services.

7.2 Relocation

If the proposal is approved, it will need the relocation of some (Mental Health) staff to the new unit. The Trust has in place agreed protocols with Trade Unions on relocation and/or redeployment.

The protocols have been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust’s flexible working arrangements.

Consideration may be given to redeploying some staff to work in the community Mental Health service or to posts within the Mater and Knockbracken. There may also be a possibility that some staff can relocate to posts in the community within their local area.

7.3 New Way of Working / Retraining and/or Reskilling

The Trust will be expanding the number of places on the home treatment service, six community beds will be relocated to the new Mental Health treatment / resource centre on the site of old See House in North Belfast.
Appropriate training/ retraining will be provided to all staff whose job roles may change.

7.4 Staff Support

The Trust will put in place a range of support mechanisms for staff to manage the change process. These may include as required:

- Staff support
- Career counselling
- Training in application and interview preparation
- Retraining/re-skilling for new roles
- Advice and guidance on Human Resource policies and procedures.

7.5 Partnership

The Trust will work in partnership with Trade Union Side to consider how it will minimise any adverse impact on the workforce resulting from the proposed changes.
8.0 CONCLUSIONS AND RECOMMENDATIONS

In the context of the development of the proposed new model of acute mental health inpatient service in Belfast, and the appraisal of the available options this document was approved for consultation by Belfast Health and Social Care Trust at Trust Board meeting on 10 December 2009.

We are now seeking staff, service user and public views on the proposed option. Please refer to section 6 setting out the implications of the different options considered and section 9 for the consultation questions.
9. YOUR CHANCE TO HAVE YOUR SAY - CONSULTATION QUESTIONS

The Trust wishes to consult as widely as possible on this proposal. We would like to hear your views on the proposals we have made to build and Acute Mental Health In-Patient facility at Belfast City Hospital.

Please use this consultation questionnaire to register your comments by 8 March 2010.

Appendix 1 provides additional information on the Trusts communication, consultation and engagement processes and how you can be involved.

<table>
<thead>
<tr>
<th>Question 1a – If you agree that the new Belfast acute mental health inpatient facility and Psychiatric Intensive Care beds should be located at Belfast City Hospital please give your reasons below.</th>
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<th>Question 1b – If you do not agree that the new Belfast acute mental health inpatient facility and Psychiatric Intensive Care beds should be located at Belfast City Hospital please give your reasons below.</th>
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</table>
Question 1c – If you do not agree on our proposed location, where would you propose it should be located?

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

Any other Comments
Before you submit your response, please read Appendix 3 regarding the Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an Organisation, please tell us its name and what it does. If you have consulted other people or Organisations, please let us know.

The consultation period will begin on 14 December 2009 and close on 8 March 2010.

Responses to consultation in writing should be sent to:

William McKee, Chief Executive  
Belfast Health and Social Care Trust  
c/o Public Liaison Services  
Communication Department  
1st Floor: Nore Villa  
Knockbracken Healthcare Park  
Saintfield Road  
BELFAST BT8 8BH

Alternatively comments may also be e-mailed to publicliaison@belfasttrust.hscni.net

It would be helpful if you could entitle your e-mail “Consultation on the proposal to build an Acute Mental Health Inpatient Facility at Belfast City Hospital”
Appendix 1

PROGRAMME OF CONSULTATION

This document represents a formal public consultation between Belfast Trust and the citizens we serve on the proposal to build an Acute Mental Health In-Patient facility at Belfast City Hospital.

The consultation period will open on 14 December 2009 and close on 8 March 2010.

We will make this document available to our staff and the public using both the Trusts intranet and Internet pages, and by posting it to relevant organisations.

We are sending this document to service users, carers, trade unions and key stakeholders and to individual organisations who have expressed an interest in receiving details on acute mental health reconfiguration.

We will hold a series of meetings with staff, Trade Unions, service users, carers and voluntary and community partners to ensure they are fully engaged in the consultation paper.

We will hold a public meeting, where any further comments can be raised and discussed. This meeting will be widely publicised.

Based on the responses we receive, a report will be presented to the Trust Board March/April. The Trust Board meeting is open to the public.

We are committed to ensuring that we consult broadly on this proposal. If you have any enquiries regarding the consultation programme, please contact the Communication Department at the Belfast Trust by telephone 028 9096 0077.
Appendix 2

Equality and Human Rights

Everyone has a fundamental right to the highest attainable standard of both physical and mental health. Practices and policies must be based on the elementary human rights principles and equality considerations so that human rights and equality compliance are at the heart of the service.

The principles of human rights and equality have traditionally underpinned the delivery and policy formulation of mental health services. In 1998 the introduction of Section 75 of the Northern Ireland Act and the Human Rights Act enshrined these principles in legislation in Northern Ireland.

Under Section 75 of the Northern Ireland Act 1998, the Belfast HSC Trust is obliged to consider the implications for equality of opportunity and good relations. As part of this equality screening assessment, the Trust also considers implications for human rights and disability.

The Trust equality screened this policy proposal based on the screening model set out in its approved Equality Scheme.

The outcome of the equality screening of this policy proposal was to subject the proposal to a full Equality Impact Assessment. (EQIA)

The EQIA on this proposal has been carried out in accordance with the Equality Commission for Northern Ireland guidance on conducting and EQIA.

A copy of the EQIA on the Preferred Option for an Acute Mental Health Inpatient Facility in Belfast is available from the Trust website at http://www.belfasttrust.hscni.net
Appendix 3


Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.
Appendix 4

Options not short-listed

A number of options were not short-listed to be scored against the benefit criteria for the following reasons:

Option 2 – Refurbish Existing Sites

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

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

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

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

Option 6 – Centralise all Acute Mental Health Inpatient Beds on a site within Greater Belfast – not currently Trust owned

6a Girdwood Barrack Site, Crumlin Road

This option was not taken forward to short list for a number of reasons:

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

This option was therefore ruled out on timescale and cost.
Option 6 – Centralise all Acute Mental Health Inpatient Beds on a site within Greater Belfast – not currently Trust owned

6b The Court House Site, Crumlin Road

The Court House Site (Crumlin Road) is 7600sq metres and is a Grade B+ listed building.

This option was not taken forward to short list for a number of reasons:

Size of Site
- The estimated size of the new acute inpatient unit is approx 8000sq metres. An additional 14000 sq metres (approximately) will be required to provide road infrastructure, car parking, outdoor space etc. Even if staff support accommodation was provided on second storey the size of the site does not meet the Trust requirements.

Planning Permission
- Listed buildings in Northern Ireland are administered by the Northern Ireland Environment Agency, under powers granted by Article 42 of the Planning (Northern Ireland) Order 1991. A listed building may not be demolished, extended or altered without special permission from the local planning authority (who typically consults the relevant central government agency, particularly for significant alterations to the more notable listed buildings). The extent of listing on this site covers courthouse, including steps to portico; piers, plinth walls and steps to east and west entrances; plinth walls and railings to basement areas around rear return block; and boundary piers, gates and railings and walls. The Trust could not guarantee that it would receive planning approval for the scheme and the consultation period required for a listed building of such significance would impact negatively on the project.

Clinical effectiveness
- The new building would have to utilise the existing courthouse building which would compromise both design and the clinical effectiveness of the unit. There would be significant constraints on the design as per listed status. The internal space in the existing building would have to be refurbished sympathetically and would be at odds with the type of environment required for a modern acute mental health facility.

Cost / Programme
- The cost of the project would increase as the Trust would have to purchase the site. Additional costs would also be incurred as specialist consultants would be required to provide advice on the specialist refurbishment of a listed building. If planning approval was given, the
additional consultation that would be required in getting sign off from the appropriate authorities on each stage of design would also result in delays to programme.

**Option 7b - Forster Green Hospital Site**

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus 12 PICU beds on the Forster Green Hospital Site. The beds will be provided in a new, purpose built facility.

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

This option was not taken forward to short list.

**Option 8 – Centralise all Acute Mental Health Inpatient Beds on Royal Group of Hospitals Site**

This option involves the reconfiguration of acute mental health inpatient services to provide 80 inpatient beds plus 12 PICU beds. The beds will be provided in a new, purpose built facility on the Royal Group of Hospitals Site.

This site was reviewed to identify if there was any capacity on the site to provide an inpatient mental health unit. There are a number of strategic developments already planned for this site, which will result in the site having no additional capacity. The site is extremely congested and the group felt that even if a site was available it would not be the best place to locate a new facility.

This option was not taken forward to short list.