

**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
19 DECEMBER 2017

**REPORT ON:** MENTAL HEALTH & LEARNING DISABILITY SERVICE REDESIGN  
TRANSFORMATION PROGRAMME – CONSULTATION FEEDBACK  
REPORT

**REPORT BY:** MENTAL HEALTH PROGRAMME DIRECTOR AND FINANCE MANAGER,  
NHS TAYSIDE

**REPORT NO:** DIJB49-2017

## **1.0 PURPOSE OF REPORT**

- 1.1 The purpose of this report is to present the findings of the Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme Consultation and subsequent recommendations to the Dundee Health & Social Care Integration Joint Board.
- 1.2 This report will be presented to NHS Tayside Board and the Angus and Dundee Integration Joint Boards to note and comment before seeking approval from the Perth and Kinross Integration Joint Board on 26<sup>th</sup> January 2018.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of this report, the Consultation Feedback Report (attached as Appendix 1).
- 2.2 Notes the process followed in undertaking the three month formal consultation on the preferred option for future General Adult Psychiatry and Learning Disability services.
- 2.3 Notes and comments on the Consultation Feedback Report content and recommendations.

## **3.0 FINANCIAL IMPLICATIONS**

The financial implications associated with the options being considered were captured in summary in Section 12 of the June 2017 – MHLDSRT Programme Option Review Report and detailed further in Appendices Six. These will be further refined following approval and further modelling work required to progress preferred option to identify any potential areas for reinvestment

## **4.0 MAIN TEXT**

- 4.1 Most people who access General Adult Psychiatry and Learning Disability services receive treatment in the community, living at home or in residential care supported by a General Practitioner. Community services help people recover from and live with the effects of their mental illness. They improve the experience of service users while helping them to engage with services. They improve clinical outcomes and enable people to live as full and meaningful lives as possible.
- 4.2 General Adult Psychiatry and Learning Disability inpatient services provide for approximately 6% of the population who come in contact with our Mental Health and Learning Disability services across Tayside.

- 4.3 The MHLDSRT Programme Option Review Report presented to the Dundee IJB in June 2017 (Article XI of the minute of the meeting refers) outlined the current issues facing provision of Mental Health Inpatient services for both General Adult Psychiatry and Learning Disability services and examined in detail four potential options that seek to ensure provision of safe, sustainable and person centred services for the future which meet the needs of all our stakeholders across Tayside.
- 4.4 The Option review report identified a preferred option for future Mental Health and Learning Disability inpatient services and approval to move to public consultation was requested and approved in June 2017 by the Perth & Kinross IJB following presentation to NHS Tayside and the Angus and Dundee IJBs for noting and comment.
- 4.5 The formal consultation period began on 3<sup>rd</sup> July 2017 and ran to 4th October 2017. This period was agreed in keeping with best practice guidance which recommends a three month public consultation period.
- 4.6 The main objectives of the consultation on the preferred option for in-patient General Adult Psychiatry and Learning Disability inpatient service redesign across Tayside were:
- To identify, share information and gain feedback on the preferred option with all stakeholders including the general public;
  - To record all feedback, comments and discussions held and respond to consultees' questions about the preferred option;
  - To identify consultees' concerns about the impacts and effects of the preferred option and, where practical, identify ways to address those concerns or to mitigate the impacts and effects;
  - To assure decision makers, including NHS Tayside, Angus, Dundee and Perth & Kinross Integration Joint Boards and Scottish Government that the views of affected parties have been adequately canvassed and considered during process.
- 4.7 The Consultation Report seeks to reflect the culmination of a significant informing, engaging and consultation process which has been undertaken since January 2016. The report attached presents a brief background to the Programme and the preferred option, an overview of the consultation process, an overview of the consultation findings and thereafter potential solutions which will be required to support implementation.
- 4.8 The number of people reached through the use of social media and other approaches was significant.
- Facebook recorded 70,250 and Twitter recorded 30,904 people reached.
  - 1250 people had face to face conversations or were involved in group meetings at 76 events
  - 363 people completed the feedback questionnaire. This was less than 1% of those reached through social media and less than 30% of those who attended consultation events.
  - Most people who answered the questionnaire had read some or all of the information available but 1 in 10 reported not having read any information prior to giving their response.
  - 207 of those who completed the questionnaire did not support the change to General Adult Psychiatry inpatient services compared to 113 people who did support the change.
  - 214 did not support the change to Learning Disability inpatient services while 91 people did support the change.
  - Whilst just over half of those who filled in the questionnaire did not support the proposed changes two thirds understood the reasons why change was being proposed.

- All feedback received during the process has been reviewed and collated to highlight the key themes/concerns raised and are presented in the report attached. A breakdown of the detailed feedback is included in the supporting appendices and via links to the MHLDSRT Programme website.

4.9 The recommendation of the Mental Health and Learning Disability Services Redesign Transformation Programme team is that the preferred option is approved. This is because it will provide safe, sustainable and better quality inpatient services for this group of patients. It is patient safety which has been given highest priority in arriving at this recommendation.

4.10 We can no longer safely staff three acute admission units in Tayside. The aim is for people living with a mental illness or learning disability to be able to access inpatient treatment promptly when they need it. It is also important that the quality of care and treatment received is of the highest possible standard and is delivered in modern, fit-for-purpose single bedroom en-suite accommodation.

4.11 The attached report seeks to outline:

- the main reasons for the review
- the process leading to identification of a preferred option
- an overview of the consultation process detailing the approach and methodology used
- an overview of the consultation findings
- the key themes highlighted during the consultation
- the approach to developing solutions required to address or reduce the impact of concerns raised
- the recommendation to approve the preferred option and a draft key milestone implementation plan.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. The EQIA can be found at the following link:

[http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET\\_SECURE\\_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod\\_280838](http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_280838)

## 6.0 RISK ASSESSMENT

The Integration Joint Board is being asked to note and comment on this report and not to undertake specific action in relation to recommendations in the report. As a consequence a risk table has not been completed.

## 7.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

## 8.0 BACKGROUND PAPERS

Consultation Feedback – Supporting Appendices.





# Mental Health and Learning Disability Services Redesign Transformation Programme

## Consultation Feedback December 2017

<i>Document Control Information</i>	
<b>Control Status</b>	MH&LDSRT Programme Team – Scheduled 02/11/2017 MH&LDSRT Programme Board – Scheduled 06/11/2017 Clinical Care Governance Committee – Scheduled 14/12/2017 Area Partnership Forum – Scheduled 09/01/2018 Dundee Integration Joint Board – Scheduled 19/12/2017 Angus Integration Joint Board – Scheduled 10/01/2018 Tayside NHS Board – Scheduled 16/01/2018 P&K Integration Joint Board – Scheduled 26/01/2018
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## Foreword

This report represents the outcome of a significant programme of public consultation and engagement to gather feedback on the preferred option for the future shape and delivery of inpatient mental health and learning disability services in Tayside. Our aim is to ensure that people who need specialist care because of their mental ill health or learning disability get the best care possible to support their recovery or long term well-being. The recommended option remains the only clinically viable and sustainable model of delivery.

However it is fully recognised that for many people and groups this would not be their preferred approach. Therefore, it was essential that the consultation offered people a comprehensive range of opportunities to express their views on the preferred option. These views have been listened to and are reflected in the report.

We have had a wide range of consultation events and opportunities for people to share their views through an extensive consultation programme. We commend those who have undertaken this programme and particularly the service users, carers, staff, stakeholders and the wider public. It is important to reflect how this will influence the way in which we take forward the next steps into the decision making process, implementation and beyond.

What we have heard, after carefully reviewing all of the views, are a number of key issues and themes that individuals and groups have raised in response to the preferred option. In considering the next steps, NHS Tayside and each of the health and social care partnerships will be considering ways of addressing the issues raised which include:

<ul style="list-style-type: none"><li>• Improving access</li></ul>	<ul style="list-style-type: none"><li>• Securing and sustaining a workforce for the future</li></ul>
<ul style="list-style-type: none"><li>• Building a refreshed leadership and culture</li></ul>	<ul style="list-style-type: none"><li>• Designing improved and aligned community services</li></ul>
<ul style="list-style-type: none"><li>• Creating centres of excellence</li></ul>	<ul style="list-style-type: none"><li>• Improving the physical environments</li></ul>

The active involvement of service users, carers, staff, stakeholders and the wider public will be critical to delivering the required changes.

If the preferred option is approved, NHS Tayside and the health and social care partnerships are committed to working in collaboration with service users, carers, staff, stakeholders, groups and local communities to implement the proposed model and create centres of excellence for adult mental health and learning disability services. We recognise that the hospital care aspect has been a critically important, challenging and, at times, controversial issue. However, for the vast majority of people experiencing mental health problems or living with a learning disability it is the wide range of care and support arrangements that enable people to live well in the community.

**Professor John Connell**  
**Chairman, NHS Tayside**

**Mrs Linda Dunion**  
**Chair, Perth & Kinross Health & Social Care Partnership**

## Title

The title of the programme described in this document is “Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme”.

## Purpose of this Report

This Report sets out the findings from the Mental Health and Learning Disability Service Redesign Transformation (MHLDSRT) Programme public consultation which commenced on 3<sup>rd</sup> July 2017 till 4<sup>th</sup> October 2017. The consultation sought feedback on a preferred option for future General Adult Psychiatry Acute admission and Learning Disability inpatient services which had been identified following a detailed process of option appraisal and option modelling.

This consultation sought to:

- Identify, share information and gain feedback on the preferred option with all stakeholders and the general public;
- to record all feedback, comments and discussions held and respond to consultees' questions about the preferred option
- identify consultees' concerns about the impacts and effects of the preferred option and, where practical, identify ways to address those concerns or to mitigate the impacts and effects
- assure decision makers, including NHS Tayside, Angus, Dundee and Perth & Kinross Integration Joint Boards and Scottish Government that the views of affected parties have been adequately canvassed and considered during process

The Consultation Report seeks to reflect the culmination of a significant informing, engaging and consultation process which has been undertaken since January 2016 and will focus primarily on the findings of the three month public consultation period. The report attached presents a brief background to the Programme and the preferred option, an overview of the consultation process, an overview of the consultation findings and thereafter potential solutions which will be required to support implementation.

All feedback received during the process has been reviewed and collated to highlight the key themes/concerns raised and are presented in the report attached. A breakdown of the detailed feedback is included in the supporting appendices and via links to the MHLDSRT Programme website.

Following approval of the preferred way forward, a number of work streams need to be established to support the implementation process and the supporting solutions required to mitigate or reduce the impact of concerns raised during the consultation. These work streams will look to progress the work required to support - access, quality improvement, workforce planning, building design work, enhanced community and day treatment services, and co-design/partnership working. Initial work undertaken in respect of building design and cost implications are articulated in the earlier MHLDSRT Programme Option Review

Report documentation [http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthServiceRedesignTransformationProgramme/PROD\\_280788/index.htm](http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthServiceRedesignTransformationProgramme/PROD_280788/index.htm) and will be further refined during the implementation phase described above.

## Background

Mental Health Services in Tayside have undergone significant change following the Mental Health Review in 2005-06 which allowed for an initial shift in the balance of care and substantial investment in community based services through a reduction in inpatient bed numbers at that time. However the decision to retain inpatient services within each locality of Tayside has meant the majority of mental health resources (both workforce and budget) remains within inpatient Services and the level of inpatient spend in Tayside is still substantially higher than the Scottish average when benchmarked against other Board areas. Tayside's health spend on community services is currently equivalent to the Scottish average spend per head of population for both Mental Health and Learning Disability services.

In keeping with the ambitions and actions in the Mental Health Strategy 2017 - 2027, the balance of care has already moved to predominately community-based services with a greater focus on prevention, early intervention and co-production. 94% of those who come in contact with mental health services currently do so in a community based setting. To further shift the balance we must always ensure that people who need in-patient care do so in environments where they can be provided with the specialist, high quality care that they need to support their recovery. In particular, in conjunction with the three local Health and Social Care Partnerships, with their focus on community-based services, we seek to re-model adult in-patient mental health and learning disability services in a way that makes the best use of our skilled workforce to provide patients with the right care in the right place at the right time.

Due to problems associated with recruitment and retention of staff, it has proved increasingly difficult to maintain the inpatient services across the current number of hospital sites. To ensure safe and effective services there has been an increasing need to use supplementary nursing staff and locum medical staff at significant financial cost.

In addition the accommodation on the Strathmartine site is no longer in good physical condition and due to the layout of the accommodation would not lend itself to meet modern accommodation requirements (i.e. single bedrooms with en-suite facilities) even with significant investment. This fact requires a sustainable solution to be found that can provide safe and suitable accommodation for learning disability service users.

The work of this programme including the option appraisal and option modelling exercises (which have been progressed following initial option scoping work presented to the Board in March 2016), have identified a preferred option for future services. It is anticipated this option will provide safe, high quality healthcare which is both sustainable and affordable now and into the future.



This document presents the findings of the public consultation, sets out the key recommendations and describes the next stages in the process.

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<b>APPENDIX SEVEN</b>	<b>SCOTTISH HEALTH COUNCIL LETTER</b>
<b>APPENDIX EIGHT</b>	<b>DETAILED ACCESS ANALYSIS</b>
<b>APPENDIX NINE</b>	<b>DETAILED COMMUNITY INFORMATION</b>

**List of Contributors – Programme Board & Programme Team**

Full list of stakeholder groups who participated in the Consultation listed in the Calendar of Events in the Appendices of report ([Appendix Two link](#))

## **1. INTRODUCTION**

Perth & Kinross Integration Joint Board (as the host of inpatient Mental Health & Learning Disability services) and NHS Tayside in partnership with the Integration Joint Boards (IJBs) of the Angus and Dundee Health and Social Care Partnerships have undertaken a strategic review of the General Adult Psychiatry (GAP) and Learning Disability (LD) inpatient services within Tayside.

Like all Health Boards in Scotland, NHS Tayside is facing significant challenges, and cannot keep delivering services the way we have in the past. We need to adapt our services to ensure they meet the future needs of the population.

Patient safety is our overriding priority. It is important that people can access specialist mental health assessment and treatment promptly. It is also important that the quality of care and treatment received is of the highest possible standard and for inpatients that this is delivered in modern fit for purpose single bedroom en-suite accommodation.

This report seeks to outline:

- the main reasons for the review
- the identification of a preferred option
- an overview of the consultation process detailing the approach and methodology used
- an overview of the consultation findings
- the key themes highlighted during the consultation
- the identification of any solutions required to address or reduce the impact of concerns raised
- the recommendation to approve the preferred option and a draft key milestone implementation plan

## **2. MAIN REASONS FOR THE REVIEW**

Most people who access General Adult Psychiatry and Learning Disability services receive treatment in the community to help them recover from the effects of their mental illness. This enables people to live as full and meaningful lives as possible. The role of a GP and primary care services is important in working collaboratively with mental health services such as community mental health teams, psychological services and substance misuse services. Third Sector, voluntary and self help organisations also have an important role to play as well as social housing and supported accommodation.

Admission to hospital however is required for a small number of people (approx 6% of population) when the nature and severity of their mental disorder cannot be managed safely or appropriately in the community. In these situations specialist care in an acute inpatient unit is necessary.

Certain groups of patients require specialist inpatient services such as those with a Learning Disability. Other specialist services provide for those with a severe eating disorder, those requiring inpatient rehabilitation for substance misuse and mentally disordered offenders who require assessment and treatment in hospital.

It is fundamental that all inpatient mental health units are safe, sustainable, and provide therapeutic, modern, fit for purpose environments.

Doing nothing is not an option.

This review was undertaken at the request of NHS Tayside Board to address concerns about:

- the ability to safely maintain three General Adult Psychiatry acute admission inpatient units in Tayside and two Learning Disability inpatient sites.
- the hospital environment at Strathmartine Centre not meeting the needs for people with complex needs and learning disabilities who are in hospital for often years at a time.

As highlighted in the Mental Health and Learning Disability Service Redesign Option Review report, the key area of concern for the first of these issues is current and future availability of both mental health and learning disability staff to safely and sustainably manage the services across multiple sites.

For the second issue the main driver is the need to urgently upgrade physical environments for Learning Disability inpatients which cannot be achieved in the current accommodation on the Strathmartine site.

It is recognised however that the Learning Disability inpatient services could be relocated within the overall existing NHS Tayside hospital estate with the potential to improve patient experience and make more efficient use of all current mental health accommodation and resources.

### **3. IDENTIFICATION OF THE PREFERRED OPTION**

The Programme followed a detailed process of option appraisal and option modelling which led to the identification of a preferred option in June 2017.

Details of the full process undertaken to identify and present options for the reconfiguration of GAP and LD inpatient services, and the resulting consultation on the preferred option, are available in the Mental Health and Learning Disability Service Redesign Transformation Programme Option Appraisal, [full report](#), appendices [1-6](#) & [7-12](#)

and [Option Review Report, Appendices 1-6, Appendices 7-12](#)

These reports were presented to NHS Tayside governance committees, the NHS Tayside Board and the Angus and Dundee Integration Joint Boards before Perth & Kinross Integration Joint Board granted approval to move to public consultation on the 3<sup>rd</sup> July 2017.

Board members are directed to the previous reports referred to above for the detailed description, content and outcome of the Option Appraisal and process leading to the identification of the preferred option.

The preferred option (Option 3A) describes the provision of a single site solution for acute General Adult Psychiatry admission inpatient beds on the Carseview Centre in Dundee and a single site for Learning Disability inpatient services (alongside all other Tayside wide specialist services) from the Murray Royal Hospital site in Perth.

The Tayside wide Intensive Psychiatric Care Unit (IPCU) would continue to be provided from the Carseview Centre in Dundee alongside the relocated acute admission beds to provide a single site for the most acutely unwell General Adult Psychiatry inpatients from across Tayside.

The Tayside wide Complex Care, Rehabilitation, Substance Misuse and Forensic Mental Health inpatient units would remain on the Murray Royal Hospital site in Perth, Child and Adolescent Mental Health inpatient unit will remain in the Centre for Child Health, Dudhope Terrace in Dundee and Psychiatry of Old Age inpatient services would continue to be provided in each locality

## **WHAT CHANGES?**

### **General Adult Psychiatry services**

Mulberry Ward in Susan Carnegie Unit in Angus (25 beds) and Moredun Ward in Murray Royal Hospital, Perth (24 beds) relocate to Carseview Centre in Dundee to two refurbished wards.(44 beds in total)

Carseview site becomes the single centre for all acute General Adult Psychiatry admissions with four acute admission wards (84 beds) and the IPCU (10 beds). All out-of hours emergency assessment are carried out at Carseview Centre by the Crisis Response Home Treatment Team. This will improve the coordination of pre hospital assessment, acute inpatient treatment and early supported discharge. It will also remove the need for transfer of acutely unwell patients between hospitals after assessment by the CRHTT.

## **Learning Disability Services**

The Learning Disability Assessment unit which is in the Carseview Centre and the Behavioural Support and Intervention Unit and Forensic Learning Disability units at the Strathmartine Centre, Dundee will relocate to Murray Royal Hospital in Perth. Murray Royal Hospital would therefore become the centre for specialist inpatient mental health services in Tayside.

## **Forensic Mental Health Services**

The Tayside wide low secure unit at Rohallion Clinic currently provides assessment and treatment for men who have a mental illness that is closely related to offending behaviour. This change will mean instead of three wards (35 beds) for men with mental illness there will be two wards (25 beds) for men with a mental illness and one ward (10 beds) for men with Learning Disability

## **Overview of Preferred Option**

As outlined in the MHLDSRT Programme Option review report the preferred option provides the safest most sustainable service model for the future. By ensuring sufficient medical cover, nursing, Allied Health Professionals and psychology workforce, professionals can share learning and experiences across specialities. The option allows for the remodelling and enhancement of the community services which are provided to the majority of population who access services and prevent unnecessary admissions to GAP and LD inpatient services. By shifting the balance of care and providing centralised specialist services it will reduce variation and provide ease of acute care pathways.

The creation of a centralised service provides the opportunity to provide “Centres of Excellence” for synergistic learning through close contact with professionals, service users and carers who would otherwise have been in separate services with different goals and potentially different quality standards.

By contrast travelling time for professionals, service users and carers will be significantly increased in some cases. Further exploration of the impacts on service users, carers, friends and families (time/cost/accessibility/availability) have been raised and considered throughout the consultation period and will require to develop further during option implementation.

## **4. CONSULTATION PROCESS**

In the absence of National guidance for joint service planning across NHS Boards and Health and Social Care Integration Joint Boards, guidance has been sought from the Scottish Government to ensure clarity throughout the process.

The content and detail of the Option Appraisal report presented in August 2016 was noted by the Scottish Government to be of an extremely high standard. The Scottish Health Council (SHC) has been invited by the Programme Team throughout the process to share experiences and provide advice and guidance to the programme. Representatives from the SHC have attended all Option Appraisal events, Option Modelling events and public consultation events. A midpoint review meeting requested by the Programme Team was held in August 2017 to support a review of the consultation progress to ensure optimum feedback of views was being achieved. Positive feedback was received and detail of the meeting held was presented to the Perth & Kinross Integration Joint Board in November 2017 to provide assurance regarding the work being undertaken ([attached in Appendix One](#))

Although the CEL 4 (2010) guidance [http://www.sehd.scot.nhs.uk/mels/CEL2010\\_04.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf) does not apply under the new Integration agenda, the Programme team have followed CEL 4 guidance and sought Scottish Health Council advice as a best practice guide and although not required have worked to meet the requirements formally associated with a programme which would be seen as major service change.

## **CONSULTATION PLANNING**

The formal consultation period began on the 3<sup>rd</sup> July 2017 and ran to the 4<sup>th</sup> October 2017. This period was agreed in keeping with best practice guidance which recommends a three month public consultation period.

The MHLDSRT Programme team commenced a programme of information sharing during the month of June 2017 whilst Boards considered the approval of the Option Review report and the draft consultation plan. The information sharing programme in June 2017 helped to inform the public of the forthcoming consultation period and explained how people would be able to get involved.

The MHLDSRT Programme communications and engagement work stream developed a detailed consultation action plan and programme for the three month formal consultation period, building on the engagement work undertaken to that point and information gathered from an initial planning workshop held with wider stakeholder representatives.

The stakeholder workshop was held on 4<sup>th</sup> July 2017 and 31 individuals and organisations including the Scottish Health Council were invited to attend to support the planning of the three month formal consultation period. The aim of the workshop was to seek suggestions, feedback and views on the proposed consultation approach and materials prepared. 14 individuals from voluntary, service user and carer organisations and staff from across Tayside attended and participated in group work which provide valuable information and suggestions which was then used to inform and shape the planning of events, approach taken and materials shared.

The MHLDSRT Programme team agreed to utilise a wide range of different approaches to gather the views and feedback on the preferred option from service users, their carers and families, staff, third sector and voluntary organisations, the public and any other interested parties. Due to the complexity of the MHLDSRT Programme and wider implications of the options being considered, it was agreed that “face-to-face” methods (such as staff briefings, focus groups, presentations to meetings, discussion groups and public events) would be particularly helpful in enabling people (particularly Mental Health and Learning Disability service users) to feel comfortable to ask questions, raise concerns and receive immediate feedback. A detailed consultation action tracker plan and detailed calendar of events was prepared to support the planning of the consultation period which noted the tasks to be undertaken, action required, timescale and lead officers (calendar of event is available in [Appendix Two](#))

## RAISING AWARENESS

All initial consultation materials were prepared immediately after the approval by P&K IJB on the 30<sup>th</sup> June to move to a formal 3 month consultation period, and were available online for the consultation launch on 3<sup>rd</sup> July 2017. The Programme had its own designated external website, internal staffnet page, email, freepost address and freephone number to support the recording of all feedback received and the sharing of information

The website provided a range of supporting materials which were also distributed in hard copies (on request) and handed out at all events held across Tayside. The link to the website and these supporting materials is attached <http://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthServiceRedesignTransformationProgramme/index.htm>

The range of supporting materials included:

- a short easy read summary version of the Board Paper (Option Review Report)
- a more detailed shortened easier read full report (reduced version of the full Option Review Report presented to the Boards)
- Frequently Asked Questions (and a subsequent FAQ2 which was added following a number of questions raised at a Perth & Kinross event)
- a Glossary of all terminology used
- links to all Board reports and stakeholder bulletins/updates
- a short video supported by subtitles and sign language
- further supporting materials such as the poster advertising the consultation and the Equality Impact Assessment (EQIA)
- a link to the online survey monkey questionnaire to provide feedback. The feedback questionnaire was prepared to ensure consistent recording of feedback and support identification of main themes of feedback coming through the various categories of key stakeholder groups. .
- an evaluation questionnaire provided by the Scottish Health Council
- Supporting easy read pictorial materials for Learning Disability service users provided by specialist Speech and Language Therapy staff. These

were used to support face to face meetings, focus groups and to allow families, carers and staff to share information and gain feedback.

- dates of all public sessions, times and venues across Tayside
- A tri-fold pamphlet highlighting key messages and contact information

These materials were shared with some of the key stakeholder groups to ensure they were easily understood and met the needs of all who would participate in the consultation period.

Links to the website were also made available via Local Authority web pages and shared through social media (facebook recorded 70,250, twitter 30,904 people reached) and through local third sector and voluntary organisations websites.

## **CONSULTATION METHODS**

The MHLDSRT Programme utilised a full range of methods to raise awareness of the consultation period and process which included:

### **Internal**

- Information available on staffnet
- Article in NHS Tayside INBOX
- Rolling notice boards on websites
- Staff Bulletins/Newsletters
- Direct distribution of consultation materials through service and clinical leads
- Posters to all services
- Pop up banners in main entrances to Murray Royal Hospital, Susan Carnegie Centre, Carseview Centre, Rohallion Clinic and Strathmartine sites.

### **External**

- Media releases to local newspapers to launch the consultation
- NHS Tayside facebook page updates and Twitter profiles
- Associate Medical Director interviewed on Radio Tay
- Update bulletins to stakeholders list (over 460 individuals/organisations on list)
- Rolling notice boards on NHS Tayside internet page
- Posters advertising the dates of the public events being provided across Tayside were distributed widely by email through the programme stakeholder list, and over 250 printed copies of posters were mailed to all post offices, GP surgeries, pharmacies, libraries, rural library vans, community centres, leisure centres, SPARs, CO-OPs, Tescos, Asdas, Aldis, Lidl, Morrisons etc across Tayside to signpost for further information (email/Website/freephone)
- Information on MHLDSRT Programme website /NHST internet page/Local Authority websites /Partner agency websites



- Direct distribution of update bulletins to key stakeholders identified (stakeholder list included service users, carers, voluntary and third sector organisations, community councils, minority ethnic groups, Public partner forums, NHS Grampian etc and all those who registered an interest)
- All materials prepared were able to be made available in large print, Braille, audio, sign language, and interpreted in the main ethnic community languages on request
- Scottish Health Council also supported distribution through its local communication networks.

A large contribution to the sharing of information and planning of the consultation came from the stakeholder workshop held with third sector/voluntary organisations, staff, service users and carer representatives. In addition members of the Programme's communications and engagement group (clinical leads, Scottish Health Council and engagement officers from across Tayside) provided significant local intelligence to identify key stakeholder groups and contacts.

## STAFF EVENTS

A number of staff events were held across both mental health and learning disability hospital sites in each of the three localities. These events (as previous MHLDSRT Programme Events) were offered three times a day to co-occur with current shift pattern arrangements to support staff attendance. Initial interest indicated that evening sessions would not be attended and therefore two sessions were held on each site. (8 sessions in total) All staff events/presentations were supported by two Programme Team leads and a Staff Side and Human Resources representative, to support staff and answer any queries or concerns raised.

These meetings were held at the beginning of July 2017 to avoid key two week local holiday periods and additional visits to ward areas were then undertaken late September/October to provide information to ward staff that had been unable to be released to attend sessions.

Additional drop in events were also undertaken in foyer areas at Murray Royal, Carseview, Ninewells and Whitehills sites at the end of the consultation period to provide further opportunities for staff (as well as service users and members of the public) to gain information and ask questions/express concerns. The detailed feedback from staff who attended the July sessions is available by locality and attached in Appendices [Three](#), [Four](#) and [Five](#)

## FOCUS GROUPS

Twenty focus groups with service users and carers from across both GAP and LD services were undertaken and supported by the programme leads, staff, third sector and voluntary organisations to gain service user and carer views. These focus groups were essential to ensure those most affected by any

proposed changes to current inpatient services had the opportunity to understand the rationale behind proposed changes and raise any concerns they may have. Some examples of these are: Angus Voice, Advocating Together Dundee, Centre for Independent Living P&K focus group, Wellgate Day Centre Carers, current Strathmartine inpatients and day hospital service users etc. A full list of groups is provided in the calendar of events ([Appendix Two](#))

Learning Disability services utilised the many existing relationships with service user and carer groups to support focus groups. Some groups requested support through presentations from the programme team and then undertook their own focus groups to support feedback. Staff also ran a number of focus groups with current inpatients, community and day services to help support people to participate and have views heard. Speech and Language specialists supported the production of a pictorial easy read version of the consultation presentation to support focus group sessions with Learning Disability service users

Forensic patients were consulted as part of a scheduled meeting of the Rohallion Users Group facilitated by Independent Advocacy.

## **PUBLIC EVENTS**

Ten public events were arranged across Tayside to enable the wider public the opportunity to participate in the consultation, provide feedback and support further information sharing. Events were held in Arbroath, Auchterarder, Blairgowrie, Crieff, Dundee, Kinross, Kirriemuir, Montrose, Pitlochry and Perth in central venues such as town halls, community campuses, church halls etc.

It was agreed that the public sessions would be held in a format which allowed for members of the public to have “one to one” conversations with key members of the programme team and local service managers and clinicians. This format allowed mental health and learning disability service users and their families the opportunity to share sometimes personal stories/experiences, and facilitated private conversations in a way in which the traditional approach of presenting on stage and following questions and answers session would not have allowed for. At the events the public were directed to the consultation stand which presented information displays, consultation banners and provided the opportunity to ask and answer questions, hear people’s concerns and their personal stories and allow sharing of summarised printed materials, questionnaires and record views in a comments box.

In addition to the Mental Health and Learning Disability consultation stand, a whole range of local mental health and learning disability community based service providers supported the events by providing information stalls. This provided the opportunity to raise public awareness of the range of current mental health and learning disability services available locally which support

the majority of the population in their own homes. These events had an excellent response of between 10-20 organisations willing to support most of the public events across Tayside. Feedback received from organisations that supported the events was positive and felt events provided a great opportunity to promote services to the public.

The comments received from each event (in the comments box) are available in detail by locality in Appendices [Three](#), [Four](#) and [Five](#).

In addition the programme Team also provided four additional drop in style events in the last two weeks of the consultation period where Programme leads manned an information stand with the pop up banners, boards and information leaflets in the main footfall foyer areas of Whitehills Community Resource Centre, Forfar, Ninewells Hospital, Dundee, Murray Royal in Perth and Carseview Centre in Dundee. These events were attended by members of the public, service users, carers and staff and comments received in the comments box are again available in detail by locality in Appendices Five to Seven.

## **ATTENDANCE AT KEY GROUPS AND COMMITTEES**

A list of key stakeholder local groups and committees were identified and members of the Programme Team provided presentations and Question and Answer sessions at scheduled meetings of these groups held during the consultation period.

Some examples of the groups attended were:

- Angus HSCP locality Improvement groups
- Friends of Stracathro
- Dundee Mental Health and Learning Disability Management Team meetings
- Perth & Kinross Learning Disability Strategy Group
- Dundee Learning Disability/Autism Strategic Planning Group
- Dundee Learning Disability Provider Forum
- Angus Mental Health Reference Forum
- Perth & Kinross Mental Health Strategy Group
- Angus Clinical partnership group

The full list of meetings attended is available in the calendar of events attached in Appendix [Two](#).

## SUMMARY

In total 76 events were held during the three month consultation period and approx 1250 face to face/group conversations held. All these meetings and events provided the opportunity to discuss the proposals at both an individual and stakeholder group level.

## 5. CONSULTATION FINDINGS

The detailed feedback received from all stakeholders has been recorded in the supporting appendices and all feedback comments submitted/extracts of minutes, focus group discussions, emailed submissions etc are available in full via links to the MHLDSRT Programme website (Appendix [Three](#), [Four](#) and [Five](#))

The feedback received has been reviewed and themed into a summary report for each of the three local areas, Angus, Dundee and Perth and Kinross by key interest groups i.e. service users, carers, locality/focus groups, staff and members of the public.

The survey monkey feedback questionnaire recorded completed questionnaires from 363 people, which was a relatively small % of the total people reached by social media (0.36%) and who participated/attended the consultation events (29%). These were completed online or by paper copy which was then subsequently entered online and retained for files.

### SUMMARY OF QUESTIONNAIRE RESPONSES

- The majority of people who completed the questionnaires read some or all of the materials, with only 10% having not read any information. This question was asked to review which materials were read/most popular to support future engagement and consultation planning.
- Of the people who completed the questionnaire 64% (232) felt the materials they had read helped them understand the reasons for the changes proposed to future GAP inpatient services and 60% (218) understood the reasons for changes to future LD inpatient services.
- 31% (113 responses) either fully supported or partly supported the single site option for GAP and 25% (91 responses) for a single site option for LD with 11% and 15% (40 & 54 responses) respectively of those who responded were unsure.
- Of the people who completed the questions which asked whether they supported the single site option for GAP inpatient services 57% (207 responses) were not supportive of the option and 59% (214 responses) of those who completed questionnaires were not supportive of a single site option for LD inpatient services.

- Only approx 30 to 40 % (109 – 145) of those who participated felt that current mental health and learning disability services met the needs of people across the range of community and inpatient services listed.
- Of the total responses received 29% (105) were from GAP and LD service users, 22% (80) from the public, 18% (65) from carers/families of service users, 19% (69) were staff, 6% (22) from Voluntary/third sector organisations and 6% (22) unknown.
- Over half of responses received were from people aged 46 to 65 (53%), 32% aged 26 – 45, 5% 18-24 and 10% over 65% and 94% of responses were from white Scottish/British people.
- 41% (149) of responses were from people who had a physical or mental health condition or disability.
- The geographical split of responses gathered was 43% (156) from Angus residents, 37% (134) Perth & Kinross, 16% (58) Dundee and 4% (15) from outwith Tayside.

The detailed comments received on the questionnaires are available in the survey monkey summary and detailed reports in Appendix [Six](#) and the Scottish Health Council letter and completed forms are attached in Appendix [Seven](#)

## 6. WHAT WE HEARD - KEY THEMES

There are six key themes which have been raised by stakeholders when considering the impact and implementation of the preferred option. These themes were consistent throughout the consultation process, from the one to one conversations, the focus group discussions, the comment box feedback, the survey monkey comments and the emailed correspondence received.

This section of the report will look at each of these key themes in turn, note the feedback recorded and highlight the main concerns raised.

The six key themes from the consultation feedback are:

1. **ACCESS**
2. **QUALITY/CULTURE**
3. **WORKFORCE**
4. **ENHANCED COMMUNITY SERVICE**
5. **CO DESIGN/PARTNERSHIP APPROACH**
6. **IMPROVED ENVIRONMENTS**

The analysis and identification of these key themes can be viewed in Appendices [Three](#), [Four](#) and [Five](#) and throughout the detailed feedback available via the Programme website.

Following collation of all the consultation feedback and identification of the areas of key concerns in relation to the progression of the preferred option, the programme team commenced a further process to look at what potential solutions are available to reduce/remove any negative concern or impact. Work has begun and will continue throughout the proposed implementation programme to review each of the key themes raised as below

## **6.1 KEY THEME - ACCESS**

Access is undoubtedly the main theme which has been highlighted throughout the whole process as a major source of concern for carers, families and service users, particularly in the more rural areas of Tayside for both General Adult Psychiatry and Learning Disability service users, carers, friends and family

The relocation of all GAP Acute admission inpatient services to Carseview Centre in Dundee will mean the loss of the local GAP inpatient ward in Angus and in Perth. Having to travel to another hospital site outwith the local area is a concern for people not just in terms of how they would get there as inpatients but as a concern regarding how families and carers would be able to visit them during their inpatient stay. For Learning Disability services this is a particular concern for Dundee and Angus populations who currently access services in Dundee and would require to travel to Murray Royal in Perth.

Transport time and cost as well as availability and accessibility are concerns for people, particularly if required to travel across the region to access inpatient services from more rural areas with poor public transport links.

Bed availability was also a concern expressed regarding access and whether sufficient beds will be available or whether the option will mean more patients are admitted outwith Tayside due to demand.

Transport accessibility for people with physical disabilities was raised and current public transport difficulties for those with different wheelchairs, walking aids and electric scooters were also identified.

Communication barriers were also highlighted as a concern particularly for those who may not speak English, are deaf or blind and have mental health needs or a learning disability. This can be particularly difficult if presenting Out of Hours in crisis.

Transport time and cost was also highlighted by third sector and voluntary organisations that currently provide services into inpatient areas in their local areas. Particular concerns were highlighted from small services (often reliant on grant funding etc) and how they will be able to meet the additional cost/time

implications if services are relocated outwith their current local catchment area. Examples of services affected would be advocacy services.

Other partner organisations and service providers such as local authority Mental Health Officers, small local teams of Allied Health Professionals, Psychology services, Pharmacy also raised similar concerns regarding their ability to cover the additional travel time required and cost implications from within finite small team resources. Concerns were also highlighted in relation to the ability to assess current inpatients homes and community settings as part of their discharge planning and care plans if service users are relocated outwith their local area.

### **6.1.1 WHAT WE NEED TO DO - ACCESS**

All the information gathered through the consultation period is currently being used to help inform the programme team regarding where current main areas of concern are, what likely solutions would be possible, what the likely demand for additional support may be and where any additional potential supports and solutions may be required.

While NHS Tayside and local Integration Joint Boards are not transport providers they need to seize the opportunities presented by the redesign of all services (not just mental health and learning disabilities) to improve transport links and access issues where recognised as a concern across the region.

People must be able to access all of our facilities whether as a service user, carer, relative or member of staff. The consultation feedback highlighted real concerns from people (particularly those living in the most rural areas of Tayside) that travel time, cost and current availability of public transport services (which can be very limited) would present real issues if no longer able to access local inpatient services.

Conversations with individuals highlighted that people do not want to be in hospital, they want to be at home and as near their families and friends as is possible. This has obviously highlighted that steps need to be taken to reduce admissions and support more people at home and therefore have fewer people having to travel to receive services. By supporting the enhancement of local community based services and ensuring the right community/home based treatment and wellbeing services are in place alongside inpatient services which are adequately resourced, people will spend less time in hospital.

As part of the workforce modelling, future roles need to be developed to provide support to service users to ensure they can access their home communities as part of their care plans and recovery.

It is recognised that for a minority of the population the preferred option will mean they will have to travel further. Therefore work has commenced to look at existing transport links and how these can be enhanced to reduce the

impact of access concerns for those people who require an inpatient stay when acutely unwell. Carers, families and friends all support recovery and therefore the ability to maintain these relationships is essential.

Some preliminary scoping work has been undertaken to review current available transport links, modes of transport and their availability/accessibility and their cost and time.

Appendix [Eight](#) sets out a map of the current estimated example transport links, time and cost from a number of the main population areas across Tayside. Preliminary discussions have been held with council transport planners, local transport companies, volunteer driver services, Scottish ambulance services and Police regarding the potential impact and solutions required to accommodate any relocation of services from one locality to another.

There are a number of local transport solutions/supports currently in place and further work is required to look at how these can be built upon to address access concerns highlighted.

An audit of visitor patterns and postcodes has been undertaken over an initial two week period and this will continue to be monitored to allow for the identification of current visitor trends and identify main areas of demand to support the planning of solutions where this is possible.

The Programme Team have highlighted throughout the consultation that all plans require to be realistic and not over promise and under deliver on potential supports which can be made available. It will not be possible to offer everyone assistance with access but where there are pockets of demand NHS Tayside and the three local health and social care partnerships will require to work together with partner organisations to identify any potential solutions which can be supported.

An Access and transport work stream would therefore require to be developed as part of the implementation stage of the process. The work commenced by the programme team will be progressed and shared through a joint work stream to support and co-ordinate the current range of proposed model changes by both NHS and Local authority services from across Tayside. Transport and access issues are wider than mental health and learning disability properties and therefore a wider partnership approach to finding solutions is required.

Examples of options which could be considered could be: allocation of funding to existing organisations providing volunteer drivers (initial discussion with current service providers has indicated a willingness and ability to meet any additional demand if resources were made available), improved transport links with local bus companies, links from other sites/areas to the existing X7/X8 service between PRI and Ninewells/Carseview etc



From initial review of current visitor logs and feedback from volunteer driver services the demand for support to access services is not as high as would expect. One approach could therefore be to consider piloting services in particular areas for a period of time and then monitoring to review demand.

A need for increased training of transport providers and raised awareness of peoples differing needs on public transport has also been highlighted. Discussion with transport contacts in Local authority services noted work which has already been undertaken in specific areas which could be rolled out. Particular concerns were noted during the consultation in relation to Learning Disability service users who may require to travel to Murray Royal in Perth. Use of technology is another potential solution to support contact with families which could also be explored. Some current nursing home accommodations and other services use IT devices such as ipads, laptops, computers and phones to facetime, messenger and skype families and friends to maintain relationships and contact when travel presents a significant issue. Again these are areas which can be further explored through the establishment of an Access work stream.

Transport and access for small organisations and teams also requires to be reviewed to look at how this can be supported or services remodelled locally to support provision across the localities by restructuring how these are currently provided to meet future demand and need.

## **6.2 KEY THEME - ENHANCED COMMUNITY SERVICES**

The consultation highlighted the need to ensure robust links are established between local community services/day treatments and inpatient services particularly where beds are relocated outwith a locality. . Feedback again highlighted the impact the preferred option proposed could have on third sector and other partner organisations. Additional travel time/cost was raised as a key issue for smaller services with small teams and low staff numbers etc. Local Health and Social Care Partnerships are key to supporting the remodelling of community services to ensure robust links are in place.

The potential social isolation factor for service users and carers also needs to be considered as there is growing evidence around the negative impacts they can have on health and wellbeing.

Learning Disability services/service users and their carers and families raised specific concerns in relation to future provision of day services and day treatments currently accommodated on Strathmartine Centre in Dundee for people from across Tayside. Main concerns were whether the preferred option would require people from across Tayside to travel to Perth for day treatments and whether the Murray Royal site could accommodate workshops etc currently provided from Craigmill skill centre. Issues regarding access to Tayside wide therapy and support groups such as sex offender treatments, child health management, service user and carers forums etc were also

highlighted as a concern in relation to travel and access if these groups would be required to relocate from Strathmartine to Murray Royal in Perth.

### **6.2.2 WHAT WE NEED TO DO - COMMUNITY REMODELLING**

Evidence shows that improving primary mental health care support can reduce the use of secondary care services and improve quality of care.

A suite of interventions require to be established to promote an understanding to people that they can take much of the control over their own physical and mental health e.g. health behaviour change coaching.

Health and social care integration has required us to think differently about how we plan services. The partnerships provide opportunities to redesign services and supports for people more widely across a range of care including improving the physical health of people with mental health problems.

The NHS Tayside Health Equity Strategy supports co-production, helping people to be involved in the planning of their services and to take back elements of services which do not need to be delivered by health professionals. Services are therefore co-produced by communities and the Statutory sector.

This promotes the concept of social capital which highlights the importance of a connected and caring society and the move away from institutions.

We need to ensure that future services promote more service user and community enablement and not an increased dependency on specialist NHS services. Simply moving the location of care without redesigning it is not enough. Existing services should not simply be relocated and then replicated in new settings. Developments should look to make a significant move away from a system in which the needs of the patient were determined and met by the system, towards one in which patients are given an increasing role in self-determination and where the service user's experience is part of evaluating success.

The impact of complex, co-morbid health problems on outcomes for people with mental health and/or learning disability issues is a huge underlying factor in health inequalities. The Mental Health Strategy for Scotland sets out the ambitions to achieve a parity of esteem between mental health and physical health problems

NHS specialist Mental Health and Learning Disability services can be represented as only two small pieces in a much larger jigsaw puzzle of mental health and wellbeing services which look after and support the majority of the population to stay well at home.

The core principles of community specialist mental health care are highlighted as:

1. Recovery – working alongside patients to enable them to follow their own recovery path
2. Personalisation – meeting the needs of individuals in ways that work best for them
3. Co –production and partnerships (delivering services with...rather than for)
4. Collaboration– working with people as experts in their own mental health. Collaborative working across sectors, with engagement of people/communities themselves being at the heart of this.
5. Promoting social inclusion/advice citizenship i.e. human rights/community empowerment acts
6. Preventions through public health strategies and earlier interventions
7. Promotion of mental health and Wellbeing
8. Pathway working – building on a stepped care approach from primary care and viewing mental health services as a system rather than a series of isolated services.

Throughout this the GP remains at the heart of a person's care and about one third of people with a serious and enduring mental illness are managed solely by GPs in primary care.

There is currently no standard model nationally for the commissioning and provision of community specialist mental health care services.

Each of the three health and social care partnerships in Tayside are at different stages in the planning and development of their local strategic and commissioning plans around their community based learning disability and mental health and wellbeing services. The redesign of inpatient services allows for resource release and an opportunity to remodel and enhance current community provision across Tayside to ensure there is a consistency of access and quality across all community services.

A key theme from the consultation was the need to further develop and remodel local community services to support the preferred option and ensure that more people can be supported at home both in and outwith working hours. People identified the need for robust links between inpatient and community services, primary care and third sector/voluntary organisations.

The design of future community services is the responsibility of each of the local health and social care partnerships and is being developed to meet the needs of the local populations.

Detailed information regarding community redesign across Tayside for both GAP and LD services is contained in Appendix [Nine](#)

## 6.3 KEY THEME - QUALITY / CULTURE

A key theme raised by service users throughout the consultation was the need to improve the current mental health service provision across services and Tayside. Quality of service provision, culture and a more recovery focused approach to care, supported by Peer Workers (people with personal experiences of mental health problems, employed to explicitly use those experiences in supporting patients) was raised by service users and carers/families who want reassurance that any changes to services will not negatively impact on the quality of service received and will improve outcomes for people. Feedback highlighted the need and appetite for service user involvement in planning their own care and in the future development of services.

Feedback highlighted current perceptions of reduced quality service provision in some areas and a need to review current models and create consistent high quality inpatient services for the future which were more recovery focused and provided the highest quality of care for the people of Tayside.

The consultation conversations highlighted current negative public perceptions of the Carseview Centre and current quality of services provided from the facility. This was also raised by members of the public to the Health Minister at the NHS Tayside Annual review meeting. There has been significant negative media attention in and around both the Mental Health services, the programme and the consultation process itself. Conversations held with members of the public at the consultation events allowed members of the programme team the opportunity to hear the range of experiences people have had both positive and negative. These also provided the opportunity to discuss individuals concerns surrounding the option being considered, the work of the programme and the robust process followed. There is however a recognition that in order to improve we need to address perceptions and issues around current service provision and work in partnership with a wide range of people to improve the models, quality of care and culture within our Mental Health and Learning Disability services for the future

Discussions also highlighted the limited provision of physical care for people with mental health problems and the current lack of parity between physical and mental health services

### 6.3.3 WHAT WE NEED TO DO - QUALITY IMPROVEMENT WORKSTREAM

Our shared ambition is to have services that work together to have a consistent focus on quality.

The Healthcare Quality Strategy for NHS Scotland outlines that people in Scotland want;

- Caring and compassionate staff and services
- Clear communication and explanation about conditions and treatment

- Effective collaboration
- A clean and safe environment
- Continuity of care
- Clinical excellence

These quality statements underpin our ambition for Mental Health and Learning Disability Services.

We want to extend this further to ensure that our services provide the highest quality learning and development environments for patients and staff to ensure that every person has the opportunity to maximise their potential.

The preferred option proposed will provide NHS Tayside with the opportunity to completely remodel its current inpatient services for both Mental Health and Learning Disability across Tayside. By striving to create a change in culture and create “centres of excellence” on both Carseview and Murray Royal sites, people who require specialist inpatient services will receive these in improved environments with safe and sufficient staffing resources. These new centres for both GAP and area wide specialist services will support shared learning, teaching, cross cover of staffing and therefore reduce variation and provide a consistency of care and outcome for people who require an inpatient stay. Through these opportunities it is envisaged this will reduce the length of stay required in inpatient wards and therefore people will return to care in their own locality as soon as is possible.

It is no longer possible to sustain local inpatient beds in each area so the option proposed must now ensure that when people require an inpatient stay it is in a safe, well resourced, highly skilled appropriate environment for as short a time as is possible.

It is recognised that work is required to improve and build on our current mental health and learning disability service models and these require ongoing engagement with the public, service users, carers, staff and all statutory and non statutory partner organisations to help shape and design them to meet the needs of the local population now and into the future.

#### **6.4 KEY THEME - WORKFORCE**

Another key topic raised throughout all events and focus groups was in respect of the current pressures faced in staffing the current and future mental health and learning disability services. The programme team was asked numerous questions seeking information about what is currently being done to ensure there is sufficient workforce for the future, what is being done to recruit and retain staff and why we weren't doing more to address the issues raised by the forecast retirements and workforce issues.

The face to face presentations and conversations allowed for the opportunity to share information regarding:

1. the national context in terms of national shortages of key staff groups
2. the impact of Brexit on recruitment from the European Union
3. more registered nurses leaving the Nursing and Midwifery Council (NMC) register than joining
4. the local context regarding current training opportunities and the impact of national recruitment to these training places
5. the national and international work opportunities for registered Nurses and Doctors
6. the current age profile of staff and forecast retirements (impact of early retirement status at 55 in mental health)
7. the current patterns of recruitment and Newly Qualified Practitioner preferences.

A repeated question asked was why current staff or newly qualified staff were not being required to work in the geographical area in which they had completed their undergraduate training. The programme team noted the merit of this question and encouraged people to raise this with their local MSP. People also asked why current or newly qualified staff were not assigned to areas where problems in recruitment were being experienced. The programme team were able to explain that the risk of placing a staff member in a specialty and geographical area they don't want to work in is that they move post at the earliest opportunity.

#### **6.4.4 WHAT WE NEED TO DO - WORKFORCE PLANNING**

The Associate Nurse Director and Associate Medical Director for Mental Health and Learning Disability services continue to engage with local and national colleges and universities to attract staff into Tayside.

In Nursing there is a range of recruitment initiatives in place locally with the University of Dundee and the University of Abertay. Examples include the joint NHS Tayside and University of Dundee return to nursing programme, one day a week contacts for Mental Health 4<sup>th</sup> year Nursing Students at the University of Abertay which leads to a substantive appointment on graduation, the Healthcare Support Worker HNC Programme and attendance at job fairs.

New Clinical Academic Nursing posts have been created with Edinburgh Napier University and the University of Abertay to help bridge the gap between academic and clinical practice. All newly qualified practitioners join action learning sets for their first 6 months in post which has received very positive feedback and evaluation. Regular liaison takes place with the Universities to continue to build the reputation of NHS Tayside as the employer of choice for newly qualified nurses.

The Royal College of Psychiatrists undertakes a biennial survey of NHS organisations and private independent providers who employ psychiatrists in the UK. There is an ongoing rise in the number of vacant consultant psychiatrist posts in the UK, up from 5% (2013), 7% (2015) to 9% (2017).

There are also increasing difficulties in recruitment to other non training grade medical posts such as Specialty Doctors.

The long anticipated increase in retirement numbers as a result of pension changes has not yet become an eventuality.

The majority of vacancies in consultant posts occur in the three largest specialties; general, child and adolescent and old age psychiatry. There are major challenges in recruiting permanent consultant staff is underlined by the increasing reliance on locum consultants. The number of full time locum working in psychiatry reported by the NHS organisations across England has risen by 60% in the last four years.

This national picture is mirrored in Tayside. Excluding university appointments NHS Tayside employs 50 consultant psychiatrists who work across the range of psychiatric sub specialities. Most of these subspecialties have long-term vacant consultant posts but General Adult Psychiatry has a particular challenge with a significant number of vacant posts across all three geographical areas in Tayside.

As of the end November 2017 the position in General Adult Psychiatry (including Liaison Psychiatry and CRHTT) was

	Funded whole time equivalent (wte) consultant posts	Number of consultants in post (wte)	Number of locum consultants employed (wte)
Perth & Kinross	5.4	4 (3.5)	2 (1.6)
Dundee	12.0	7 (6.4)	6 (5.1)
Angus	5.0	3 (3.0)	3 (2.4)

There unfortunately has been the downward trend in doctors undertaking training in general psychiatry. In Tayside there are nine funded posts for higher training in general psychiatry but at present only three of these are filled. National data suggest that for every 100 doctors who train in general psychiatry only 80 take up a consultant post in this speciality.

There is an improving picture in core psychiatry training in Tayside. All nine core psychiatry training posts are filled for February 2018 and because of unfilled posts in higher training additional funding has been made available to keep 2 core psychiatry trainees in post to hopefully gain their postgraduate examinations and progress to higher training.

It takes about 14 years to train a consultant psychiatrist when time at medical school is taken into account. From leaving medical school it takes at least eight years. Improving recruitment of trainees is an important part of addressing the medical workforce challenges but it will also require other recruitment approaches and looking at models of care. As part of the Mental Health & Learning Disability Service Redesign Transformation Programme there is a need to develop medical workforce plans to address the reality of

fewer consultant psychiatrists being available and the need to develop systems of care that are not reliant upon a large number of doctors in training.

## **6.5 KEY THEME – CO-DESIGN / PARTNERSHIP APPROACH**

The final key issue raised though out the consultation was the requirement for all stakeholders' views to be considered to support service redesign across both GAP and LD services. It was clear from the consultation that people want to be involved in shaping future service models, accommodation, pathways and their or their family member's recovery.

People have felt that there has been a lack of engagement and partnership approach to the way services have been designed historically and are clear that they wish and need to be involved in planning of future GAP and LD services.

### **6.5.1 WHAT WE NEED TO DO – CO-DESIGN/PARTNERSHIP APPROACH**

There is a connection between the priorities of people and the values of staff who work within services. NHS Tayside's aim is to be 'the best at getting better' and it is clear that co-design, collaboration and communication must underpin service development. A partnership approach will reflect a fundamental change in the traditional planner versus client relationship and ensure that people are active participants in their care. The co-design approach enables a wide range of people to make a creative contribution in the planning of services and resolving of concerns. Through health and social care partnership arrangements and ensuring the public and stakeholders maintain a continued engagement in the MHLDSRT Programme future service redesign can then maximise the opportunities of this approach.

This approach goes beyond consultation by building and deepening equal collaboration between those people affected by, or attempting to, resolve a particular challenge. A key tenet of co-design is that users, as 'experts' of their own experience, become central to the design process.

The immediate benefits of employing a co-design approach include:

- Generation of better ideas with a high degree of originality and user value
- Improved knowledge of service user needs
- Immediate validation of ideas or concepts
- Higher quality, better differentiated services
- More efficient decision making
- Lower development costs and reduced development time
- Better cooperation between different people or organisations, and across disciplines



The longer-term benefits include:

- Higher degrees of satisfaction of service users
- Increased levels of support and enthusiasm for innovation and change
- Better relationships between the service provider and service users

The Consultation process and earlier engagement around the option appraisal and option modelling work has proved invaluable in terms of the feedback and information received to support the options being considered and the Programme to date. The Programme team has found the one to one conversations and listening to people's stories a significant source of information and learning and has highlighted areas across the organisation where changes and improvements are required. The consultation cannot now end at the point of decision and the programme team leads feel strongly that the consultation has provided the opportunity to start these conversations and that they must now continue throughout the process and beyond to ensure a full partnership approach to planning of future services.

## **6.6 KEY THEME - IMPROVED ENVIRONMENTS**

A key theme emerging from discussions with Learning Disability services was the need for improved environments and that any relocation of services would not reduce the current level of access to activities and work type day treatments currently available. Service users, carers, families and staff highlighted the current facilities available through the Craigmill centre and garden areas on Strathmartine site which were important to support Learning Disability service users and their treatment. Concerns were raised that the Murray Royal site could not replicate these and that patients would require to travel to Perth from across Tayside if these were only provided alongside inpatient services as per current service model.

### **6.6.1 WHAT WE NEED TO DO – BUILDING DESIGN WORKSTREAMS**

Feedback received regarding the preferred option has highlighted that people have concerns regarding how the relocation of inpatient services will ensure improved inpatient environments.

It is recognised that the Carseview Centre in Dundee requires refurbishment which has been outstanding for a number of years. This refurbishment must be planned and designed with full stakeholder involvement in shaping the improvements required to the wards and site as a whole, including access to outdoor space, activity space and shared living accommodation. There were a number of initial drawings and design work undertaken between 2005 and 2011 for various refurbishment and extensions to the wards on the site which can be utilised to support the design process.

A number of concerns have been raised regarding the ability to ensure adequate activity space is available on the Murray royal site for Learning Disability services within the Moredun ward area. Initial design work

undertaken as part of the Option Review process looked at combined areas for Learning Disabilities and following consultation feedback Architects have commenced a review with the programme team to present a range of options utilising accommodation at Murray Royal to ensure sufficient space is made available to meet the needs of all inpatient services. High level initial footprints will then be shared with stakeholder to undertake the detailed design work required to ensure areas meet needs and provide sufficient and appropriate indoor and outdoor spaces required

## 7. SUMMARY AND RECOMMENDATIONS

It is clear from the consultation the majority of people would prefer to receive their health care close to where they live. The challenge to mental health services is balancing this with the need to provide safe inpatient services which are high quality and provide best value for money.

The public consultation process CEL 4 guidance section 14 notes that:

*“It will...look to the Board... to provide evidence that the views of potentially affected people and communities have been sought, listened to, and acted on: and treated with the same priority (unless in exceptional circumstances e.g patient safety) as clinical standards and financial performance.*

The above report seeks to assure the Boards that the views of the people of Tayside potentially affected by the changes proposed have been sought, listened to, collated, themed and potential solutions identified to be acted upon to reduce the impact of all concerns heard.

The current and future vacancies in the medical and nursing workforce puts at risk the sustainability of services over the next five to ten years. We need to change the way we currently provide services. Doing nothing is not an option.

It is necessary to ensure that inpatient services are both safe and sustainable now and into the future. This option will allow for resource release to support the remodelling and reinvestment work required by each local health and social care partnership to support more people in and around their own home (in keeping with feedback from the consultation). Relocating specialist acute inpatient services places them further away for some people but closer for others. The ongoing work to improve community based services from early intervention to prevention of admission to acute hospitals will go some way to mitigate concern about access for those who may have to travel further.

Future inpatient service models should be reviewed and remodelled to ensure provision of the best possible care for as short a period as necessary before people are supported back into their local communities.

The Perth & Kinross Integration Joint Board is asked to recognise the travel and access concerns raised and work with partner organisations to reduce the impact on people and ensure services are accessible when required.

The three Health and Social Care Partnerships will continue to work with local partners and mental health and learning disability services to further refine and develop local implementation plans for enhanced community based services as defined above.

The programme team therefore recommend that *the preferred option (Option 3A) is approved taking cognisance of the key themes that emerged from the feedback gathered during the consultation process to ensure successful implementation of the preferred option.*

## 8. NEXT STEPS – DRAFT TIMELINE

Following approval of the preferred option a suggested programme of next steps are set out in the attached high level draft key milestone programme plan below which provides an indicative programme of works with estimated timeline for work required. These work streams are only indicative at this stage to support an estimated programme of works – these will require to be formulated in partnership and therefore subject to change.

Programme of Works	Deadline
Approval of preferred option	End of Jan 2018
Mobilisation of implementation programme and suggested work streams to progress work required (to be agreed in partnership with stakeholders) : 1. Access – Transport/Technology 2. Service Improvement 3. Workforce planning 4. Learning Disability inpatient Service modelling 5. General Adult Psychiatry inpatient service modelling 6. Secure care inpatient service modelling 7. Carseview building Design Team 8. Murray Royal building Design Team 9. Logistics planning team 10. Ongoing Communication and engagement	February 2018 to November 2018
Engagement sessions with public/key stakeholder – update of decision	February 2018
Detailed design and approval process	March 2018 to September 2018
Approval of variation to contract	October 2018
Refurbishment Commence	November 2018
Programme completion	June 2020