

**Cumbria, Northumberland, Tyne and
Wear NHS Foundation Trust**

St Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
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**Re: Central Inpatient Services update, Cumbria, Northumberland, Tyne and
Wear NHS Foundation Trust**

Background

In 2023, Cumbria Northumberland Tyne and Wear NHS FT published its updated Strategy [‘With You in Mind’](#) which sets out the commitments and strategic ambitions for the future while also supporting the delivery of key national policy requirements.

Linked to the strategy we have been looking at our overarching model of care, including the shape of inpatient services across the CNTW footprint. At a national level there have been a number of key policy documents published that require consideration at a Trust and North East and North Cumbria Integrated Care Board (NENC ICB) level, these include: a Commissioning Framework for Mental Health Inpatient Services and the Inpatient Quality Transformation Programme. Key features of these policies will help shape our provision of services in the medium to long term. In addition, the ICB have led a piece of work highlighting the number and location of inpatient beds across the NENC geographical area. This census involved mental health Trusts, acute Trusts, and the independent sector in order that we obtain a full picture of provision.

The [Deciding Together Delivering Together](#) programme previously led by Newcastle and Gateshead Clinical Commissioning Group (CCG) involved asking people who use mental health services, their families, carers, mental health professionals and service providers for their views on improving the way specialist adult mental health services are arranged in Gateshead and Newcastle. This resulted in a listening exercise held over 2014/15 and was published in April 2015. It is important to reference this work in the context of provision of inpatient services within Newcastle and Gateshead and the changes we are progressing with over the next 15 months.

We have been working with local colleagues and stakeholders on the further development of plans for the re-provision of services from the Campus of Ageing and Vitality (CAV) in Newcastle to St Nicholas Hospital, Gosforth. Newcastle University (owners of the site) and Newcastle Hospitals NHS Foundation Trust are looking to create a new health and research community at CAV. The development of this new facility means we will need to vacate the site by Spring 2025.

Where we are now

In December 2023, the Trust revisited the Deciding Together Delivering Together recommendations, and reviewed the clinical model for our older person's services to make sure our current plans are in line with best clinical practice. We concluded that we need to continue to provide a Centre of Excellence in Newcastle which co-locates all older person's services to achieve the best outcomes for patients and their families.

It is widely recognised, including by our regulators, the CQC, that the accommodation we are using on the CAV site is no longer fit for purpose. In addition, demolition of disused buildings will be commenced while we continue to provide services from that facility. The services transferring for older people's services include Inpatient Services, Day Hospital, Memory Assessment and Management Services, Older Persons Community Treatment Teams, Physical Treatment Team, Electroconvulsive Therapy (ECT) and Research.

In addition to the older people's services currently located on the CAV site, the current adult acute inpatient services provided at the Hadrian Clinic in Newcastle, located next to the CAV are also planned to move to the St Nicholas Hospital site in the Spring/Summer 2025 as part of previously agreed plans within the Care Environment Development and Re-provision ([CEDAR](#)) Programme.

It is important operationally that inpatient services for both adults and older peoples services transfer from the current site in Newcastle to St Nicholas Hospital in Gosforth within a seamless timeframe.

In May 2024, the Trust's Board of Directors agreed that both older people's inpatient and community services in Newcastle will move to the St Nicholas Hospital site to establish a centre of excellence with all older person's services being situated in the same place where we can achieve the best outcomes for patients and their families. To accommodate this move, one of the existing wards on the St Nicholas Hospital site (Bede Ward) will be repurposed as part of the older persons centre of excellence.

Although these plans remain in line with the Deciding Together Delivering Together recommendations in terms of service relocations, there will be a change in the number of acute inpatient beds in the immediate Newcastle/Gateshead locality. We have developed some frequently asked questions in Appendix A which outlines the impact of the service changes on bed capacity more clearly.

A period of engagement with service users, carers and stakeholders will now commence to provide an opportunity to discuss our plans for ensuring continued high quality and safe care.

We understand any change to health and care services may cause a level of anxiety and we would welcome the opportunity to discuss this further with you. We are confident that this development will support our plans to significantly improve services for those who need them. If you would have any queries or would like any further information, please contact us.

Alternatively, if you would like to meet to discuss our plans, please contact corporateaffairs@cntw.nhs.uk

James Duncan
Chief Executive



Ramona Duguid
Chief Operating Officer



Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Appendix A

Frequently asked questions

Impact of service change

Has your overall bed capacity reduced across the Trust footprint, and across the inpatient care group for Newcastle and Gateshead specifically?

The closure of Bede ward will see a reduction of 14 beds within the Newcastle and Gateshead Locality. However agreed Trust proposals will see an increase of 6 beds at the Bamburgh Clinic once the CEDAR re-provision is complete. Coupled with an increase of 12 beds in September 2024 following the completion of capital works in North Cumbria. Therefore, giving an overall increase of 4 beds. The total bed numbers will of course be subject to change linked to any new initiatives and commissioning changes linked to the national policy direction for inpatient mental health provision.

What impact will a reduction in beds have on our region? / what support is available to people who require a bed?

The vast majority of people in receipt of mental health services receive care in the community. In the event of increased complexity of patient needs, support is provided via the crisis teams, home based treatment offer, and potentially crisis beds. There are currently 4 beds provided by Everyturn Mental Health in Gateshead. We are working with our commissioners to seek to expand the number of crisis houses as an alternative to admission. When it is clinically appropriate for an individual to access a bed, this is facilitated by our Enhanced Bed Management service.

The Trust's Inpatient Care Group is working on initiatives that will improve and increase inpatient flow ensuring purposeful admission, treatment and effective discharge. This is being supported with two enhanced case workers who actively become involved in discharge planning for complex cases. We continue to work in collaboration with other internal and external stakeholders to support the availability of inpatient beds when required.

What is the current waiting list position for adult acute admissions and older persons services?

We do not routinely maintain a waiting list for inpatient care services however we do utilise a live bed management system to ensure prioritisation and effective triage is in place for those individuals who may require an inpatient bed as part of their treatment programme. This is supported by daily meetings where patient clinical needs are discussed to ensure flow is maintained. The decision to admit and the priority for beds is based upon clinical and legal considerations for example, if

someone following an assessment under Section 136 of the MHA as requiring further assessment and or treatment then generally, they would take precedence over an informal patient for access to a bed.

This is clearly a very complex change involving several moves to support adult acute as well as older people's services, in simple terms, what will be clear benefits be?

There are a number of benefits for both adult and older adult service users, their carers, and the staff who work in the service.

From an older adult perspective this re-provision will allow for services to remain in Newcastle and provide care as close to home as possible. The consolidation of services onto one site also promotes positive working relationships and much improved facilities.

From an adult perspective the facilities on offer at Bamburgh Clinic are far superior to Hadrian Clinic and as such this will enhance the patient experience as well supporting staff via the provision of higher quality working conditions. This re-provision as an entity will go some way of promoting recruitment and retention of key clinical staff.

Will the reduced bed capacity result in the need for patients to be admitted outside of CNTW and increase the Out of Area bed use?

The Trust has seen a steady reduction in out of area beds being used over the past six months and has now reached a position of no inappropriate out of area placements. This has been sustained for a number of weeks, despite the reduction in beds on Bede ward.

An inappropriate out of area treatment is considered to be when an individual is admitted to a unit that does not form part of the usual local network of services. This relates to non-specialist locally commissioned beds. It would not be considered to be inappropriate in small number of circumstances including:- there are safeguarding concerns, the individual becomes acutely unwell when they are away from home, the person is a member of staff from local services, there are offending restrictions or the decision to treat out of area is the individuals choice et if they wish to be closer to family members, friends or other close networks.

Services at CAV need to be vacated before March 2025 – when will the move be happening?

The expectation is that the older adult re-provision will have a construction time frame of at least 54 weeks. Although the changes to the Bamburgh Clinic are not anticipated to take that long it has been agreed that the re-provision of services both adult and older adult would need to take place at the same time to prevent clinical and service isolation.

How will this programme of work be part of, and support the wider community transformation work?

In the past 12 months, CNTW have undertaken a significant programme of work to review our clinical model and transform our community services so that they offer the right support to the system.

In Newcastle, it is hoped that the development of the first multi-agency hub at The Space - West End Wellbeing Hub will be used as a blueprint across the city to allow direct access for anyone who may face mental health issues, averting crisis as they receive the right support, at the right time, in the right place.

Gateshead are working hard to develop Integrated Neighbourhood teams, bringing together community support providers with statutory services to offer early help and prevention.

Given all other localities in the Trust are looking at such developments, it is expected there will be a marked decrease in demand for crisis and inpatient services as more people experience support at an earlier juncture and avert an escalation that places them in need of crisis support or admission.

Support for service users, carers and staff

What support has been given to staff affected by the moves?

All staff impacted by the closure of Bede Ward have attended a 1:1 meeting with their manager and workforce team. Formal Consultation with impacted staff launched 27th March 2024 supported by workforce and staff side (Union representation) allowing further opportunities for staff to meet 1:1. Staff preferences, service need and skill mix have been considered during the redeployment of staff. In addition, there are forums in place to keep staff up to date and involved where necessary in-service changes. All staff are aware of the support systems in place with the opportunity for any member of staff to join the monthly Q&A session.

Staff will be encouraged to take part in the project arrangements for transfer of the new services and opportunities this brings on the development of the model of care we deliver.

If I am a carer, how will I be supported during this transition?

We will be having service user and carer representation as members of our Reprovision Group to ensure that issues that are relevant and pertinent to them is included in our plans. This will include ensuring we consider the needs of carers to enable them to support their loved ones.

Other frequently asked questions

What is a Centre for Excellence?

One definition is that a Centre of Excellence is somewhere that has, 'specialised programs within healthcare institutions which supply exceptionally high concentrations of expertise and related resources centred on particular medical areas and delivered in a comprehensive, interdisciplinary fashion'.

It is clear that the Strategic Clinical Network would agree that the Campus for Ageing and Vitality is already deemed a centre of excellence.

Centres of excellence benefit from motivated and skilled staff, providing safe, excellent care with educational opportunities and close links with partners and research. Services will benefit from close working relationships across specialities in Health care, and the co-location and close location of wider services across the pathway. The reputation of a Centre for Excellence would need to be built up over time.

If you have any further queries or questions which you think will be helpful to include in these FAQs, please let us know corporateaffairs@cntw.nhs.uk