

# Future of acute inpatient mental health services for people of working age

16<sup>th</sup> July 2019

Good morning,

## **Future of acute inpatient mental health services for people of working age**

Earlier in the summer we wrote to you about a workshop we were planning for a group of staff, service users and stakeholders to deliberate options for the future shape of acute inpatient mental health services for adults of working age.

At the workshop, which took place last week, the reference group considered options against a set of seven criteria:

- Quality of care, including patient safety
- Impact on patient and carer experience
- Travel time for patients, carers and visitors
- Impact on equalities
- Deliverability
- Affordability and value for money, and
- Workforce sustainability.

Three options were deliberated:

- Do the minimum: stay as we are with some minor refurbishment of St Andrew's Ward in Wells to bring the ward up to standard for the longer term
- Transfer St Andrew's patients to Yeovil and create an additional ward alongside Rowan Ward
- Transfer Rowan Ward patients to the St Andrews site, and create an additional ward alongside St Andrews Ward

No changes are proposed to Rydon Wards 1 and 2 at Taunton.

Detailed evidence packs have been drawn together to inform deliberations on each of the three options; high level summaries are below:

### **RYDON WARDS 1 & 2, TAUNTON**

- Two 15 bedded wards—undifferentiated admission of at-risk patients 24hours per day providing core acute adult inpatient services



- Psychiatric Intensive Care Unit, and Section 136 suite (designated 'place of safety') on site
- 24 hour psychiatric doctor cover so can take admissions, perform assessments and attend in emergencies 24/7
- Musgrove Park Hospital A&E close by

**Which means....**

- Staff from other wards close by to provide immediate support in response to both physical and mental health emergencies
- 24/7 psychiatric doctor onsite to assess and prescribe rapid tranquilisation in a mental health crisis
- A&E close by to provide urgent treatment for physical injuries after suicide attempts, such as serious and significant self harm, & other medical conditions

**ST ANDREW'S WARD, WELLS**

- Stand-alone ward; 14 beds
- Isolated unit; no other inpatient staff close by
- Monday-Friday 9am-5pm psychiatric cover on-site but no admissions after 3pm
- Out of hours cover provided by on-call psychiatric consultant (phone support) & out of hours GP (no formal psychiatry training)
- Nearest ED 45 minutes away by ambulance (not including waiting time for ambulance)

**Which means....**

- Staff dependent on police to provide support to regain control of challenging situations
- No-one available to prescribe rapid tranquilisation out of hours so mitigation in place to keep high risk patients at Taunton
- Recovery from serious suicide attempts, such as serious and significant self-harm, seriously compromised; recovery dependent on severity of attempt & time taken for ambulance to arrive, and then reach the Emergency Department at the Royal United Hospital, Bath.

**ROWAN WARD, YEovil**

- Stand-alone ward; 18 beds
- Section 136 suite (designated 'place of safety')
- Isolated unit; no other inpatient staff close by
- 24/7 psychiatric doctor cover on site so can take admissions 24/7 and assess in an emergency
- Yeovil A&E close by

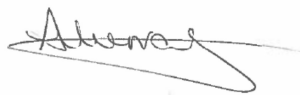
**Which means....**

- Staff dependent on police to provide support to regain control of challenging situations; strong relationship & good response times due to presence of S136 suite
- 24/7 psychiatric doctor onsite to assess and prescribe rapid tranquilisation
- A&E close by to provide urgent treatment for physical injuries after suicide attempts, such as serious and significant self-harm, & other medical conditions.



The views from the workshop will be considered in the final decisions about the shape of public consultation in the autumn. We will work with the same reference group later this month to design the consultation strategy. The feedback from this work will be fed into our final pre-consultation business case to be considered by the South West Clinical Senate, followed by NHS England / Improvement before we finally go to consultation, subject to their approval, in November.

We hope you find this update useful. If you would like a more detailed briefing about the options and the evidence we have gathered we would be very pleased to arrange a meeting in early September. If you would like to speak on the phone to one of us in the meantime please don't hesitate to contact us.



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