

Local Members' Interest

## **Health and Care Overview and Scrutiny Committee Monday 9<sup>th</sup> August 2021**

### **George Bryan Centre update**

#### **1. Recommendation/s**

- 1.1 To note the update around the temporary closure of George Bryan Centre, Tamworth
- 1.2 To note the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform the proposals contained within the business case.

#### **Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups**

#### **Summary**

##### **2. What is the Select Committee being asked to do and why?**

- 2.1 To note the update around the temporary closure of George Bryan Centre, Tamworth
- 2.2 To note the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform the proposals contained within the business case.

#### **Report**

##### **3. Background**

- 3.1 On 12 February 2019, a fire destroyed the west wing of the George Bryan Centre. At the time of the fire, the patients in the West Wing were transferred to St George's Hospital, Stafford. The fire damaged wing was demolished and the rest of the building made safe and secure.
- 3.2 The George Bryan Centre provided adult acute mental health services and older adult mental health services. Adult services were provided in the West Wing, a 24 hour inpatient assessment, care and treatment ward for people with a functional mental illness. A functional mental illness applies to mental disorders other than dementia. It was a 20-bed, mixed-sex ward in which the average length of stay was 21 days. Older adult services were provided in the East Wing, a 12-bed mixed-sex assessment and treatment unit for people over the age of 65 (majority of patients had forms of dementia).

- 3.3 The East Wing was not damaged by the fire, but the 12 older adult beds on the wing were temporarily closed on clinical safety grounds. As an alternative, an enhanced community pathway was developed to support older adults by the older adult teams in the community.
- 3.4 The fire that destroyed the George Bryan Centre means we have to consider how best to provide the services needed for the population of Southeast Staffordshire in the future. As a temporary measure, patients who need an inpatient bed are using St George's Hospital in Stafford. An enhanced community service is supporting people to remain in their own homes for longer.
- 3.5 The quality of the environments on these sites varies considerably. The George Bryan Centre is remote from other sites, making a rapid response to medical and psychiatric emergencies difficult. Service users who live close to the George Bryan Centre have always been admitted or transferred to St George's Hospital if they are assessed as having more advanced clinical needs.
- 3.6 The table below shows the total number of admissions to the two wards at the George Bryan Centre:

Admissions April 2017-March 2019		
	2017/18	2018/19
Older adult in-patient Dementia Ward	52	50
In-patient Mental Health Ward	220	189

- 3.7 The staffing establishment for West Wing was 33.55 WTE and for East Wing was 29.07 WTE. The majority of staff were registered mental health nurses or healthcare support workers on both inpatient wards. At the same point in time there were 7.26 WTE vacancies on West Wing and 4.93 WTE vacancies on East Wing. Post incident, staff were redeployed to either the inpatient wards on the St. George's site or into community mental health teams to enhance the community offer.
- 3.8 The aim of an effective acute care pathway for people with a functional mental illness is that as service users become more ill, intensive community support both enables them to recover without requiring acute inpatient admission and if an inpatient admission is unavoidable, intensive community support facilitates early discharge. A short-term inpatient admission is an option for a small minority of service users.
- 3.9 The aim of an effective acute care pathway for people with dementia is to maintain their independence in their usual place of residence and that there are a range of community support services able to respond to individuals' needs.

#### 4. Understanding service change

- 4.1 The process for deciding the long-term solutions for the services formerly provided at the George Bryan Centre will be based on the best balance of clinical evidence and evidence

gained through public involvement. A clear audit trail to evidence how the decision was reached and the considerations taken, will be captured.

- 4.2 To inform assessment of proposals against the government's four tests of service change, and NHS England's best practice checks, a business case will be developed. Full guidance for planning and assurance of service change proposals can be found at <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>
- 4.3 The business case will be informed by the outcomes of an involvement exercise. This business case will then identify the future proposals for consideration by MPFT and the Clinical Commissioning Groups and at this point we will be able to identify future involvement activity needed.
- 4.4 All future proposals will include full Quality Impact Assessment (QIA), Equality Impact Assessment (EIA) and travel time analysis to demonstrate the impact of any service change proposals. Consideration of the financial proposal in terms of both capital and revenue and its sustainability will be made and outlined within the business case.
- 4.5 The business case will also form the starting point for a Strategic Outline Case (SOC). Both the business case and SOC are technical documents, designed to support the decision making process. The former relates to the service change decision making process, and the latter to the capital investment decision making process. In terms of NHS capital investment, the two documents describe processes that together will support the determination of a preferred way forward.

## **5. What are the service changes that have happened?**

- 5.1 The service changes are outlined with in the background information above.

## **6. Material service change**

- 6.1 At this stage there are no material service changes. The arrangements for the patients affected by the temporary closure of the George Bryan Centre will remain in place. The Committee will be kept informed once final proposals are confirmed.

## **7. Understanding experiences during COVID-19**

- 7.1 The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership undertook a listening exercise in summer 2019 with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care that was included in the options appraisal process which took place from November 2019 through to February 2020. A full report of the feedback compiled from these events, survey and correspondence was shared with commissioners and providers to inform the future models of care. The full report can be found at: <https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/our-journey/listening-exercise>  
However, before work could progress further, the Transformation Programme was placed on hold in response to the COVID-19 challenge.
- 7.2 In addition to the system-wide listening exercise, MPFT undertook five events in September and October 2019. Excluding MPFT colleagues, there were 37 people who attended an event aimed at service users, their carers and interested stakeholders. All events (except the drop-in session) started with a short presentation on the process and the services under consideration. This is available on request. They were scheduled for three hours to ensure the majority of the

time was spent listening and engaging. For each of the two services formerly provided at the George Bryan Centre, participants were asked to complete a template to capture:

- What was good
- What could be improved
- What should stop

7.3 For those who didn't have experience of the centre, there was an option to tell us what they would expect from an outstanding health and care service. For those who could not attend an event, the presentation and template was published on the Trust's website, with a link from the home page. This included the leaflet used at the drop-in session. MPFT also received a number of emails and the service user on the planning group also provided feedback. A member of the public also provided a report on the exercise and is available on request.

7.4 Appendix 1 provides a summary of themes from 2019 George Bryan events.

7.5 We are now undertaking a full review of the clinical service models as a result of our response to COVID-19, which will determine the timelines for further involvement with the public. MPFT, working with system partners, is developing the business case which will outline proposals for the long-term solution for services previously delivered from the George Bryan Centre.

## 8. Transformation programme

8.1 As the business case is developed by MPFT and the CCGs, we are keen to keep service users, carers and staff informed and involved at every step of our journey to inform the development of long-term proposals.

8.2 Due to COVID-19 we recognise that our transformation programme had to pause, as a result we want to involve service users to understand if there is anything new we should consider since 2019 and people's experiences of the temporary service changes introduced since the fire.

8.3 We plan to hold a virtual sense check event for service users, casers and staff in September 2021 to inform our future model of care and proposals.

8.4 The feedback from this event will be shared with clinicians and staff at MPFT to inform the business case. A full involvement plan would be created and we would seek to keep the Committee informed and involved during Autumn 2021. The report of findings from this sense check involvement activity will be published on our website

8.5 Our approach to the sense check involvement during Autumn 2021 have been designed using MPFT's involvement for impact framework.

Framework	What it means	How we will achieve it
Principles	How we relate to each other	Respectful, honest, caring and compassionate, listen and engage
Purpose	Why we are involving people	To inform a business case that will find a long-term solution for the two services that were provided from the George Bryan Centre

Process	Who is involved	<ul style="list-style-type: none"> <li>The League of Friends, staff, service user and carer representatives will be invited to develop the engagement plans</li> <li>The people involved in the previous engagement to share their experiences of the temporary arrangements</li> <li>Service users and carers living in Southeast Staffordshire who have experienced the temporary arrangements between February 2019 and July 2021 to provide feedback on them</li> </ul>
Presence	How people are involved	<ul style="list-style-type: none"> <li>Virtual events during September 2021</li> <li>Online and telephone options for making a contribution</li> </ul>
Impact	How can we tell we have made a difference?	<ul style="list-style-type: none"> <li>The proposals set out in the business case are informed by the involvement activity undertaken</li> </ul>

## 9. Summary

9.1 The information outlined above provides an update on the process we are undertaking to involve service users, carers and staff in relation to the Temporary closure of the George Bryan Centre.

## 10. Link to Trust's or Shared Strategic Objectives

10.1 The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

### *Our purpose*

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.
- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

## 11. Link to Other Overview and Scrutiny Activity

11.1 Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in July 2021.

## 12. Community Impact

12.1 To be determined at a future date once final proposals are confirmed.

### **13. Contact Officer**

Name and Job Title:

Clare Neill, Associate Director of Communications & Strategic Partnerships, Midlands Partnership NHS Foundation Trust.

Telephone No: 07941 248257

Address/e-mail: [Clare.Neill@mpft.nhs.uk](mailto:Clare.Neill@mpft.nhs.uk)

### **14. Appendices/Background papers**

Appendix 1 - Summary of themes from 2019 George Bryan Centre events

## Appendix 1 - Summary of themes from 2019 George Bryan Centre events

There was lots of support for local mental health services. This extended beyond inpatients to community services. A lot of positive experiences were shared. This included staff being commended for being caring and the quality of the food was mentioned at a number of sessions. People expressed feeling safe and 'restful' at the George Bryan Centre. More than one person described the centre as saving their lives – or that of a relative.

After Stoke-on-Trent, Tamworth has the largest population in Staffordshire and population growth was also mentioned (new housing in Fazeley, specifically). There was support to re-build the George Bryan Centre like-for-like.

*"Would like to see the GBC built like for like in the location, not Stafford or Derby"* Lichfield event

*"Stop thinking Stafford should take the role of George Bryan. Stafford should continue its inpatient mental health care in addition to full time inpatient mental health care at a new future George Bryan unit in Tamworth"* Tamworth event (2-5pm)

Additional beds was also suggested.

*"More not less inpatient beds in Tamworth to continue the good work of the George Bryan Centre before the fire"* Tamworth event (2-5pm)

There were also suggestions about using the centre as a base for community-based services that included young people and all aspects of the mental health pathway.

*"Why doesn't the Trust make the George Bryan a community base for all the current mental health services for the local area?"* Sir Robert Peel drop-in session

Some extended this to other health services and the voluntary sector.

*"Support for third sector organisations to manage increased contact"* Lichfield event

*"More service delivery alongside the voluntary sector"* Tamworth event, 2-5pm

*"Voluntary sector – should tie up"* Glascote Patient Participation Group

At the Burton event, there were representatives of the housing and voluntary sector and the idea of jointly bidding for services was discussed. There were also comments about the centre's relationship with the Sir Robert Peel Hospital.

*"Cross training between the two types of nurses to care on wards at Sir Robert Peel on a temporary basis and vice versa"* Sir Robert Peel drop-in session

*"Samuel Johnson Hospital why can't we support & work with this hospital – too many different set ups"* Lichfield event

The greater range of services in Stafford was mentioned. At the Burton event the difference was described as "night and day". Art, music and occupational therapy were all available in Stafford and not at the George Bryan Centre.

Travel was the most common theme. The distance, cost and accessibility of public transport options between Tamworth and Stafford were all part of the most common theme. This related equally to visitors, who were recognised as being vital to recovery. It was also stated that visitors may be upset after a visit, which may make driving difficult.

*"Issue with visiting & travel to Stafford feel it would be too traumatic to get there"*

*“19.50 last train from Stafford to Tamworth” Tamworth event 2-5pm*

*“50-mile round trip”*

*“As an inpatient – visits from family when in Stafford were vital for the recovery process”*

*At the drop-in session at the Sir Robert Peel one person commented “Since the fire in February I think it is better for people to be sent to a specialist hospital, yes there are difficulties with travel, however every condition has its specialist hospital, mental health should not be any different. I also feel that having an isolated unit must be difficult to manage when there are risks involved.*

A number of mitigating actions were suggested:

- Financial support for transport
- A hospital bus that picks up from the train station
- “Group of volunteers to visit patients who maybe do not see their relatives because of the distance they have to travel”
- Need to ensure appointments for people who use public transport are booked after 10am (so they can take account of free bus travel)
- Extend the times of the bus from Tamworth to Stafford (and back)
- Pre-book transport to coincide with visiting times

A number of ideas for improvements were identified, which will be reviewed by the care group to inform any long-term solutions. This included:

- Social prescribing and financial/benefit support
- Help people with health promotion
- Longer consultations with psychiatrists
- Better discharge planning
- Community teams giving more information about support available in the community
- Improved communication between GP and hospital (medication, blood results).