



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
27 JUNE 2017

**REPORT ON:** MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION (MHSRT)  
PROGRAMME – OPTION REVIEW AND CONSULTATION PLAN REPORTS

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

**REPORT NO:** DIJB4-2017

## **1.0 PURPOSE OF REPORT**

The purpose of this report is to present the preferred option from the review of Mental Health and Learning Disability services undertaken by the Mental Health Service Redesign Transformation Programme and share the proposed consultation plan. The 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 to progress to a period of formal consultation from 3 July 2017 to 3 October 2017.

## **2.0 RECOMMENDATIONS**

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

- 2.1 Notes the details of the Option Review Report at section 4.5.
- 2.2 Notes the process followed in undertaking the review and the level of engagement involved in the preparation and consideration of options for future General Adult Psychiatry and Learning Disability services.
- 2.3 Notes the methodology used to identify the preferred option and justification for its choice over other options considered.
- 2.4 Notes and comments on the consultation plan (attached as Appendix A) content and notes the requirement to proceed to a three month period of formal consultation in line with Scottish Government guidance on major service change.

## **3.0 FINANCIAL IMPLICATIONS**

- 3.1 The financial implications associated with the options being considered are captured in summary in Section 10 of the Option Review Report and detailed further in Appendix Six (of the Option Review).
- 3.2 An appraisal of the financial benefits associated with each option has been reviewed by the management accounting team dealing with Mental Health and Capital resources to support the ranking of options. The detail of this is included in Appendix Seven (of the Option Review Report).
- 3.3 Although the financial appraisal of the options is part of the identification of a preferred option, the primary focus of the programme is to ensure patient and staff safety through sustainable service models and high quality care as the priority. The Board can be assured that the preferred option at this stage does not place NHS Tayside or the IJB in a position of any

additional financial risk and will allow resource release and an associated reduction in current cost pressures in respect of supplementary staffing and premium locum agency costs.

- 3.4 Current high level estimates demonstrate that Option 3A allows for the greatest release of resources from current inpatient services to allow for any requirement for reinvestment in community and home treatment services, whilst maximising use of the current estate portfolio and allowing disposal of surplus assets which have significant backlog maintenance costs. Work will progress throughout the consultation period to identify any levels of reinvestment in community settings which may be required to support the preferred option. This work will review current activity data in line with the benchmarking data to ensure current community services are remodelled to make most effective and efficient use of resources available.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 Mental Health Services in Tayside have undergone significant change following the Mental Health Review in 2005-06 which allowed for a shift in the balance of care and substantial reinvestment in community services through a reduction in General Adult Psychiatry inpatient bed numbers. However the decision to retain inpatient services within each locality of Tayside has meant the majority of mental health resources remain 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.
- 4.1.2 In line with the optimum delivery of Mental Health service provision across Scotland, the balance of care must shift to community-based services. To achieve that we must ensure that people who need in-patient care have access to specialist, high quality care environments that support recovery. In particular, in conjunction with the three local Health and Social Care Partnerships with their focus on community-based services, we must re-model adult in-patient mental health 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.
- 4.1.3 The Option Review Report attached presents and appraises the top four options identified in the August 2016 NHS Tayside Board report from the early Option Appraisal scoring exercises and recommends a preferred way forward, together with initial indicative costs, for further detailed analysis within subsequent Initial Agreement and Outline Business Case reports that will be presented for approval following a period of formal consultation in keeping with statutory requirements.
- 4.1.4 The initial plan outlining the approach to the period of formal consultation is included within the Option Review Report at section 14 and in the separate Consultation Plan Report attached. The Consultation Plan Report describes the proposed methods of engagement and approach to be taken. The supporting consultation materials are currently being prepared and developed in partnership with key stakeholders and will be available for the consultation period starting on 3<sup>rd</sup> July 2017 following approval of this paper by Boards and Committees in June 2017.
- 4.1.5 It is only through the involvement of service users, carers, communities and those who work within the Mental Health and Learning Disability services that NHS Tayside and the three IJBs can ensure that services and the way in which they are delivered, have the best chance of being both fit for purpose and sustainable to meet the needs of the population of Tayside.
- 4.1.6 NHS Tayside and the three Integration Joint Boards must be assured that people with a mental disorder that require treatment can access this promptly and that the quality of care and treatment received is of a high standard.
- 4.1.7 Most people receive such treatment in a primary care setting and treatment occurs while living at home or in residential care and is supported by a General Practitioner or community based services, examples include community mental health teams, psychological services and substance misuse services. Third Sector, voluntary and self help organisations have an important role to play in this as well as social housing and supported accommodation.
- 4.1.8 Admission to hospital however is required for a small number of people when the nature and severity of the mental disorder cannot be managed safely or appropriately in the community. In

these situations specialist care in an acute inpatient unit is necessary. In order to provide high quality care and treatment in these inpatient units it is fundamental that these are safe and therapeutic environments.

- 4.1.9 The options being considered for future inpatient services must address two key issues:
- Concern about the ability to safely maintain three General Psychiatry acute admission inpatient units in Tayside and two Learning Disability inpatient sites.
  - Concern that the hospital environment at Strathmartine Centre does not meet the needs for patients who are in hospital for often years at a time.
- 4.1.10 As will be highlighted in the report the main driver for the first of these issues is current and future availability of staff to safely manage the services across multiple sites.
- 4.1.11 For the second issue the main driver is the need to urgently upgrade the physical environment for Learning Disability patients which cannot be achieved in the current accommodation on the Strathmartine site. It is recognised however that the inpatient services provided on this site could be located in the existing hospital estate with the potential to improve patient experience and make more efficient use of current resources.
- 4.1.12 In addition, the document outlines the process by which options for change have been identified and evaluated, allowing recommendations to be made that can now be submitted for full public consultation. As services develop in conjunction with the community focus of Integration Joint Boards, we would seek to shift the balance of care to community based services and make best use of our workforce for the benefit of patients.
- 4.1.13 Describing development of options for appraisal and the method by which the preferred option was defined, NHS Tayside, Angus, Dundee, Perth and Kinross Integration Joint Boards must now progress this plan to ensure delivery of safe, sustainable and patient centred services. The process reflects NHS Tayside Board's instruction to the Programme team to strengthen public engagement and to consider one and two site options for General Adult Psychiatry and Learning Disability inpatient services.

## **4.2 Executive Summary**

- 4.2.1 This paper seeks to provide an overview of the detailed information contained in the attached Mental Health Service Redesign Programme Option Review Report and supporting Appendix documents which provide Board members with a preferred way forward for Mental Health and Learning Disability inpatient services.
- 4.2.2 The attached Option Review Report outlines the current issues facing provision of Mental Health Inpatient services for both General Adult Psychiatry and Learning Disability services and examines 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.
- 4.2.3 It is no longer possible to deliver safely the most specialist services for General Adult Psychiatry Acute inpatient admissions over three sites – overnight cover, weekends & public holidays are a particular challenge with the diverse geography and current spread of specialist Mental Health Services. NHS Tayside is experiencing the impact of a national shortage of Mental Health specialist clinical staff. Shortages of both Medical and Nursing workforce are particularly acute in Tayside though there are similar issues experienced across Scotland, particularly in more remote and rural areas. The workforce profile is ageing with early retirement opportunities for Mental Health employees affecting a large proportion of more experienced staff. The fixed single out-turn of Newly Qualified Practitioners every year is insufficient to match the numbers of people leaving the service. Tayside is competing with other Health Boards/Countries for a finite pool of staff. Like many areas in Scotland, National and Local Shortages of Junior and Senior Medical staff and Registered Mental Health Nurses are driving redesign. It is projected from staffing age profiles that within the next 5 years Mental Health and Learning Disability services will see retirements in current Nursing workforce of circa 35% and 24% of the substantive Consultant workforce (13 out of 54) are either at retirement age or expected to retire within the

next 5 years. Ten locums are currently employed out of a total of 64 consultants across Tayside Mental Health and Learning Disability services.

- 4.2.4 In order to provide a safe service within current resource limits the option appraisal considered the deployment of these resources across the optimum number of sites. This assessment was done on the basis of safe staffing levels for the patient care needed for each option.

### **4.3 Drivers for Change**

- 4.3.1 In addition to the workforce challenges noted above a number of policy drivers and specialist opinion demonstrate that a strategic shift is required. Services in all settings must be safe and effective; however national strategy and clinical evidence propose enhanced community based care and development of specialist centres for those people with the most complex needs. We need to redress the remaining imbalance of in-patient and community-based services across Tayside. The changing population profile means more people survive into older age with learning disabilities. While people with mental illness often suffer from inequality and are likely to live 10-20 years less than their more affluent, relatively more healthy counterparts, we anticipate the increasing requirements for services from a greater number of older people to conflict with static numbers of working people, low unemployment in the more rural areas of Tayside and therefore challenging circumstances in sustaining the current profile of the workforce.
- 4.3.2 Health and Social Care Integration brings with it the delegation of the greater part of Mental Health Services. Hosting arrangements in Tayside have delegated responsibility for the majority of inpatient services to Perth and Kinross and Psychology to Dundee. Integration Joint Boards are obliged to include a wide contribution to Mental Health Service provision. Fig 1 attached at Appendix Eleven of the Option Review Report highlights the range of Mental Health and Learning Disability services provided in Tayside and where responsibility for their delivery now sits.
- 4.3.3 Realistic Medicine (2016) is driving a conversation across the clinical professions about the redesign of services through reductions in variation and in considering how the most effective care can be delivered in future. Families, Carers, Service-Users, Health and Social Care Integration, Localities, Communities and the Third Sector all have a contribution
- 4.3.4 Tayside General Adult Psychiatry In-Patient Mental Health services are accommodated in three modern Not For Profit Distributing (NPD)/ Private Finance Initiative (PFI) buildings. The ageing property on the Strathmartine site requires significant refurbishment and the even with major refurbishment would not lend itself to provision of modern healthcare facilities with single bedroom en-suite accommodation.

### **4.4 Contingency Plan**

- 4.4.1 The predicted workforce shortages have triggered development and implementation of a contingency plan which was approved by the NHS Tayside Board on the 27<sup>th</sup> October 2016 and by the Perth and Kinross Integration Joint Board on 4<sup>th</sup> November 2016. This contingency plan is providing temporary solutions for some of the drivers for change ahead of the conclusion of the MHSRT programme which will move services to a more structure approach to transformational change.

### **4.5 Option Appraisal**

- 4.5.1 A series of Option Appraisal and Option Modelling workshops involving an equal number of service users and carers, third sector organisations and multi agency staff have been undertaken to support the production and consideration of the options being considered. Of the options developed, four were carried forward for clinical, technical, workforce and financial appraisal.
- 4.5.2 As the paper describes, the two options that scored highest from the two workshops held to facilitate the process, still have services for adult mental health being provided from three sites across Tayside, albeit the acute admissions wards are either on a single site or two sites; in addition the difference in scoring between the top four options was marginal; therefore the top four scored options have been presented in the Report to ensure the scope requested for a

single site or two sites for adult inpatient services are presented. Board members are directed to the attached paper for the detailed description, content and outcome of the Option Review and the associated appendices.

- 4.5.3 It should be noted that it is the professional opinion that only options 3A and 5A described below would meet requirements for safety, sustainability and clinical continuity of services.
- 4.5.4 In summary the top four options which have been considered are:

#### **Option 3A**

Single site option for General Adult Psychiatry (GAP) acute admission beds which would relocate current inpatient beds provided in the Mulberry Ward in Susan Carnegie Unit, Stracathro in Angus and Moredun Ward in Murray Royal in Perth to be provided from four refurbished wards in the Carseview Centre in Dundee and provide 84 beds for Tayside as per Table Two in section 9.3 below. This option will also include continued provision of Intensive Psychiatric Care Unit (IPCU) inpatient beds for Tayside from Carseview Centre in Dundee. Tayside wide Complex care and Rehabilitation inpatient beds will continue to be provided from Amulree and Rannoch Wards in Murray Royal Hospital in Perth. This option provides a single site option for Learning Disability services which would relocate current inpatient beds from Strathmartine and Carseview sites to a refurbished combined ward in Murray Royal. This ward will provide inpatient beds for Learning Disability assessment and behavioural support and intervention beds and also provide a separate open forensic inpatient bed area. Locked Forensic Learning Disability inpatient beds would relocate from Strathmartine site in Dundee to a Low Secure Forensic ward within the Rohallion Clinic on Murray Royal site in Perth. The vacated Mulberry ward within the Susan Carnegie unit in Stracathro, Angus would then become available for alternative use and subject to further option appraisal. Potential alternative uses which could be considered could be Older Peoples services such as Psychiatry of Old Age or Medicine for Elderly Services.

#### **Option 4A**

Two site option for GAP acute admission inpatient beds with relocation of current inpatient beds provided in the Moredun Ward in Murray Royal in Perth to a refurbished ward in the Carseview Centre in Dundee. This option will continue to provide GAP acute admission inpatient beds in the Mulberry ward, Susan Carnegie Unit, Stracathro, Angus and from existing GAP acute admission inpatient beds in the Carseview Centre in Dundee and provide 87 beds for Tayside. This option will also include continued provision of Intensive Psychiatric Care Unit (IPCU) inpatient beds for Tayside from Carseview Centre in Dundee. The Tayside wide Complex care and Rehabilitation inpatient beds will continue to be provided from Amulree and Rannoch Wards in Murray Royal Hospital in Perth.

This option provides a two site option for Learning Disability services which would relocate current inpatient beds from the Strathmartine site in Dundee to a refurbished combined ward for assessment and behavioural support and intervention beds and also provide a separate open forensic inpatient bed area on the Carseview site in Dundee. Locked Forensic Learning Disability inpatient beds would relocate from Strathmartine site in Dundee to a Low Secure Forensic ward within the Rohallion Clinic on Murray Royal site in Perth.

The vacated Moredun ward within the Murray Royal hospital site would then become available for alternative use and subject to further option appraisal. Potential alternative uses which could be considered could be Older Peoples services such as Psychiatry of Old Age or Medicine for Elderly Services.

#### **Option 5A**

Two site option for GAP acute admission inpatient beds which would relocate current inpatient beds provided in the Mulberry Ward in Susan Carnegie Unit, Stracathro, Angus, to a refurbished ward in the Carseview Centre in Dundee. This option will continue to provide GAP acute admission inpatient beds in the Moredun Ward on Murray Royal site in Perth and from existing GAP acute admission inpatient beds in the Carseview Centre in Dundee. This option will also include continued provision of Intensive Psychiatric Care Unit (IPCU) inpatient beds for Tayside from Carseview Centre in Dundee. The Tayside wide Complex care and Rehabilitation inpatient

beds will continue to be provided from Amulree and Rannoch Wards in Murray Royal Hospital in Perth.

This option provides a two site option for Learning Disability services which would relocate current inpatient beds from the Strathmartine site in Dundee to a refurbished combined ward for assessment and behavioural support and intervention beds and also provide a separate open forensic inpatient bed area on the Carseview site in Dundee. Locked Forensic Learning Disability inpatient beds would relocate from Strathmartine site in Dundee to a Low Secure Forensic ward within the Rohallion Clinic on Murray Royal site in Perth.

The vacated Mulberry ward within the Susan Carnegie unit in Stracathro, Angus would then become available for alternative use and subject to further option appraisal. Potential alternative uses which could be considered could be Older Peoples services such as Psychiatry of Old Age or Medicine for Elderly Services.

### **Option 8**

This option was a new option generated at the Option Appraisal events.

Single site option for General Adult Psychiatry (GAP) acute admission beds from a single inpatient ward for Tayside for acute assessment on the Carseview centre in Dundee. The inpatient beds provided from the Mulberry Ward in Susan Carnegie Unit, Stracathro in Angus and Moredun Ward in Murray Royal in Perth and in the Carseview Centre in Dundee would then change function to provide step down/treatment inpatient beds for each locality and provide a total of 89 beds (18/22 Acute Admission). This option will also include continued provision of Intensive Psychiatric Care Unit (IPCU) inpatient beds for Tayside from Carseview Centre in Dundee. The Tayside wide Complex care and Rehabilitation inpatient beds will continue to be provided from Amulree and Rannoch Wards in Murray Royal Hospital in Perth.

This option provides a two site option for Learning Disability inpatient services which would relocate from the Strathmartine site in Dundee to a refurbished combined ward for assessment and behavioural support and intervention beds in one ward and 8 open forensic inpatient beds in a second refurbished ward on the Carseview site in Dundee. Locked Forensic Learning Disability inpatient beds would relocate from Strathmartine site in Dundee to a Low Secure Forensic ward within the Rohallion Clinic on Murray Royal site in Perth.

Appendix Twelve of the full Option Appraisal Report provides further descriptor of other NHS bed provision currently provided around each of these options.

4.5.5 A number of factors have been used to determine the preferred option. Key to any decision regarding the selection of the future inpatient models has to be the sustainability of the clinical and workforce models. Financial and Technical appraisals and initial costings have been undertaken and will continue to be refined through the process of approvals outlined in the Programme timetable in Section 4.17 below.

4.5.6 The detailed appraisal of each of the top four options is provided in the attached Option Review Report.

## **4.6 Preferred Option**

4.6.1 Option 3A provides the safest most sustainable service for the future, ensuring sufficient medical cover, nursing, AHP and Psychology workforce who can share learning and experiences across speciality services. This option will allow maximum resource release for any potential reinvestment in community workforce to provide services to the majority of the population and prevent unnecessary admissions for both GAP and LD services. By shifting the balance of care and providing centralised specialist services this option reduces variation and provides ease of acute care pathway.

4.6.2 Option 3A would therefore be the recommended preferred option for NHST Board and the three Integration Joint Boards to progress to seek views on during the formal three month consultation phase.

- 4.6.3 A move from the status quo inevitably involves change. Almost the most controversial aspects of the Programme and strategic review is the possible centralisation of acute admission beds for both GAP and Learning Disability services. Each option outlined above and in the body of the Option Review report brings its own benefits and problems.
- 4.6.4 However the creation of a centralised service provides the opportunity 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.
- 4.6.5 Option 3A will allow for the above and creation of a “Centre of Excellence” for both GAP and Learning Disability services and the only future model of care which is both sustainable from a nursing and medical workforce availability, whilst improving patient environments and ensuring financial affordability.
- 4.6.6 By contrast travelling time for professionals, service users and carers will be significantly increased in some cases and the problems this can bring re escorts etc. Further exploration of the impacts on service users and their families need to be considered throughout the consultation period and planning for any option implementation. Through the use of the EQIA report and quantification of the potential impacts on the population the programme will continue to monitor and evaluate and take actions necessary to support access wherever possible.
- 4.6.7 While it is not ideal to be working under contingency plans in the short to medium term, it is essential to demonstrate the rigour of this planning process and the careful examination of all the options before agreeing a preferred option for presentation and public consultation. Although the arrangements for major service change under Health and Social Care Partnerships may vary from the processes used by NHS Boards in the past, this process is underway at a time when the policy landscape is still in development. The principles applied to implementation of the contingency plan will continue. Careful partnership working with patients, carers, staff and staff organisations will be ongoing and include communities, third sector organisations, independent contractors and care providers.

#### **4.7 Contribution to the Dundee Strategic and Commissioning Plan and NHS Tayside’s Strategic Aims**

- 4.7.1 The Mental Health Clinical Services Strategy which is a component part of NHS Tayside Clinical Strategy was approved by NHS Tayside Board in December 2015. The proposed changes to the service delivery model are in keeping with the strategic aims nationally and locally, through the Dundee Strategic and Commissioning plan, to continue to shift the balance of care to provide optimum care and treatment in community settings, promoting a model of recovery and enablement.

#### **4.8 Health Equity**

- 4.8.1 One in four people will experience mental health problems and it's important to access the right support in the right place when it is needed. It is also important to remember that the majority of people recover or learn to manage their mental health issue, lead meaningful lives and contribute positively to society.
- 4.8.2 94% of people who access secondary care mental health services each year do so in the community.
- 4.8.3 The Mental Health Service Redesign Transformation Programme seeks to further promote health equity by ensuring a shift in the balance of care to meet the demands placed on both current and predicted population needs, whilst ensuring service users are cared for in as near to or in their own home as is possible. This will support equity of service provision across Tayside for the majority of the population accessing services.

#### **4.9 Measures for Improvement**

In keeping with the Keogh domains around patient improvement, we will measure the following:

- Continued quality improvement, evidenced through the outcome measures from the Institute for Healthcare Improvement pilot project on Safer Care.

- Recruitment and retention of appropriately qualified and experienced staff.
- Improved compliance with junior doctor rotas.
- Improved medical trainee experience evidenced through a reduced incidence of 'red flags' in trainee placement evaluations.
- Reduced use of supplementary staffing for nursing and medical staff.
- Reduced cost pressures from junior doctor locums; locum consultant agency costs; nursing agency costs totalling £1m in 2016/17.

#### **4.10 Impact Assessment & Informing, Engaging & Consulting**

- 4.10.1 The Programme's Equality Impact Assessment is attached within Appendix One of the Option Review Report. Impact assessments have been undertaken to assess the potential impact of the options being considered in relation to both General Adult Psychiatry and Learning Disability proposals. Appendix Three details the programme of communications and engagement associated with the programme and work undertaken to date. The programme of engagement undertaken has sought to expand on initial involvement of key stakeholders in reviewing the options identified by that original group through a further Option Appraisal exercise and series of workshops, events, presentations etc. Staff side representatives have been members of the programme team and participated in associated work streams and workshops since inception of the programme. The contribution and support of staff side representatives throughout the process and at all events has ensured the implications for the workforce have been noted to date. The continued involvement of staff side representatives following the decision of the Board will ensure the impact of the programme on individual staff will be considered in detail.
- 4.10.2 The consultation plan report is attached and outlines the proposed approach to be undertaken during the three month period identified, as noted in the report this has been reviewed with colleagues from the Scottish Health Council.

#### **4.11 Resource Implications – Workforce**

- 4.11.1 The detailed workforce implications associated with each of the options are included in section 9 of the Option Review Report.
- 4.11.2 Option 3A is the only option which will provide sufficient safe inpatient staffing levels to provide services for the immediate future and next 5 years. This option also makes the most efficient use of the projected available workforce.
- 4.11.3 There are workforce implications associated with all options being considered and any proposed changes will be subject to NHS Tayside Organisational Change policies and procedures and implemented with full staff side and Human Resources support.

#### **4.12 Legal Implications**

- 4.12.1 No legal implications identified. Any contractual issues associated with changes to existing PFI/NPD buildings will be reviewed with colleagues from the Central Legal Office (CLO)

#### **4.13 Information Technology Implications**

- 4.13.1 No information technology implications have been identified at this stage and will be examined as part of the further review of community services and any investment requirements to support outreach working practices.

#### **4.14 Health & Safety Implications**

- 4.14.1 The programme is aimed at reducing current Health and Safety risks in respect of adequate, safe staffing levels and medical rota compliance. Any refurbishment works required will take cognisance of current work being undertaken across all Mental Health sites to review ligature risks.



#### 4.15 Healthcare Associated Infection (HAI)

4.15.1 No HAI implications identified.

#### 4.16 Delegation Level

4.16.1 Executive Sponsor - Dr Neil Prentice, Associate Medical Director  
Operational Lead – Mr Robert Packham, Chief Officer, Perth & Kinross Integration Joint Board  
Programme Lead - Lynne Hamilton, Director Mental Health Programme Director and Finance Manager

#### 4.17 Timetable for Implementation

##### Business Case Stages and Programme Timeline for Approval

Option Review Report Update and Consultation plan approval	June 2017 Committees/Boards
Consultation Period	3 <sup>rd</sup> July 2017 to 3 <sup>rd</sup> October 2017
Initial Agreement Report	December/January 2017/18 Committees/Boards then Capital Investment Group (CIG) in January/Feb 2018
Outline Business Case report	May/June 2018 Committees/Boards then CIG in May
Financial Close	November 2018
Full Business Case report	December 2018
Refurbishment timeline	January 2019 to December 2019

#### 5.0 RISK ASSESSMENT

5.1 The current risk log for the programme captures all associated risks from the various work streams and work being undertaken and is reviewed at monthly Programme Team meetings. In addition to the risk assessment for the programme specifically, Mental Health service delivery is recorded as a strategic risk for NHS Tayside. The risk description presented here is specific to the risks of the sustainability of the current inpatient service delivery models that the programme is aimed at mitigating. The current service configuration of the provision of General Adult Psychiatry inpatient services from three separate geographic localities across Tayside is not a sustainable service model for the current time and medium term future, due to the inability to provide optimal multidisciplinary staffing across all three sites. The consequences of lower than required medical and nursing staffing is a risk to patient and staff safety; risks to the quality of care and treatment provided; and continued risks of increasing financial imbalance.

Current Rating of Likelihood = 5

Current Rating of consequences = 4

- Crisis Resolution and Home Treatment services for Angus locality have been delivered from Dundee locality in the Out of Hours period since August 2015 as an emergency measure to address the continued vacancies on the junior doctor rotas.
- Business Continuity plans have now been evoked by the AMD, Lead Clinicians and Heads of Service to temporarily relocate Mulberry Ward and Perth locality Out of Hours assessments to Carseview Centre as a result of current Junior Doctor workforce shortages to ensure continued provision of safe services across Tayside.
- In times of nursing workforce shortages vs. clinical acuity on the inpatient wards, operational decisions are taken to temporarily divert admissions to other wards / localities in the interests of staff and patient safety. Target control level = 3

- The Mental Health Service Redesign Transformation Programme attached Option review Report recommended preferred option will reduce General Adult Psychiatry inpatient services from a three site to single site delivery model for Tayside.

## **6.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management.

## **7.0 CONSULTATIONS**

The Chief Executive – NHS Tayside, the Chief Officer – Perth & Kinross IJB, the Associate Medical Director for Mental Health and the Clerk were consulted in the preparation of this report.

## **8.0 BACKGROUND PAPERS**

Option Review, Option Review Appendices 1-6 and Option Review Appendices 7-12.  
<http://www.dundee.gov.uk/reports/background/MHSRT%20Option%20Appraisal.pdf>

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Mental Health Programme Director  
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DATE: 5 June 2017

David W Lynch  
Chief Officer



# Mental Health Service Redesign Transformation Programme

## Consultation Plan Report

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# **MENTAL HEALTH SERVICE REDESIGN TRANSFORMATION (MHSRT) PROGRAMME**

## **1. INTRODUCTION**

The consultation plan for the Mental Health Service Redesign Programme has been prepared in line with national guidance on Informing, Engaging and Consulting People in Developing Health and Community Care Services : CEL 4 (2010) (attached in Appendix Twelve of MHSRT Programme Option Review Report) and in compliance with the requirements outlined in the NHS Reform (Scotland) Act 2004. The guidance recognises the need to ensure a consistent and robust approach is adopted when Boards consider and propose new services, or any changes to existing services, and should therefore be referred to in developing a consultation plan.

All service change proposals should be supported by a plan that outlines the arrangements for informing, engaging and consulting people in its development. The formal consultation will build upon the comprehensive option appraisal process which has been followed to date to identify four top options. Following the option modelling events and further detailed work undertaken, each option has been compared for safety and sustainability, workforce availability and financial affordability which has enabled identification of a preferred option for General Adult Psychiatry and Learning Disability inpatient services. The consultation materials and full option review report highlight the approach taken in identifying the preferred option and this will be shared with all stakeholders involved to ensure this process is transparent. The engagement process to date has been approved by the Scottish Health Council. To complete the engagement process the option review report will be available on the programme website alongside all the consultation materials and sent directly to all people who participated in the process to date to provide an update on the selection of a preferred option. This will be done during the soft start launch during the month of June 2017 and highlight the upcoming consultation period commencing July 2017.

## **2. PERIOD OF CONSULTATION**

The formal consultation period will be undertaken during the period 3<sup>rd</sup> July 2017 to 3<sup>rd</sup> October 2017. This meets the national guidance requirements of a minimum of three month consultation period.

The MHSRT Programme team will commence a programme of information sharing during the month of June 2017 whilst Boards consider and approve the Option Review report and the draft consultation plan. The information sharing programme in June 2017 will inform the public of the forthcoming consultation period and explain how people can get involved. It will identify a single point of contact for stakeholders to register an interest to participate and notify of any additional supports which may be required. This will allow further development of the current list of stakeholders held by the Programme Team and highlight any omissions in required supports which are currently being considered.

### **3. PROCESS FOLLOWING CONSULTATION**

Following the formal consultation period the MHSRT Programme Team will require to prepare the consultation report and undertake a further detailed review of the preferred option for final Board and Committee approval in December 2017. A report from the Scottish Health Council on the consultation process will also require to be produced following completion of the consultation period. There requires to be a two week period following the end of consultation period to allow return of any questionnaires/evaluation surveys before the SHC report is drafted and processed through their internal governance process. It is anticipated this could be achieved to meet the December 2017 timetable appreciating NHS Tayside will also have another major consultation running in parallel over the same period.

Once formal approval of the process and preferred option by NHS Tayside and Health and Social Care partnerships, and subject to SHC approval of the process, Ministerial approval will then be required. This approval is required when Programmes or Projects are deemed to be a major service change.

### **4. RAISING AWARENESS OF CONSULTATION**

The MHSRT Programme plans to utilise a full range of methods to raise awareness of the consultation period and process.

#### **Internal**

- Information available on staffnet
- Article in NHS Tayside INBOX
- Article in Spectra magazine
- Staff Bulletins/Newsletters
- Direct distribution of consultation materials through service and clinical leads

#### **External**

- Media releases to local papers to launch the consultation
- Flyers and posters produced and placed in GP surgeries, Libraries, Community Centres, Churches, inpatient and community bases etc to signpost for further information (email/Website/freephone)
- Information on MHSRT Programme website /NHST internet/Local Authority websites /Partner agency websites
- Information on NHST Facebook Page and Twitter profile
- Direct distribution to key stakeholders identified to date (service users, carers, voluntary and third sector organisations, community councils, minority ethnic groups, Public partner forums, etc and those who register interest
- All materials require to be available in large print, Braille, audio, BSL DVD, and interpreted in the main ethnic community languages.

### **5. STAKEHOLDER IDENTIFICATION**

As part of the MHSRT Programme, a communications and engagement work stream has been in place with representation from across the three localities

and all Mental Health Services. This group has identified a list of key stakeholders which have been involved in the option appraisal and modelling events to date. The list has continued to be updated and added to throughout the process. Through raising awareness of the MHSRT Programme using the methods identified above, it is anticipated this will enable other interested persons to make contact to note their interest to participate in the consultation period.

## **6. CONSULTATION METHODS**

There is a wide range of methods which the MHSRT Programme team aim to utilise 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 MHSRT Programme and wider implications of the options being considered, it is envisaged that the “face-to-face” methods (such as staff briefings, focus groups, presentations to meetings, discussion groups and public events) will be particularly helpful in enabling attendees to ask questions, raise concerns and receive immediate feedback. This will require dedicated MHSRT Programme team capacity to support this process.

### **6.1 CONSULTATION MATERIALS**

This section identifies the various materials which the MHSRT Programme team plan to utilise to enable feedback on the preferred option being considered. These materials will be shared with some of the key stakeholder groups to ensure they are easily understood and meet the needs of all who may participate in the consultation period.

#### **6.1.1 CONSULTATION REPORT**

- A full detailed consultation report will be available online and distributed widely by email and by post where requested
- The website and papers will describe how to obtain the documentation in other languages and formats.
- Accessible and pictorial versions will also be provided for service users and support provided where requested.
- The information contained within the report will contain summary information from the Equality Impact Assessment document which highlights any identified impacts on people and how they might be addressed, for example, transport issues, impact on Scottish Ambulance Services etc

#### **6.1.2 CONSULTATION SUMMARY REPORT**

- A Summary consultation report will also be available online and shared as above for those who do not wish to read the more detailed papers. This will contain brief information regarding all options considered and why they have been discounted to arrive at a preferred option.
- Posters, Flyers and the consultation summary report will be provided in the main local ethnic community languages (Polish,

Urdu, Hindi, Russian, Lithuanian), Audio and BSL DVD, Braille, and other languages/supports to be explored with the NHS Tayside Interpretation and Translation Department.

- Accessible and pictorial versions will also be provided for service users and support provided where requested.

### **6.1.3 CONSULTATION FEEDBACK QUESTIONNAIRE**

Feedback questionnaires will be prepared to ensure quantitative and qualitative feedback on the preferred option. This will allow for a consistency in recording information and identification of main themes of feedback coming through the various categories of key stakeholder groups.

Questionnaires for service users are being devised with support from Speech & Language therapists to ensure that Learning Disability patients in particular have the maximum opportunity to express their views.

Various methods of recording feedback are being explored including use of online systems such as “Survey Monkey”, talking mats, etc People will also be able to email or send in free text comments regarding the proposals to a central email address for MHSRT Programme or via a Freepost mailing address

### **6.1.4 FREQUENTLY ASKED QUESTIONS**

A list of frequently asked questions is currently being prepared and will also be available with the consultation materials on the website and for distribution. These will be updated throughout the process to ensure feedback is captured and are reflective of main issues and questions being raised and answers are provided wherever possible.

### **6.1.5 STAFF EVENTS**

A number of staff events will be held across the hospital sites in each of the localities. These events (as previous MHSRT Programme Events) will be held three times a day to co-inside with current shift pattern arrangements to present all staff with the opportunity to attend. All staff events/presentations will be supported again by staff side representatives who will be available to answer any queries or concerns individuals may wish to raise.

These meetings will be held early in the consultation period. i.e. beginning of July 2017

### **6.1.6 FOCUS GROUPS**

A number of focus groups/service user and carer interviews will be held and supported by staff, third sector and or voluntary organisations to gain current service user and previous service user



and carer views to ensure those most affected are consulted on any proposed amendments to service.

The process will tap into and utilise existing groups and organisations that support service users and their carers to ensure their views are collated. It is anticipated that these will be supported by colleagues from the SHC who will also undertake a joint evaluation.

#### **6.1.7 OPEN MEETINGS**

Open/drop in sessions will also be arranged in each locality to enable wider public views to be collated and support further information sharing

The exact format of these sessions is still to be fully developed but is likely to include information displays, a presentation and opportunity for Questions and Answers.

If there is a demand for discussion groups with local ethnic communities these will be arranged in the main local ethnic community languages and facilitated by “face to face” interpreters. NHS Tayside Interpretation and Translation services would also be involved to provide support.

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

The MHSRT Programme communications and engagement work stream are currently preparing a list of key stakeholder local groups and committees which have meetings scheduled to take place during the consultation period to request a slot on the agenda.

Groups identified to date are:

- GP sub committee
- Local Community Councils
- NHS Tayside Area Partnership Forum
- NHST Directors meeting
- Dundee, Angus and Perth & Kinross Integration Joint Boards
- Area Clinical Forum
- Clinical Care & Governance Committee
- NHS Tayside Transformation Board
- Perth & Kinross Transformation Board
- MSP briefings
- 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

### **6.1.9 SOCIAL MEDIA & WEBSITE**

Wide use of social media sites such as NHS Tayside Facebook page and Twitter Profile will also be used to support the consultation process and allow feedback to be collated online. A dedicated URL for the Programme has been set up to link to the NHS Tayside internet page which will provide all the Consultation materials, points of contact, questionnaires, support available, calendar of events planned and links to supporting information re national and local strategies, policies, staff side support, HR guidance, etc Other methods such as hashtag # for programme are also being explored to help track Programme on social media.

All these will need to be monitored to ensure we address any concerns or questions throughout the consultation period.

A staffnet page is also being established on the intranet for staff.

We are conscious of the responses received by online petitions and survey monkey responses surrounding the Programme to date and are keen to utilise as many modern IT approaches to gather as many views as is possible.

## **7. SUPPORT REQUIREMENTS**

The MHSRT Programme is working closely with GAP and LD services, key stakeholder representatives and colleagues from Speech & language (SP&L) therapy services to ensure all information is as accessible and understandable as is possible. Extensive supports will be available for service users and the public to access information in an appropriate format to meet their needs eg. Talking mats, other languages, large letters, Braille, BSL dvd, audio recording, electronic, social media, free postal address, freephone telephone number. It is vital we ensure the joint evaluations are also adapted with SP&L input to ensure we gather feedback from all participants in the process.

## **8. SCOTTISH HEALTH COUNCIL INVOLVEMENT/GUIDANCE**

A report on the consultation process from the Scottish Health Council (SHC) is required by the Scottish Government (SG) to gain Ministerial approval for any proposals which are deemed to be major service change. The report from the SHC will assess whether the Board has involved people in accordance with the expectations set out in the CEL 4 guidance.

It has been assumed for the MHSRT Programme that the options being considered for future GAP and LD inpatient services may be categorised as major service change and therefore is prudent to apply the full CEL 4 major service change guidance.

Scottish Health Council colleagues have been involved in the option appraisal process to date and are members of the communications and engagement work stream where the planning for the consultation has been undertaken. The MHSRT Programme team will continue to work closely with the SHC and representatives from SG to ensure the consultation period is in accordance with

guidance and meets the requirements for SHC and subsequent Ministerial approval.

CEL 4 (2010) guidance highlighting the requirements is attached at Appendix Twelve of the MHSRT Programme Option Review Report.

## **9. RECORDING OF CONSULTATION FEEDBACK AND REVIEW**

In order to demonstrate that the Board has involved people in accordance with the expectations set out in the CEL 4 guidance it is imperative that a robust and consistent approach is taken to receiving and recording stakeholder feedback and views gathered from all consultation activities undertaken.

Examples of good practice have been shared by the SHC and it is the intention of the MHSRT Programme team to ensure that a robust system for the recording of activity is maintained. All communication and engagement activity to date has been recorded in the communications and engagement plan and this will continue to be maintained throughout the process as a live document. This plan is attached in Appendix Three to the MHSRT Programme Option Review Report.

## **10. DRAFT ACTION PLAN AND PROPOSED CALENDAR OF EVENTS**

The detailed draft action plan and proposed calendar of events has been prepared which outlines the tasks to be undertaken, action required, timescale and lead officer.