

Local Members Interest

N/A

Health and Care Overview and Scrutiny Committee Monday 01 August 2022

Inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia

Recommendation(s)

I recommend that:

- a. The committee receives the business case relating to inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia.
- b. The committee considers whether any future involvement activity is recommended, this will be taken into consideration by the Integrated Care Board

Report of NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and Midlands Partnership NHS Foundation Trust (MPFT)

Report

1.0 Background

- 1.1 This paper provides an update on the programme to find a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre. Previous updates have been presented to this committee in July 2019, October 2019, October 2020, February 2021, August 2021, October 2021 and March 2022.
- 1.2 The George Bryan Centre (just outside Tamworth in the Lichfield District Council area) served the population of south east Staffordshire (Burton upon Trent, Lichfield, Tamworth and surrounding areas).
- 1.3 The West Wing had 19 beds for people aged 18 to 65. The East Wing had 12 beds for people aged over 65. The two wards provided assessment and treatment services for people with severe mental illness and dementia, including mood disorders, psychosis, anxiety and depression.

- 1.4 This centre did not admit very seriously ill patients. Before the fire, 25% of the total admissions to a mental health inpatient bed from the six district areas surrounding the George Bryan Centre were admitted to George Bryan Centre. 75% were admitted to somewhere that better met their needs, including St George's Hospital, Stafford.
- 1.5 In February 2019, fire destroyed the west wing of the building. The remaining east wing was temporarily closed shortly afterwards, on safety grounds.
- 1.6 As a temporary measure, people who need an inpatient bed are admitted to St George's Hospital in Stafford. An enhanced community service is supporting people to remain in their own homes for longer. These arrangements are referred to as the "established operational position" in the business case.
- 1.7 The need to review the provision of inpatient beds for south east Staffordshire existed before the fire. It was recognised that the George Bryan Centre required significant building works in order to continue to provide a clinically safe environment. The Care Quality Commission (CQC) inspected the two wards of the George Bryan Centre in 2013 and summarised: "We found that the safety and suitability of premises to be below the required standard." In addition, there have been recent changes to national guidance that recommend more community support to support people in their usual place of residence rather than an admission to a hospital bed. For all these reasons, the time is right to review the inpatient mental health provision in south east Staffordshire to identify a long-term solution that will deliver quality care to local people.
- 1.8 Since 2019 MPFT, working with the Integrated Care System partners, has been exploring proposals for long-term services. Following the feedback from clinicians, staff and through a series of listening exercises with the public and patients, they have developed a business case which outlines their recommendation to make the temporary arrangements permanent. This includes the continuation of the enhanced community offer for both groups of patients and the provision of the 18 beds for adults with acute mental illness, previously provided in the West Wing of the George Bryan Centre, being provided at St George's Hospital, usually in the Milford Ward. These recommendations will now be considered by the Integrated Care Board, who are the statutory decision makers.
- 1.9 At this point no decision has been made, and the business case will still need to undergo a robust assurance process and potential further involvement activity. As this involves the permanent reprovision of inpatient beds at an alternative site and a reduction in the number of beds for older people, due to an enhanced community offer, this is considered service change.
- 1.10 The NHS has to meet certain statutory and regulatory requirements when considering service change. This paper explains where we are in this process.

2.0 National best practice and clinical evidence

- 2.1. National best practice in mental health services is for care to be given at home and in the community wherever possible. Someone should only be admitted to hospital if it is no longer safe for them to remain in their usual place of residence and their stay should be as short as possible.
- 2.2. The clinical evidence suggests that admissions for people with dementia can make symptoms worse, permanently reduce independence and increase the likelihood of discharge to residential care and readmission to hospital.¹
- 2.3. Guidance from the National Institute for Health and Care Excellence states that when admission to hospital is considered for a person living with dementia, the value of keeping them in a familiar environment should be considered.² Further, there is the recommendation that necessary admissions should be as brief as possible to minimise adverse consequences of hospitalisation.³
- 2.4. This new guidance means that inpatient mental health services and dementia services need to be redesigned, to deliver this recommended national best practice.
- 2.5. This new way of working is explained further in this report and in the detailed business case (see appendix).

3.0 Summary of the recommended proposal

- 3.1. Through a period of involvement that started in 2019, one that follows national guidance, MPFT has developed a business case which outlines recommendations to make the temporary arrangements permanent:

Centralise beds at St George's Hospital

- Patients who need inpatient treatment are admitted to St George's Hospital in Stafford. This is for adults of any age experiencing a severe mental illness or dementia, who need intensive medical supervision and treatment in hospital.
- Wherever possible, patients are treated at home, supported by the enhanced community mental health services.
- Distinct enhanced services for adults of any age with a severe mental illness and for the population with dementia.

¹ The dementia care pathway, National Collaborating Centre for Mental Health, 2018

² NICE guidance NG9722, 2018

³ The dementia care pathway, National Collaborating Centre for Mental Health, 2018

- 3.2. This will help to deliver national best practice, based on clinical evidence, to people living in south east Staffordshire.
- 3.3. At this stage no decisions have been made, and the next stage is for the business case to be considered by the ICB. The ICB will consider if they are sufficiently assured by the recommended clinical model and process followed, and decide whether to pass the business case to NHS England for their assurance process. The ICB will then also consider if there is a need for further involvement activity before a final decision can be taken.

A timeline of activity is provided below, with more detailed information in table one at the end of this report.

Milestone	Date
Listening exercise	3 June – 25 August 2019
MPFT engagement activity	25 September–24 October 2019
Option appraisal process starts	Autumn 2019
COVID-19 pandemic programme paused	March 2020 – August 2021
Sense check involvement with service users/staff	October 2021
Technical group of clinicians and staff meets to review feedback	10 December 2021
Public/patient reference group meets to review process to date and emerging viable proposal	15 March 2022
Draft business case developed	April – June 2022
West Midlands Clinical Senate review	10 June 2022
MPFT internal governance process	28 June 2022
MPFT Board reviews business case	30 June 2022
Update to Overview and Scrutiny Committee on process to date	1 August 2022 - We are here
ICB to review business case and decide whether to proceed to NHS England assurance	August 2022
NHS England assurance process	September 2022
ICB to decide whether to proceed with involvement	Autumn 2022
Working closely with Overview and Scrutiny Committee on potential plans for involvement	Autumn 2022
Potential involvement activity	Autumn 2022
Analysis of involvement activity	Winter 2022
Development of decision-making business case	Winter/Spring 2023

4.0 Clinical model

4.1 The development of a long-term solution for inpatient mental health services is based on an enhanced community mental health model, which has evolved since 2019 and supports national best practice (see section 2). This includes:

- Enhanced crisis support
- A hospital avoidance team is in place with experienced older adult specialists who understand complex needs
- Specialist staff are involved at an early stage to help people find the most appropriate services
- More personalised care to help people stay at home and avoid unnecessary hospital admissions
- Discharge pathway that helps people to stay in their community and prevent readmission to hospital
- More joined-up care, linking core mental health teams, primary care, social workers and the voluntary sector
- Out of hours home sitting service in development to support carers.

4.2 The enhanced community offer and the move from a bed-based model to a community-based model has prevented admissions and supported shorter stays in hospital. This means that the people who are admitted are more seriously ill and require specialist support. By helping people in their usual place of residence, it provides better care for patients supporting them to remain independent for longer.

4.3 This new community model, alongside the national guidance, means there is a need to rethink inpatient mental health care. For example, people who may have been admitted in 2019 for low level mental health needs, will now be seen in the community. This means mental health beds can be prioritised for those with high levels of mental health need. The clinical model includes the provision of 18 beds provided for adults with acute mental illness.

Our vision for inpatient mental health

For patients who do need an inpatient mental health bed we want to support them to:

- Receive specialist care from the right professionals

- Provide more co-ordinated and timely care with access to art, music and occupational therapy services and specialists such as eating disorder teams and forensic mental health teams
- Be able to offer timely and responsive care for someone in crisis, for example with access to supportive seclusion rooms
- Help people to be discharged into the community as quickly as possible, with the care in the community to help people stay independent for longer.

To achieve this vision we know we will need to work differently to use our workforce to offer maximum benefit for patients.

5.0 Identifying proposals

5.1 Since 2019 the programme has undertaken a robust process to inform the development of proposals for long-term service provision, see table one (at the end of this report) for a timeline of activity. The programme has worked closely with the Consultation Institute and NHS England's national guidance to inform this process.

5.2 Following the listening exercise in 2019, two proposals were identified and have been explored in detail against the agreed essential criteria:

- Clinical sustainability
- Strategic fit
- Meet the needs of the local population

5.3 Other criteria considered, included: workforce, demand and capacity.

Proposal: Centralise inpatient beds at St George's Hospital

- Patients who need inpatient treatment are admitted to St George's Hospital in Stafford. This is for adults of any age experiencing a severe mental illness or dementia, who need intensive medical supervision and treatment in hospital.
- Wherever possible, patients are treated at home, supported by the enhanced community mental health services.
- Distinct enhanced services for adults of any age with a severe mental illness and for the population with dementia.

Proposal: Provide beds at George Bryan Centre site

- Provide a ward with 18 beds at the George Bryan Centre site. This is for adults of any age experiencing a severe mental illness or dementia, who need intensive medical supervision and treatment in hospital.
- Wherever possible, patients are treated at home, supported by the enhanced community mental health services.
- Distinct enhanced services for adults of any age with a severe mental illness and for the population with dementia.

- 5.4 Due to the strong evidence that older adults (especially dementia care) should be cared for in their usual place of residence, it was not recommended to reinstate the 12 older adult (dementia) beds. It is recommended that the enhanced community service is continued, and would best support these patients in their usual place of residence. This enhanced community service would be in place for both proposals.
- 5.5 The option appraisal process started in Autumn 2019, but was paused due to COVID-19. In Autumn 2021 this recommenced and additional “sense check” involvement activity was undertaken to understand if there were any new considerations.
- 5.6 The feedback from this involvement activity, alongside the clinical model, activity and workforce data, was reviewed by a technical group in December 2021, including clinicians, staff and Healthwatch representatives which identified there were no new proposals to be considered at this stage. The technical group of experts was asked to consider whether the proposals remained viable and realistic.

Proposal: Centralise inpatient beds at St George’s Hospital

- 5.7 Below is a summary of the key themes that emerged from the technical group review:

Advantages

- Timely access to intensive psychiatric care
- Staff cover for illness
- Fewer emergency police call-outs
- Meeting a wider range of needs

Disadvantages

- Travel impact (for carers/visitors)

- 5.8 Someone admitted to St George’s Hospital, is offered a much greater range of specialist services than the George Bryan Centre was able to offer. This includes a range of therapies.

- 5.9 Allied health professionals (AHPs) provide services such as art, music and occupational therapy and work across several wards. Staff who provide such therapeutic interventions are skilled and specialist, therefore tend to be hard to recruit. It would be particularly challenging to recruit to a smaller, isolated site, as they work across a number of wards as required and tend to prefer being part of a larger team.

- 5.10 Since this model has been in place on a temporary basis, less people have been admitted to hospital and they have stayed for a shorter period of time.

Proposal: Provide beds at George Bryan Centre site

5.11 As outlined above national best practice is to care for patients with dementia in their usual place of residence, therefore there will be no dedicated beds for older care/dementia care at the George Bryan Centre site. This proposal includes the re-provision of a ward with 18 adult mental health beds on the George Bryan Centre site. Below is a summary of the key themes that emerged from the technical group review:

Advantages

- Easier travel for carers and visitors

Disadvantages

- No on-site access to intensive psychiatric care
- Reduced staff cover for illness
- More emergency police call-outs
- Less able to meet a wide range of needs
- Location

Viability of proposal to provide beds at the George Bryan Centre site

5.12 Reflecting that lower-level needs are now supported in the community, it was recognised that the needs of patients currently being cared for as an inpatient at St George's Hospital are greater than could be admitted to a standalone site. This is because there are limited numbers of specialist staff and no psychiatric intensive care for when the patient needs additional support.

5.13 On a larger site like St George's Hospital, staff are used flexibly across a number of different wards. With a smaller pool of staff at an 18-bed unit, it would be harder to provide cover and maintain a high level of care, particularly during periods of staff sickness.

5.14 There were a high number of emergency police call-outs to the West wing of the George Bryan Centre before the fire happened (32 in 2017, 44 in 2018). This reflects that in a smaller, remote unit it is harder to manage crises when they happen. At the St George's Hospital there is support available to help someone in crisis, for example seclusion rooms and low restraint measures.

5.15 People with higher mental health needs have always been taken to the St George's Hospital for assessment and support. In addition, if a patient became very unwell at the George Bryan Centre, they had to be transferred to St George's Hospital.

Potential impact on St George's Hospital.

5.17 During COVID-19 we have tested the new ways of working, with the enhanced community services and with re-provision of the 18 beds the at St George's

Hospital. Early signs show that this is having a positive impact for staff and patient care. The technical group considered that to reopen a standalone site, would create a potential impact on the St George's Hospital site with staff having to be transferred back to a standalone centre. It would also create further travel time for specialist teams/ patients, to provide access to the full range of therapy services. This would have an impact on patient care and also on the efficient use of a limited workforce.

- 5.18 For these reasons the Technical Group in December 2021 recommended that this proposal is not viable, as it is not safe to run an inpatient mental health unit with 18 beds as a stand-alone site, given the clear safety issues of remote service provision.

6.0 Community impact

- 6.1 An Equality Impact Assessment (EIA) was completed in March 2022 [Appendix 14]. It supported the 2021/22 options appraisal process on the proposed centralisation of inpatient beds to the St George's Hospital site supported by enhanced community services.
- 6.2 Quality Impact Assessments [Appendix 2 for MPFT and Appendix 14 for the CCGs] have been completed for this service change.
- 6.3 A detailed access analysis [Appendix 15] has been carried out to understand the impacts of reopening beds at the George Bryan Centre for people living in Stafford, Cannock Chase, East Staffordshire, Lichfield, South Staffordshire and Tamworth local authority district areas who are driving or using public transport.
- 6.4 The main impact identified through these assessments was on carers and visitors who may have to travel further to visit a person admitted to a bed in St George's Hospital in Stafford. However, it was noted that people who can be cared for without an admission would be supported by the enhanced community mental health offer in their usual place of residence.
- 6.5 MPFT has explored options to mitigate this impact for the small cohort of people affected. Solutions include the provision of a digital device to relatives for the duration of the patients' stay, so they can contact their loved one and visit them 'virtually'.
- 6.6 MPFT is also committed to supporting individuals with travel arrangements on a case-by-case basis.

7.0 A single viable proposal

- 7.1 Following the technical group's recommendation in December, that recommended only one viable proposal, clinicians and staff at MPFT undertook further detailed workforce, travel and impact analysis to test this recommendation and understand any impact. This is detailed in the business case (see appendix).
- 7.2 A reference group was established in March 2022 to review these recommendations, from a public and patient perspective. This included representation from Healthwatch, local stakeholders, service users and interested groups. The group received a presentation and information pack that explained the clinical model and process followed to date. The group was asked to comment on the process followed to date and identify any new considerations.
- 7.3 It is recognised that the group had concerns that the inpatient beds would remain at the St George's Hospital site and not be rebuilt at the George Bryan Centre. Travel for visitors remained the key concern. The programme reviewed this feedback to inform the development of the business case, it was agreed that no new considerations had been presented that had not been previously explored. Between March and June 2022, MPFT have considered this feedback and undertook further analysis to inform the development of the business case. This was reviewed by MPFT's Board of Directors in June where the Board supported the business case to go to the next level of review: NHS Integrated Care Board.
- 7.4 The NHS has no duty to engage on options that are not viable. Where there is only one viable proposal, it is important to be open and honest with local people. UK courts have previously found against consultors where they have used unviable options during consultations.
- 7.5 In these circumstances, our priority is to ensure that we are following a fair and lawful process, that we are involving stakeholders in developing and appraising these options and that we are transparent in our rationale for why any proposals are deemed unviable. Importantly, that we remain open to new ideas and information that might generate a better option.

Independent review of the clinical model and proposals

- 7.6 In June 2022 clinicians and staff from MPFT and the system, presented the clinical model and process to the independent West Midlands Clinical Senate. This is a group of clinical experts from across the West Midlands who reviewed and scrutinised the case for change.
- 7.7 The findings from the Senate are positive and the programme team is now reviewing the feedback to inform the next iteration of the business case. No substantial issues have been identified that would impact on the clinical case for change or process.

8.0 Navigating the business case

8.1 The business case is divided into eight sections. How we reached the current proposal is reproduced in the next section of this report.

- i. An introduction and overview of:
 - The service change proposal, including the scope
 - The background to the service change proposal
 - Current service delivery
 - The vision and commitment and organisations involved
 - The process and requirements covered in the business case.
- ii. A detailed description of the case for change in the future of services delivered at the George Bryan Centre, including whether it is feasible to provide services separately from those provided at St George's Hospital, Stafford. It also covers:
 - The limitations of providing services in a different location
 - The wider choices of treatment available to patients at St George's Hospital
 - Why it would not be possible to provide all of these choices at a smaller facility.
- iii. A description of the financial impact of the proposal including the cost of refurbishing the ward at St George's Hospital used for this cohort of patients.
- iv. An explanation of the workforce implications of the business case.
- v. Details of the extensive public and patient involvement carried out for several years while developing the proposals for the services previously provided at the George Bryan Centre.
- vi. An explanation of the process followed to arrive at the single viable proposal contained within the business case.
- vii. A description of the evaluation of the proposals and includes a summary of the travel analysis.
- viii. The remaining steps in the governance and assurance process. A draft plan for potential public involvement ahead of a decision being made about inpatient mental health services for people living in south east Staffordshire.

9.0 Next steps for the programme

9.1 On 30 June 2022, the Board of Directors of MPFT approved the enclosed business

case and the proposal contained within it – with respect to its provision of acute mental health inpatient services for south east Staffordshire on a single site at St George’s Hospital, Stafford. The Board also endorsed the next steps contained within chapter eight of the business case.

- 9.2 The action by the Board of MPFT does not represent a decision to implement the proposal contained within the business case. The business case has been reviewed by senior clinicians as part of the West Midlands Clinical Senate who made recommendations to MPFT.
- 9.3 MPFT will respond to these before it is considered by the ICB. Comments made by this Health and Care Overview and Scrutiny Committee will be included in the report received by the ICB. The ICB will then determine if the business case is ready to be passed to NHS England’s assurance process to inform the next steps.
- 9.4 The Integrated Care Board will determine whether any future involvement activity is needed and invites the Health and Care Overview and Scrutiny committee to make a recommendation.
- 9.5 The updated business case, following feedback from the West Midlands Clinical Senate, will be reviewed by NHS England through their assurance process. This is currently scheduled for September 2022.
- 9.6 Once the outcome of the NHS England assurance process is known, the ICB will decide whether to proceed with further involvement activity to understand if any new considerations have come forward.
- 9.7 A Decision-Making Business Case (DMBC) will then be developed, which will include outcomes from any further involvement activity.

10.0 Strategic Plan

- 10.1 On 1 July 2022, Integrated Care Boards (ICBs) replaced clinical commissioning groups (CCGs), becoming the statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care System (ICS).
- 10.2 Working with partners in Staffordshire and Stoke-on-Trent, the ICB have agreed on an ambitious vision which is ‘working with you to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.’

Their purpose is as follows:

- 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.

11.0 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.

11.2 The most recent update on inpatient mental health services was in March 2022, when the Report of Findings from involvement work and next steps of the process were shared with members.

12.0 Summary

12.1 The information outlined above provides an update on the robust process we have undertaken to date, including how we have involved service users, carers and staff in relation to the long-term plans for the provision of services that will meet the needs of the population.

12.2 We will return to the committee with the outcomes from the ICB Board and the NHS England assurance process. We welcome the recommendations from the Committee on potential, future targeted activity that may be needed to help inform next steps.

13.0 Background documents and appendices

A copy of the full business case and appendices are included for information.

14.0 Contact Details

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Table one: how we reached the current proposal

The regulatory guidance sets out the process that NHS organisations should follow when considering service change. The following table sets out when we undertook each stage.

Date	Activity	Who was involved	What we did/learned
Summer 2019	The Together We're Better (TWB) partnership outlined clinical models and ran a listening exercise survey which included questions on people's experiences of mental health services (what was good, what could be improved).	<p>367 responses to the main survey and 746 responses to the postcard survey.</p> <p>A total of 2,975 people attended 108 listening events, roadshows and workshop events.</p> <p>354 participant workbooks and 113 facilitator resource packs were completed.</p> <p><i>Note that the listening exercise covered several subjects including mental health.</i></p>	Midlands Partnership NHS Foundation Trust (MPFT) and the six NHS clinical commissioning groups (CCGs) in Staffordshire and Stoke-on-Trent considered the information gathered through the survey.
September and October 2019	MPFT organised five engagement events in September and October 2019, which focused on people's experiences of the George Bryan	37 participants across the five events.	<p>MPFT Trust Board Papers 20200130.pdf</p> <p>The MPFT board received the report of findings in January 2020.</p>

Date	Activity	Who was involved	What we did/learned
	<p>Centre. The events were at Lichfield, Tamworth (two events), Burton upon Trent and at the Sir Robert Peel Community Hospital, each running for three hours:</p> <ul style="list-style-type: none"> • 25 September, Lichfield (am) • 16 October, Tamworth (pm) • 16 October, Tamworth (eve) • 17 October, Burton on Trent (pm) • 24 October, Sir Robert Peel Community Hospital (am-pm) 		<ul style="list-style-type: none"> • There was support for re-building the centre • Providing additional beds was also suggested • 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 • Some extended this to other health services and the voluntary sector • There were also comments about the centre's relationship with the Sir Robert Peel Hospital. • The greater range of services in Stafford was mentioned • Travel was the most common theme.
15 October 2019	<p>The Technical Group considered the findings of TWB's listening exercise. They defined essential criteria that proposals would have to meet:</p> <ul style="list-style-type: none"> • Clinical sustainability • Strategic fit • Meeting the needs of the population. 	<p>The technical group panel included clinical leads, commissioners, provider representatives, technical experts and observers.</p>	<ul style="list-style-type: none"> • The Technical Group reviewed two emerging proposals against these essential criteria • Centralisation of inpatient beds in St George's Hospital • Provision of inpatient beds in south east Staffordshire for adults (18+) with serious mental health needs • Both proposals include a transformed community mental health offer for adults of all ages with serious mental illness, with specific support for older adults • Question to answer: Are these proposals viable and realistic?

Date	Activity	Who was involved	What we did/learned
October and November 2019	Deliberative events held: <ul style="list-style-type: none"> • 24th October, Stoke (pm) (this did not cover the George Bryan Centre due to the geography) • 28th October, Lichfield (pm) • 30th October, Stafford (pm) • 5th November – Staff event 	A total of 86 members of the public and staff attended all four events. The first three events were open to anyone; the fourth was staff-only. <i>Note that the listening exercise covered several subjects including mental health</i>	<ul style="list-style-type: none"> • Presentation on the clinical case for change and the options appraisal process • Desirable criteria sense check and weighting • Workshop style sessions of the emerging proposals and table discussion on <ul style="list-style-type: none"> - Are there any other ways to provide inpatient mental health beds in the South of the county? - Are there any essential services / locations missing in the area? - Which services might people be prepared to travel further for? • Participants outlined that Quality of care, accessibility and meeting the needs of the local population were important factors for the desirable criteria
14 November 2019	A second meeting of the Technical Group considered the findings from the involvement activity.	The technical group panel included clinical leads, commissioners, provider representatives, technical experts and observers.	The Technical Group reviewed the proposals against further essential criteria: <ul style="list-style-type: none"> • Demand and capacity • Workforce sustainability • Estates.
March 2020– Summer 2021	Engagement activity paused because of COVID-19.		

Date	Activity	Who was involved	What we did/learned
7-31 October 2021	MPFT, supported by TWB, ran a sense-check engagement to see if there was anything new we needed to consider, as there had been an interval of two years since the previous engagement.	<ul style="list-style-type: none"> • 80 respondents to the survey • 29 participants across two events (14 and 18 October) • 15 organisations (including Healthwatch) responded to the survey and/or attended an event. 	<p>Headlines from the report of findings:</p> <ul style="list-style-type: none"> • Most respondents commented on experience of using the George Bryan Centre or community mental health services • 76% rated experience of using the George Bryan Centre as good or very good. When asked what went well and what challenges were faced, five positive and nine negative themes were identified • 42% found experience of using St George's Hospital good or very good. When asked what went well and what challenges were faced, four positive and seven negative themes were identified • 38% rated experience of using community services good or very good. When asked what went well and what challenges were faced, four positive and eight negative themes were identified • 85% agreed with the model of care <p>We looked at the findings in preparation for the Technical Group on 10 December 2021.</p> <p>The full report of findings was considered by the MPFT Board and the CCGs' joint Governing Body on 24 February 2022.</p>

Date	Activity	Who was involved	What we did/learned
10 December 2021	Technical Group held. Clinicians and staff reviewed comments from the autumn 2021 involvement alongside clinical data to assess whether proposals are viable (met the criteria).	A group comprising representatives of commissioners and providers including the deputy Chief Executive of MPFT, directors and/or leads for mental health services, continuous improvement, quality, strategic commissioning and finance, and the community outreach lead from Healthwatch.	The Technical Group agreed there is one viable proposal that meets the criteria.
15 March 2022	Reference group with members of the public held to consider recommendation from the technical reference group. Members of the public who joined the reference group: <ul style="list-style-type: none"> • Heard the proposals • Heard views about whether anything else which should be considered for the business case • Discuss if anything can be done to mitigate any negative impacts 	Generic and targeted promotion was under-taken to ensure a representative audience. A total of 12 participants in the reference group included service users, carers, staff, seldom heard groups and outreach lead from Healthwatch Staffordshire and local interest groups.	Two proposals explained: <ul style="list-style-type: none"> • Centralisation of beds at St George's Hospital • Provision of beds at George Bryan Centre site Group asked if they had confidence in the steps taken to identify proposals and reach a single viable proposal. They said: <ul style="list-style-type: none"> • Information pack explained proposals well but pros and cons were one-sided/unbalanced • Both proposals needed to be underpinned by community health services • More detail required about mental health service provision for each proposal

Date	Activity	Who was involved	What we did/learned
	<ul style="list-style-type: none"> Consider the technical group's recommendations. 		<ul style="list-style-type: none"> Inpatient services are needed in Tamworth to meet the needs of vulnerable people <p>Group asked for consideration about population density and clarification over what additional services would be put in place. They suggested:</p> <ul style="list-style-type: none"> Need to consider physical and financial accessibility, as well as mental health Provision of free shuttle buses required between central locations and the hospital Funding support required for patients to use public transport Closer-to-home public transport option to be provided Travel options should be environmentally conscious Consider learnings about patient travelling to Tamworth following closure of the Margaret Stanhope Centre. <p>The group was assured no decision had been made, but asked to consider the impact of COVID-19 on mental health, and to consider re-opening GBC for mental health difficulties leaving critical care to St George's Hospital.</p>

Date	Activity	Who was involved	What we did/learned
			Comments and suggestions made during the reference group were taken forward for consideration during the finalisation of the business case.
13 May 2022	Report of findings from the reference group (15 March) were considered and noted at the Transformation Steering Group.	The Steering Group includes representatives from MPFT, including the deputy Chief Executive, operational leads for mental health services, patient representatives, Healthwatch representative, continuous improvement, quality, strategic commissioning and finance.	It was agreed that, taking the comments into account, one viable proposal would go forward to the business case.
June 2022	Finalisation of the business case, setting out: <ul style="list-style-type: none"> • The background and history of the issue • Information about people who live in the area and what their needs are • Information about the service that would be changed • Evidence about the impact of the change for patients and staff • Information about how patients and local people 		<ul style="list-style-type: none"> • The Business Case has commenced the appropriate governance and assurance process – see below for details.

Date	Activity	Who was involved	What we did/learned
	<p>have been involved in the process</p> <ul style="list-style-type: none"> • Information about how much the change will cost or save • The process for making the decision. 		
10 June 2022	The clinical model was considered by West Midlands Clinical Senate.	Representatives from MPFT, CCGs and WMCS leads	Independent review of Clinical model and proposal. The panel was supportive of the recommended proposal of a single site for inpatient mental health services for the geographical areas covered by MPFT.
23 June 2022	An update on the process and proposal was received by the ICS Mental Health Programme Board.	Non-executive directors, Executive Directors and senior leaders across North Staffordshire Community Healthcare NHS Trust, MPFT and CCGs	The ICS Mental Health programme Board agreed and supported the proposal.
28 June 2022	The Business Case was considered by the MPFT Major Transaction Committee.	Non-executive directors, Executive Directors and senior leaders	The Major Transactions Committee endorsed the proposal outlined in the business case and recommended to the MPFT Board of Directors meeting that the business case be approved.
30 June 2022	Business case was considered by MPFT Board.	Board members	Approved the enclosed business case and the proposal contained within it with respect to its provision of acute mental health inpatient services for south east Staffordshire on a single site at St George's Hospital, Stafford and also endorsed the next steps contained within chapter eight of the business case.

Date	Activity	Who was involved	What we did/learned
1 August 2022	The business case will be shared with the Staffordshire and Stoke-on-Trent Health and Care Overview and Scrutiny Committee for consideration and comment.		Outcome pending.
Autumn 2022	The business case will be considered by the Integrated Care Board (ICB) – read more about the ICB in 8.0.		Outcome pending.