



**Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Durham Clinical Commissioning Group
Tees, Esk and Wear Valleys NHS Foundation Trust**

Improving mental health services for people with dementia in County Durham and Darlington

**Report on consultation about location and configuration of
inpatient assessment and treatment beds**

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Background

Most people who are living with dementia are supported at home, including nursing or residential homes. Some people with complex needs may need to spend a short time in hospital where they can be fully assessed and treated before returning to their home environment or moving to more appropriate accommodation.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides specialist inpatient assessment and treatment services for people who have dementia. There are currently three 10 bed wards in County Durham and Darlington – one ward at Bowes Lyon Unit, Lanchester Road Hospital in Durham and two wards at Auckland Park Hospital in Bishop Auckland.

Developments over recent years to TEWV's community services, such as specialist support for care homes and general hospitals, mean that fewer people with dementia need to spend time in hospital. Although some people will need to be admitted to hospital, most people with dementia benefit from being in familiar surroundings, which are less disorientating. Inpatient care is now the exception rather than the norm and occupancy levels as well as the number of admissions have reduced over the last two years.

TEWV are confident that 30 beds is adequate to meet the needs of the people of County Durham and Darlington. We now need to make sure that we are offering people who have dementia not only the best possible inpatient environment (should admission to a specialist ward be required), but also that we are making the best use of our resources. This means reviewing the current location and configuration of assessment and treatment beds.

We will retain 30 inpatient beds but reduce the number of wards from three to two (it is not cost effective to run three wards with 10 beds each). The purpose of the consultation was to get views on the future configuration of two 15 bed wards.

Proposal

Senior clinical staff and managers from TEWV's mental health services for older people in Durham and Darlington initially identified a long list of options (14) for the configuration and location of two wards of 15 beds (appendix 1).

They discounted 11 of these options (including a new build and refurbishment of other sites). They were all discounted for two main reasons - they were not affordable (would not result in cost savings) and could not be achieved within required timescales.

We consulted on the three options that are deliverable within timescales and finances:

Option 1

Provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree Ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham).

This would result in a saving of £454,000 per year (staffing costs).

Option 2

Provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham (and close one of the wards at Bishop Auckland).

This would result in a saving of £332,000 per year (staffing costs).*

Option 3

Provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland (and close one of the wards at Bishop Auckland).

This would result in a saving of £332,000 per year (staffing costs).*

* Savings for options 2 and 3 are less because additional staffing would be required on the isolated ward at Auckland Park Hospital.

Option 1 was the preferred option of mental health professionals at TEWV.

More information along with the benefits and disadvantages of each option is contained in the consultation document (appendix 2).

The consultation process

We shared our plans for the consultation, along with the draft consultation document, with Adults Wellbeing and Health Overview and Scrutiny Committee at Durham County Council, the Health and Partnership Scrutiny Committee at Darlington Borough Council, Healthwatch in Darlington and Healthwatch in County Durham. As a result we made a number of changes to our proposed consultation document and plans including arranging an additional public meeting in the Easington area.

We launched a public consultation on 4 January 2016, which closed on 28 March 2016.

Raising awareness / providing information about the consultation

We distributed our consultation document (appendix 2), which included details of the public meetings and a questionnaire, to a wide range of stakeholders (see overleaf) and posted information on our four organisations' websites.

We also offered to attend pre-existing events / meetings or to arrange specific meetings with stakeholder groups and organisations.

*Unfortunately, there was an error in the **electronic** version of the document that we initially distributed/posted on the website (the questionnaire at the back, option 2 and option 3 had the same description). This was rectified quickly on the website and a second email sent to stakeholders with the correct version.*

Stakeholders – distribution list for consultation document	
NHS	Local community
<ul style="list-style-type: none"> • Tees, Esk and Wear Valleys NHS Foundation Trust 	<ul style="list-style-type: none"> • Health Overview and Scrutiny Committees
<ul style="list-style-type: none"> • North Durham CCG 	<ul style="list-style-type: none"> • Healthwatch
<ul style="list-style-type: none"> • Durham Dales, Easington and Sedgfield CCG 	<ul style="list-style-type: none"> • Durham County Council, including councillors
<ul style="list-style-type: none"> • Darlington CCG 	<ul style="list-style-type: none"> • Darlington Borough Council, including councillors
<ul style="list-style-type: none"> • County Durham and Darlington NHS Foundation Trust 	<ul style="list-style-type: none"> • Local service user and carer groups and organisations
<ul style="list-style-type: none"> • GPs 	<ul style="list-style-type: none"> • Local voluntary and statutory organisations (including Age UK and Alzheimers Society)
	<ul style="list-style-type: none"> • Area Action Partnerships
	<ul style="list-style-type: none"> • MPs
	<ul style="list-style-type: none"> • TEWV governors and members

In addition, we promoted the consultation, the public meetings, how local people could find out more information and have their say in a number of different ways:

- We issued a news release (appendix 3)
- We used social media to signpost people to our websites for more information
- We used paid advertising in the Northern Echo and, as a result of a suggestion by a member of the public, in the Sunderland Echo (appendix 3).
- We distributed information in TEWV's inpatient public areas and via TEWV staff to raise awareness with current service users and their families.
- We specifically targeted other hard to reach groups via known community links (eg the Muslim community, the farming community, the gypsy and traveller community, and the lesbian, gay, bi-sexual and transgender community).
- We used internal communication mechanisms to promote within our own organisations (eg ebulletins and team briefing process)

Meetings

Public meetings - we held four workshop style public meetings:

Date: 5 February, 2016
Time: 2.00 - 4.00pm
Venue: St Patrick's Hall, Victoria Road, Consett, Co Durham, DH8 5AX
No. of attendees: 22

Date: 9 February, 2016
Time: 6.00 - 8.00pm
Venue: Bishop Auckland Town Hall, Market Place, Bishop Auckland, Co Durham, DL14 7NP
No. of attendees: 10

Date: 25 February 2016
 Time: 10.00am - 12.00 noon
 Venue: The Dolphin Centre, Horse Market, Darlington, Co Durham,
 DL1 5RP
 No. of attendees: 10

Date: 29 February 2016
 Time: 10.00am - 12.00 noon
 Venue: The Glebe Centre, Durham Place, Murton, Seaham,
 Co Durham, SR7 9BX
 No. of attendees: 6

Meetings for service users and their families - we arranged nine open meetings for current service users and their families. These were promoted via TEWV staff and information was displayed in all our inpatient and public areas. We held

- two at Auckland Park Hospital in Bishop Auckland
 - 1.00 – 3.00pm on 27 January 2016
 - 10.00am – 12.00 noon on 7 March 2016
- two at Bowes Lyon Unit in Durham
 - 3.00 – 5.00pm on 20 January 2016
 - 9.30 – 11.30am on 3 March 2016
- one at Derwent Clinic, Consett
 - 1.00 – 3.00pm on 9 March
- two at West Park Hospital in Darlington
 - 2.00 – 4.00pm on 26 January 2016
 - 10.00am – 12.00 noon on 17 March 2016
- two at the Old Vicarage in Seaham
 - 1.00 – 3.00pm on 1 February 2016
 - 10.30am – 12.30pm on 21 March 2016

Only two people attended these meetings (one person at Bishop Auckland and one person at Derwent Clinic). However, we know that family members gave their views in other ways – some attended public meetings and some submitted written feedback about the consultation

Meetings for staff - we also held four open meetings for TEWV staff in Bishop Auckland, Durham and Darlington.

- 2.00 – 4.00pm on 19 January 2016 at Bowes Lyon Unit, Durham
- 2.00 – 4.00pm on 19 January at West Park Hospital, Darlington
- 10.00am – 12.00 noon on 22 January at Auckland Park Hospital, Bishop Auckland
- 9.30am – 11.30am on 27 January at the Old Vicarage, Seaham

Attendance at other meetings – following three requests to attend meetings, members of the CCGs and TEWV attended the following:

17 February 2016 - Durham Dales, Easington and Sedgfield CCG –
 Sedgfield patient reference group meeting

24 February 2016 – Darlington Community Council

23 March – Healthwatch Darlington (mental health network)

The consultation was discussed at the following Area Action Partnership (AAP) meetings in County Durham:

27 January 2016	Consett
22 February 2016	Chester-le-Street
9 March 2016	Mid Durham
15 March 2016	Durham

The meeting in Stanley (14 March) was cancelled but information was circulated to members.

The consultation document was distributed to the following AAPs in County Durham:

3 Towns Partnership (Crook, Willington and Tow Law)
 Teesdale Partnership (TAP)
 4 Together Partnership (Ferryhill, Chilton, Cornforth and Bishop Middleham)
 Bishop Auckland and Shildon AAP
 East Durham AAP
 East Durham Rural Corridor AAP (Trimdon and Sedgefield)
 Spennymoor AAP
 Great Aycliffe and Middridge Partnership
 Weardale AAP

The information circulated encouraged board members to comment through the advertised consultation routes.

Response to consultation

Written responses

66 individuals/organisations responded to the consultation in writing (including completing the questionnaire at the back of the consultation document).

We received 57 responses from members of the public and nine responses from stakeholders:

Stakeholder	Preferred option
Bishop Auckland Town Council	1
Dr N Sahoo, GP in Easington locality	3
Blackhall and Peterlee GP practice	3
South Durham CIC (23 GP practices across Easington and Sedgefield)	2
Dementia advisor for Durham County Council	1
Helen Goodman, MP for Bishop Auckland	1 or 2
Public Health Portfolio Lead, Durham County Council	1
Darlington Borough Council Health and Partnership Scrutiny Committee	1
Darlington Borough Council Adult and Housing Scrutiny Committee	1

We received feedback from a number of people who identified themselves as family members who had experience of both Auckland Park and Bowes Lyon Unit. For example:

- A husband of a lady who was being treated at Bowes Lyon Unit in Durham had experience of a mixed sex unit and the problems caused when patients were sexually and socially uninhibited. He felt strongly that single sex accommodation was preferable.
- Someone whose father is currently in Bowes Lyon Unit in Durham felt passionately about maintaining a ward in Durham. This person's mother does not drive and relies on public transport or lifts from family members to visit her husband.
- A visitor to Bowes Lyon felt it would be wiser to close Picktree Ward in Durham because it was too small to have male and female patients together in the same area and that patients needed more space to wander more freely.
- Someone whose mother had been a patient at Bowes Lyon unit and is currently at Auckland Park said that for the dignity and safety of patients it is essential that single sex wards are available. This person felt that although it is further away, the family feels it is a better hospital for the mother's needs.
- The wife of a gentleman who spent several weeks at Picktree in Durham felt that the ward at Bowes Lyon Unit provided excellent care and that there is a need for locally based hospital care.

Some people raised issues that they felt we should consider and gave other suggestions. More detail on page 11.

People were asked to give us their preferred option and the reasons for it. The results are outlined below.

Please note that some people gave more than one reason and some people chose more than one option. One response is not included in these figures (although included in appendix 4) because it was not clear from their comments which option was preferred.

Option 1 - provide 30 beds in two 15 bed wards (a male and female ward) at Auckland Park Hospital, Bishop Auckland (and close Picktree ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham)

31 individuals/organisations chose this as their preferred option.

The reasons given were:

Reason	Number of times given as a reason
Separate wards for men and women (for safety, privacy and dignity)	15
Better environment with more space	8
Easier to manage / staff single sex wards on one site	8
Location (ease of access)	8

Most cost effective	4
Most appropriate for meeting clinical needs of patients	3
Good hospital	2
Offers greatest flexibility	1

Option 2 – provide separate male and female wards on separate sites – one ward at Auckland Park Hospital, Bishop Auckland and one ward at Bowes Lyon Unit, Lanchester Road Hospital, Durham.

6 individuals/organisations chose this as their preferred option

The reasons given were:

Reason	Number of times given as a reason
Retain some level of service in both the North and South of County Durham	6
Single sex wards	2
Space to expand in Durham if required	1

Option 3 – provide a mixed sex ward at Bowes Lyon Unit, Lanchester Road, Hospital, Durham and a mixed sex ward at Auckland Park Hospital, Bishop Auckland.

29 individuals / organisations chose this as their preferred option.

The reasons given were:

Reason	Number of times given as a reason
Location (ease of access)	24
A good hospital	4
Potential for expansion	2
Mixed sex issues exaggerated	2
Avoid further loss of services for Derwentside	1
Important for men and women to be able to mix	1

Three people also suggested that we consider a fourth option of closing the wards at Bishop Auckland and developing (extending) the Lanchester Road Hospital site. (This was one of the 11 options which were discounted – see appendix 1)

Verbal feedback from public meetings

At the workshop style public meetings we facilitated round table discussions, following a presentation and short question and answer session. A summary of the verbal feedback/comments made at the meetings follows:

Consett

In general, people at this meeting felt that there should be a ward in Durham and that it was too far to Bishop Auckland. They said public transport was poor and there was concern that the impact on carers and family members on travelling long journeys to visit loved ones had not been fully recognised. They challenged the information we provided at the meeting about travel and journeys with public transport. (This information had been produced by using the Traveline* website <http://jplanner.travelinenortheast.info/>. Because of concerns about its accuracy we did not provide this information at subsequent meetings). Attendees also queried how easy it would be to find volunteer drivers.

People were full of praise for the care on Picktree and some people felt that a mixed sex ward was not a problem as long as there were separate bathroom facilities.

People felt very strongly that Derwentside had already lost a number of services and that services in Durham should remain.

**Traveline is a North East Transport Information Service, which is a partnership of local authorities and transport operators throughout the north east of England.*

Bishop Auckland

In general, people at this meeting felt that because the evidence supported separate male and female wards, that option 1 would be the best way forward. Because the numbers of people who need to spend time in hospital is relatively low, people felt it was important that they had the best possible environment.

People understood the need to save money and the rationale for option 1 but they were also aware of the impact this would have on some families. People said that it would be important to do everything possible to support people who needed to travel further and to make sure that staff communicated well with families.

Darlington

In general, people at this meeting felt that option 1 was the best option and that they did not want mixed sex wards. They said it was important to look at what was best for all of County Durham and Darlington and felt that Auckland Park offered the best environment.

People recognised the impact that option 1 would have on some families and said it was important that TEWV and the CCGs gave a commitment to support families. They talked about support for transport and were concerned about how the trust would develop a pool of volunteer drivers. They also talked about other ways of supporting families such as flexible visiting and café opening hours.

Murton

Differing views were expressed at this meeting. People recognised the benefits of single sex wards but were concerned about travel. Someone also talked about the importance of choice (eg being able to access beds provided by Northumbria, Tyne and Wear NHS Foundation Trust in Sunderland) and of involving carers in decisions about where to go. (*People in the Easington area with dementia may choose to be admitted to a bed in Sunderland. This will not change*).

Verbal feedback from meetings with TEWV staff

Bowes Lyon Unit, Durham

In general, staff who attended the meeting felt that option 3 (maintaining the mixed sex ward in Durham) was the best option. They felt that the accommodation and outdoor space at Picktree was good and said there were some benefits to having a mixed sex ward where people could mix, as in everyday life. They were concerned about the travelling for families and that Auckland Park did not have a local accident and emergency department.

West Park Hospital, Darlington

In general, staff who attended the meeting felt that option1 was the best option. They understood that savings needed to be made and felt that this offered the best way forward.

Auckland Park Hospital, Bishop Auckland

In general, staff who attended the meeting felt that option 1 was the best option. They felt the environment was better at Auckland Park, offering more floor space and room for therapeutic activities. They also felt it was an opportunity to develop a centre of excellence for dementia services. They recognised the impact on families and agreed that we needed to make sure they were supported to be able to visit their loved ones.

The Old Vicarage, Seaham

Staff who attended the meeting unanimously agreed that single sex accommodation was more important than travelling distance to a ward. They expressed concern about travelling for families and stressed the need to support families. They highlighted the additional travelling time for staff and discussed ways of mitigating this (such as conference calls and web based meetings). They felt the facilities were better at Auckland Park and expressed significant concern about stand-alone wards.

Summary of additional issues raised (in writing and at meetings) and our responses to them

Increasing demand for beds and care home pressures

Concerns/issues raised

Some people were concerned that there would not be sufficient capacity to cope with the demand for NHS inpatient assessment and treatment beds. People are living longer and in the future more people will have dementia. Nursing homes are under increasing pressure and some are closing down. Some people had concerns about the quality of care in nursing homes as well as the training and support that's available for staff in care homes.

Our response

Our first priority is to support as many people as possible to remain in their home environment, this includes care homes. Although some people will need and benefit from admission to hospital, people with dementia generally want to stay in familiar surroundings which are less disorientating. To support this we have invested in

specialist support for care homes, including training for staff, and this has been very successful. We will continue to work closely with care homes to make sure people with dementia are getting the care and support they need.

We are confident that we have sufficient care homes within County Durham and Darlington. However, if someone's preferred home is full then that person may need to move into another setting until their home of choice has a vacancy.

Over the last few years we have seen a decrease in the number of admissions to hospital as well as the time people spend as an inpatient. The figures in the consultation document show that since TEWV reduced to 30 beds, on average just 24 beds were occupied. We are confident that 30 beds are sufficient.

On the rare occasions that beds are full, or when there isn't an appropriate male or female bed available, the process would be the same as it is now, ie the individual would be admitted to the nearest appropriate ward. Currently some men from Durham are admitted to Bishop Auckland because they need to be admitted to a male only ward.

Transport and access for visitors and carers

Concerns/issues raised

There was concern about the impact of options 1 and 2 on families. It would mean additional travel to visit their loved ones in all weathers and people wanted to know what consideration we'd given to this and what commitment we would give to providing support for transport and whether there would be a limit put on this. Specific queries and concerns were raised about how we would build up a pool of volunteer drivers and about parking problems. We also received suggestions about what we could do to support people such as linking with other organisations to provide transport and reviewing the café opening times.

Our response

We would do everything we could to support families and we are grateful for the suggestions people have made. TEWV would make sure visiting times are as flexible as possible and would help with travel arrangements. For instance, the Trust is developing a pool of volunteer drivers and is currently advertising and recruiting volunteers. They would also provide taxis if appropriate.

The support that people need would vary from person to person and would be agreed on an individual basis with the family / carers.

We are aware that car parking can sometimes be a problem at Bishop Auckland and, regardless of which option is agreed, TEWV has already agreed to increase the number of parking spaces for patients' visitors at Auckland Park Hospital.

We are grateful for the suggestions about how we can support families, such as café opening times and linking in with other organisations' transport plans and, once we have agreed which option will be implemented we will look at this in more detail, working with families and carers.

We don't underestimate the impact on the individual families of option 1 and 2, particularly in bad weather, and we would do all we can to support them. However, it is also important to remember that the vast majority of people with dementia receive their care in their home environment. Only around 5% of the people that we support need to spend time in hospital, for, on average 60 days.

The financial impact of the changes

Concerns/issues raised

Some people felt that the consultation focussed on financial issues and what would be easier for NHS staff, rather than what would be best for patients and families; we were also challenged about whether it was the best long term solution. Some people also queried the cost of providing support for transport and whether this had been taken into account.

Our response

We also want what's best for patients and that includes making sure we make the best use of our limited resources (tax payers' money). We need to make sure we are using the funding available to us to provide the best possible service for all patients, both in the community and in our hospitals.

We have strengthened our community services and now just 5% of people with dementia that we support need to spend time in hospital.

We are confident that 30 beds is sufficient to meet the needs of people in Durham and Darlington who do need to be admitted (the figures in the consultation document demonstrate this). However, it is not cost effective to manage three wards with 10 beds each (two wards can be managed safely and effectively with fewer staff than it takes to run three wards).

The cost of providing support to families for transport is not included in the savings as it's impossible to quantify in advance. However, we do not believe it will have a significant impact on the savings.

Other options, including the extension of Bowes Lyon Unit

Concerns/issues raised

Some people asked whether we had considered other options such as extending the Bowes Lyon Unit, using nursing homes, using beds at the University Hospital of North Durham, or not making any changes.

Our response

Our first priority is to support as many people as possible to remain in their home environment, this includes care homes. It is much better for them if they are able to remain in familiar surroundings. However, some people will need and benefit from admission to hospital for short periods of time.

Extending Bowes Lyon Unit was on TEWV's 'long list' of options (appendix 1). However, this was discounted because it would have meant a new building, attached

to the existing facility and this was not achievable within timescales or financially viable.

We are not aware that there is space available at the University Hospital of North Durham. However, even if there was available space the wards would require substantial internal modifications to meet the requirements for a ward for people with dementia, and this would not be financially viable.

Staying as we are (3 x 10 bed wards) is not an option because it is not cost effective to manage three wards with 10 beds each. We can manage two 15 bed wards safely and effectively with fewer staff than we need to manage three 10 bed wards.

Communicating with families and carers

Concerns/issues raised

People stressed the importance of good communications between staff and families, particularly when they live further away. We received suggestions on how to improve this such as using Skype and having carer champions on the wards.

Our response

We wholeheartedly agree about the importance of communications between staff and families and are grateful for the suggestions. TEWV already has carer link workers on our wards who work closely with families. The Trust will also look at how they might use Skype to communicate with families.

Managing mixed sex accommodation and/or isolated wards

Concerns/issues raised

Some people were concerned about how we would manage mixed sex wards, ensuring effective segregation, and that there would not be sufficient nurses to do this. Conversely, some people said that having mixed sex wards was not unusual and should not be a problem, if handled correctly. Some people also felt there were some benefits to having mixed sex wards where people could mix, as in everyday life.

Some people were also concerned about the safety of patients in an isolated ward, with no additional staff to call on in an emergency.

Some people felt it was important to be near to an accident and emergency department such as the University Hospital of North Durham. There is no accident and emergency department at Bishop Auckland General Hospital.

Our response

We already have male and female zones at Picktree (as required by the Care Quality Commission*) and would do the same at Auckland Park under option 3. However, it is difficult to manage patients with advanced dementia as they are unlikely to recognise and observe male or female only areas.

TEWV has mixed sex wards in other areas of the trust that adhere to the CQC guidance and which they are able to manage although additional staffing is often needed to do this safely.

The benefits of replicating everyday life (ie having a mixed sex ward) need to be balanced against having vulnerable and sexually uninhibited male and female patients in one ward.

If we choose option 2 or 3 then we would have an isolated ward at Bishop Auckland, without support from other wards that are close by for emergency and short term staffing. To compensate for this we would increase staffing levels on the ward and this is reflected in the estimated annual savings. If we choose option 1 Roseberry Ward will be the only inpatient ward at Bowes Lyon. However, in an emergency the ward could call on colleagues at Lanchester Road Hospital, on the same site,

The nearest accident and emergency department for Auckland Park Hospital is Darlington Memorial Hospital which is 11 miles away. In an emergency the ward would call 999 for an ambulance.

**Care Quality Commission guidance states that “All sleeping and bathroom areas should be segregated, and patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms. Separate male and female toilets and bathrooms should be provided, as should women-only day rooms.*

“It may be acceptable, in a clinical emergency, to admit a patient temporarily to a single, en-suite room in the opposite-gender area of a ward. In such cases, a full risk-assessment should be carried out and the patient’s safety, privacy and dignity maintained. Steps should be taken to rectify the situation as soon as possible.”

Respite care

Concerns/issues raised

The issue of the need for adequate respite care was raised.

Our response

TEWV is not commissioned to provide respite services in older people’s services and this is not part of this consultation.

Conclusion

Summary of feedback received

During the consultation there were two main issues for people:

- the benefits of single sex accommodation
- the importance of having locally based services

The majority accepted that single sex accommodation for people with dementia is preferable. However, there was a difference of opinion between what was **more** important – having locally based services or having single sex accommodation.

There was strength of feeling on both sides of the debate.

Based on the public meetings, people in the north of the county (eg Durham City, Chester-le-Street and Derwentside) were in favour of option three and maintaining locally based services; some people also felt that mixed sex wards were not a problem.

People in the south of county (eg Bishop Auckland and the Wear Valley, Teesdale and Sedgefield) and Darlington were, in the main, in favour of option one and providing single sex wards although they recognised the impact this would have on families/carers and wanted assurance that everything would be done to support families to visit their loved ones.

Based on the written feedback, two more people voted for option 1 over option 3.

Option 1:	31
Option 2:	6
Option 3:	29

The main reason given for choosing option 1 was being able to provide separate wards for men and women but some people also felt this would provide a better, more spacious environment and that it would be easier to manage services on a single site. Some people also chose it because it was more accessible.

Overwhelmingly, the main reason given for choosing option 3 was location (ease of access).

As indicated in the consultation document the preferred option of mental health professionals at TEWV was option 1. The main reason for this is separate wards for men and women. Patients with advanced dementia often display behaviour that is challenging and can be socially and sexually uninhibited and experience shows that separate male and female wards is the best option for these vulnerable patients.

Appendices

Appendix 1 – Long list of options

Appendix 2 - Consultation document

Appendix 3 – Media coverage

Appendix 4 - Copies of written responses, anonymised where appropriate