PLUS Perth

NHS Tayside Adult (16-65) Acute Mental Health Bed Centralisation Survey

Interim Report

6th October 2017

1. Who Is PLUS Perth?

"PLUS is a member-led mental health charity and social movement in Perth and Kinross. Our values include trust, honesty, equality, justice, community spirit, partnership working, love and compassion.

We are known for our local work related to recovery from mental distress, our significant contribution to the see me campaign over the last 15 years and working to eradicate stigma in mental health. Our awareness raising of recovery and wellbeing such as in our annual campaigns and community arts projects such as 'One Leaf- One Link' have been commended and used in other parts of the UK.

Our members are people who have experienced mental distress, however to ensure an inclusive and progressive organisation we include a Friends of PLUS membership so anyone at all who agrees with our values and principles can join us.

Our projects are identified by our members – members decide on the most important priorities aligned to our "vision and mission". But our main aim is to provide the voice and ensure social justice of people with lived experience.

2. Introduction

I have been a Friend of PLUS for about 3 ½ years and from time to time Susan Scott, General Manager, asks me to undertake a project for the benefit of PLUS members. During my time as a Friend of PLUS, I have made suggestions regarding the approach PLUS should take in furthering their "goals". Over the last 15 months Susan Scott and I have been monitoring very closely the work of the Perth & Kinross Integrated Joint Board. We are both in agreement that this is a tremendous opportunity to improve health and social care in the community and thus move towards a preventative model of care for citizens that rely on these services.

My background is just shy of 12 years in the British Army and then the private sector. Because of this, when I first became involved with PLUS, I had little or no empathy as I simply had no understanding of what "mental health wellbeing" was all about. Like most people in this country, unless you have personally experienced mental health issues or have had a family member/friend go through that, there is little or no understanding about what the pathway to recovery looks like. As a result of this, plus my analytical approach to problems, Susan Scott felt I would be able to provide a valuable perspective in increasing the impact that PLUS has.

Over the last 3 ½ years I have been getting to know PLUS members and those that have been willing to share their experiences of NHS Mental Health Services, have helped me understand the impact on their wellbeing from a "service users" perspective. In addition, Susan Scott who has 15 years' experience with PLUS and approximately 20 years with NHS Mental Services based at Murray Royal Hospital on the outskirts of Perth, has provided valuable insight into the way the NHS operates.

However, to gain a truly impartial understanding of NHS Mental Health Services it is important to understand the NHS perspective. To do that I researched open source material on the internet and for the last 15 months, as I have stated previously, I have paid particular attention to the interactions of the Perth & Kinross Integrated Joint Board (IJB) and have, in my spare time, endeavoured to build up this impartial understanding of NHS Mental Health Services in Tayside.

Comment

I make no apology to the reader for this lengthy pre-amble but it is important to understand that in writing this report I have gone to great lengths to ensure that I look only at the facts and present my arguments as impartially as I possibly can. It will be up to the reader to decide if I have made my case.

3. Background to This Report

Since 2012 NHS Tayside has undertaken a review of Mental Health Service delivery which has culminated in an "Option Appraisal" exercise prior to moving to a public consultation on the NHS preferred option running from 3rd July 2017 till 3rd October 2017.

On the 30th June 2017 the IJB meeting agenda included a very detailed report of the recent Option Appraisal exercise undertaken by the NHS since 2012. All meeting documents are to be with participants at least 5 days prior to the meeting date. For this meeting the documents arrived on Tuesday 27th June 2017. All 2,221 pages.

The IJB agreed the next steps, with one dissension, which was a public consultation to allow them the opportunity to express their views on the NHS preferred option regarding the delivery of NHS In-Patient General Adult Psychiatric (GAP) Mental Health Services in Tayside for 16 – 65-year olds. In simple terms the NHS were proposing relocating the GAP Wards from Murray Royal, Perth and the GAP Ward from Stracathro, Angus to the Carseview site in Dundee at the Ninewells Hospital complex.

The first stage of the consultation was a meeting on the 4th July 2017 in Dundee. Susan Scott was unable to attend and asked me to take her place and report my findings back to PLUS and its members. This I did and my report is at **Annex A**. It is self-explanatory and because of this report PLUS members decided to conduct their own consultation. This decision was not taken lightly as it would require considerable resources to conduct it properly. The detail of the consultation and its Terms of Reference will be in our full report when our consultation is concluded.

The PLUS consultation will run for 2 months having started on the 8th September 2017 and will conclude on Sunday 5th November 2017. An Interim Report will be made available to all interested parties from Friday 13th October 2017 to enable the NHS consultation Team to incorporate our mid-point response into their final report which is due to be presented to the IJB at their December 2017 meeting for their approval. The closing date for the PLUS consultation will give sufficient time for a full report to be made available, again, to all interested parties by December 2017.

To capture the views of the public a very detailed questionnaire was compiled and made available in paper version and on-line through the medium of survey-monkey, which I believe is what the NHS utilised. The questionnaire is attached at **Annex B.** Due to limited resources we were unable to download our results on the 3rd October to coincide with the NHS consultation closing. However, the interim report will be based on responses up to and including the 6th October 2017.

4. Aim of the Interim Report

The aim of this report is to publish initial findings at the mid-way point for the PLUS consultation. It will analyse aspects of the NHS Option Appraisal, examine the viability of the NHS preferred option and make provisional recommendations which will be either ratified or discarded on completion of the full report.

5. General Outline

To present a balanced argument and to clearly express the views of the public regarding the centralising of all GAP beds in Carseview, I needed to understand why PLUS was reluctant to take part in the NHS consultation and I needed to understand in detail how the NHS came to their preferred option. After I have analysed these two critical aspects I will review 11 responses from the PLUS questionnaire as they are pertinent to the NHS consultation before summarising and making provisional recommendations.

6. Information Sources

NHS facts and figures are taken from the papers provided to the IJB meeting on the 30th June 2017.

As at the 6th October 2017 there have been 319 respondents to the PLUS on-line questionnaire. Of these 22 have been paper based questionnaires which have been manually input. There are an additional 30 paper based questionnaires awaiting input and therefore have not been included in this interim report. All paper based questionnaires and on-line questionnaires are available to any interested individual or "organisation" who wish to check the Audit Trail and thus the validity of the responses.

7. Susan Scott General Manager PLUS

Understanding the General Manger of PLUS has been quite challenging over the last 3 ½ years. She is absolutely crystal clear that having worked in NHS Mental Health Services in Tayside for approximately 20 years and over the last 15 years in charge of PLUS, she has been exposed to and subsequently researched alternative approaches.

Susan Scott has taken PLUS from a fledgling charity to one that is recognised nationally as an innovative promotor of new approaches to mental health. She has even developed networks in the USA and is extremely well respected when she expresses her opinions with similar organisations, except when she expresses alternative solutions to NHS Tayside.

This "brick-wall" as she describes it was encapsulated at a Mental Health Leadership Meeting in 2015 when she was asked to make a presentation about Finnish Open Dialogue. The Lead Health Executive for the current NHS consultation was present and his rather curt response after she had finished was "Well, we won't be doing that here". When challenged if he had read up on this his response was "No". The exact meeting date and those in attendance can be provided.

When Susan has tried to promote alternative views she either meets a "brick wall" or is challenged to provide evidence that supports her views. When she does provide the evidence, it is ignored or out-right refuted. This has been a recurring theme and the current consultation was the proverbial "straw" and hence her recommendation to PLUS members to conduct their own survey and gather "evidence" that cannot be refuted.

I have absolutely no reason to doubt Susan's word and it was whilst I was detailing the structure of this report before writing it that I attended a public meeting facilitated by two local MSPs enabling the public to question senior managers from NHS Tayside regarding recent consultations in the region. The meeting was chaired by Liz Smith MSP and was closed 1 ¾ hrs later by Murdo Fraser MSP. Most of the questions from the public were regarding physical health and concerns about the relocation of the A&E department at the PRI to Ninewells, Dundee.

Professor Connell opened proceedings with a short presentation about changes that needed to take place in Tayside. As with the questions, physical health dominated his presentation and everything he said made perfect sense. It was clear a lot of thought, creativity and innovative thinking had gone into the way the NHS was proposing changes and the reasons behind their decisions. I found myself in complete agreement and impressed that as medical techniques, technology and new medication comes on line they are well placed and have a robust flexible structure that will move with the times.

However, at the end of the evening there was two questions on mental health services; one on the crisis team and one by Susan regarding the consultation. The Mental Health Nursing Director answered both and in each case, I have never seen a response pivoting to answering another question, that wasn't asked, so fast that it made your head spin. It was clear that with physical health creativity and innovation were encouraged but when it comes to mental health they are stuck in the 1900s'. There was no enthusiasm to promote new therapies, as they had done with physical health and because much of the audience were not familiar with mental health issues, the vague responses to the questions went virtually unnoticed.

Comment

When I combine the above with the meeting reported on at **Annex A**, as well as the well-orchestrated exposure of the NHS Senior Managers to a public Q&A, it has given me an insight, albeit briefly, to the "brick walls" Susan has been encountering when discussing mental health.

8. NHS Tayside Option Appraisal

This process has been covered in detail in the 1,860 pages of evidence provided to the IJB on the 30th June 2017. I have spent significant time carefully reviewing their arguments, evidence and conclusions. Whilst it would probably be more constructive and appropriate to wait for the full report to make comments and recommendations I feel it is important at this early stage to give the reader an early indication of my arguments that this exercise was flawed. What I can't decide, at this time, is if it was deliberate or just a lack of experience.

Tick Box Exercise

This is a recurring theme throughout the text of the various reports submitted on the 30th June 2017. The narratives and tone suggest that the authors are meticulously choosing their words carefully to ensure that detailed scrutiny will not derail their preferred option when it is

submitted for approval by the IJB. This is further reinforced by my experience at the Consultation Meeting on the 4th July 2017 as detailed at **Annex A**. I will provide more detail in the full report.

Integration

The following is a direct quote taken from the IJB Chief Officers' Mental Health Service Redesign Transformation Programme – Option Review Report and Consultation Report dated 30th June 2017.

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.

As a member of the public it is abundantly clear to me that with "integration" Health and Social Care moves towards a more preventative model of care implying more community based services. As shown in previous pages physical health care appears to have fully embraced this change in emphasis but mental health services, not so much. How can you reconcile the centralisation of in-patient care and services in Dundee with residents of Aberfeldy and Kinloch Rannoch?

Patient Safety

This, naturally is one of their guiding principles for this preferred option. However, in Murray Royal Hospital there has been 3 deaths by suicide in the last 4 years. The community is still awaiting the outcome of the Procurator Fiscal investigations into these tragic events.

Manpower Sustainability

This also was one of the major considerations for deciding on the preferred option. There is a considerable volume of information around this argument but when you drill down to the fundamentals it is very easy to understand why this model will fail almost immediately and require another restructure.

According to NHS figures the current basic manpower requirements are as follows:

Consultants	64
Doctors	34

The preferred option proposes the following numbers:

Consultants	62
Doctors	24

There is a recruitment issue across all medical disciplines which is referenced throughout the NHS papers. For the current manpower model to continue working NHS Tayside hires

Locum's to fill the recruitment shortages. In the case of Consultants, they use 10 Locums. However, two have indicated that they will be leaving in the next 12 months.

There are currently 18.6 FTE (Full Time Equivalent) Doctors employed with Locum's filling critical gaps in the roster. With regards to fully qualified mental health nurses, between 24% and 36% will retire in the next 5 years.

As I have previously mentioned the recruitment of medical professionals has been an issue for many years. The aging workforce coupled with a declining training pool indicates that future workforce levels will be smaller than they currently are. Due to the time taken to train our professionals this is not something that is going to be resolved in the next five years. As I have indicated above, manpower levels are going to decline. This is a statement of fact and if NHS Tayside continues to hire Locums they will overspend on their budget negating one of the main reasons for selecting the preferred option. It also puts into doubt their financial projections.

It appears that NHS Tayside is in denial of what is blatantly obvious. Come 2020 the workforce will be smaller and they need to develop a mental health recovery path that acknowledges the workforce realities. Not to make decisions around which buildings to use but a model that is patient-centric. I will expand on this in the full report.

Crisis Support

Simply put these were teams based locally that would work across the communities of Tayside and assist people in a "crisis". They were primarily set up to be nurse led but that appears to have gone by the wayside. They worked in the communities and provided a valuable link to mental health professionals for those who were in the "system".

Right now, people in mental health crisis are confused about where they can seek help. I would argue that there is also confusion amongst the NHS staff as many existing NHS staff members who know Susan Scott have indicated off the record. In 2016 the Angus team moved to Dundee and at the beginning of this year the Perth & Kinross team moved to Dundee. The NHS insist that the service is there to be used. However, what works in theory is not necessarily the reality on the ground.

Susan Scott is "linked in" to many "networks" across Tayside. Personal, professional relationships and friends provide a network of local knowledge and understanding which runs completely contrary to what the Director of Mental Health Nursing said in response to a question on how to access the mental health crisis response teams (Tuesday 3rd October 2017). This is either a deliberate policy of ignoring reality or wilful ignorance of realities on the ground.

To gain a greater understanding of PLUS daily work, I spent some time in the office. This was the proverbial eye-opener and in one day there was three individuals that required varying degrees of "help". One, could have spiralled into a very dark place but for the intervention of PLUS. When we discussed what had happened the next day it became clear that this was a regular occurrence and has increased in frequency since the beginning of the year. This extra work is adding pressure to PLUS and detracts from their funded role but when people turn up at the door in distress the only humane option is to assist them. Many that come to PLUS have been unable to get help from the NHS despite their guiding principles and due to this influx of

people, PLUS is now keeping a log of all contacts with those in crisis. This will be expanded in the full report.

Community Services

Another quote from the Chief Officer's report to the IJB on the 30th June 2017 is as follows:

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.

This admirable statement, I believe, encapsulates the "direction of travel" for the Integration process. However, as we have seen previously the NHS appears to be heading 180 degrees in the opposite direction:

- Centralisation of mental health services in one location.
- No account for a smaller workforce.
- No evidence that community based services are being redesigned concurrently.
- Clear evidence that NHS Community services are failing those it is meant to support.
- The NHS is actively passing responsibility for care and immediate response to 3rd Sector, Charitable organisations and Police Scotland.

According to the NHS papers, the Scottish average spending per head of population is £7. In NHS Tayside that expenditure is £6. It does not appear to be much of a difference but never the less equates to 14.29% less than the national average.

I am always concerned when round numbers are quoted as fact. I am not saying they are inaccurate but have they been rounded up or down. Taken to the extreme the actual variation could be as little as zero or as large as 28.43% less than the national average. For the math geeks that is a variation ranging from £5.50 to £7.49 if you apply the accepted "rounding-up", "rounding-down" rules. I highlight this because it is of concern for 3 reasons as follows:

- The emphasis on in-patient care is taking away resources from early intervention in the community.
- There is no evidence that there is any work being undertaken concurrently to address this issue.
- What is extremely worrying is that the NHS is trying to "mask" the true figures. We will explore that trait in a little more detail later.

This could quickly be resolved by the NHS publishing the actual pounds and pence figures.

Since last year and the beginning of this year the Crisis Teams for Angus and Perth & Kinross have been based at Dundee. The NHS insists that there is no loss of service across Tayside despite the relocation to Dundee and I am absolutely convinced that an official could produce a paper extoling the virtues of this centralisation with many facts and figures. However, the reality on the ground appears to indicate confusion, no clear areas of responsibility and a public,

reliant on the service, having no idea where to get help. One only needs to look at social media to fully understand the confusion that there is with the public. We can equivocate backwards and forwards regarding the realities of this service but we should always remember that at the heart of it is a "person in distress" and if there is a growing number of voices saying it is not working then it really needs to be looked at closely with people and organisations who know what they are talking about.

Police Scotland is a highly professional organisation and has been integral to the centralisation of the Crisis Teams. I believe the official position of the Police would be one of support and I certainly would expect that from them. However, if you talk to Police Officers' on the ground they tell a different tale. Therefore, to try and understand how it has impacted on Police Scotland, PLUS will be submitting a Freedom of Information request covering the following subjects in Perth & Kinross and Angus since the withdrawal of the Crisis Teams to Dundee:

- How many Police hours have been spent dealing with mental health crisis issues?
- What is the cost per hour to Police Scotland?
- What re-imbursement procedures are in place?
- What additional training have Police Officers received and at what cost?
- What is Police Scotland protocol for dealing with a person in mental distress?

Finally, under this heading, I want to briefly look at what work is being done to formulate a community based mental health service that is ready to be implemented when the proposed changes start to take place.

PLUS is part of the Perth & Kinross Mental Health Strategy Planning Group and have been a representative on this for 10 years making valuable contributions during that time. It is dangerous to assume and I make my comments cautiously. The title of this grouping would indicate to me that they would play a significant role in planning any potential future services in the community.

Having discussed what has gone on in those meetings, with Susan, this group is undertaking some valuable work in laying the foundation for a new model of mental health community support. However, PLUS has recently discovered that there is a separate NHS group of professionals identifying potential models of care. In addition, PLUS has learnt that there has been no external input and that there will not be until they have completed their modelling. At that point they will then invite "selected individuals/organisations" into that group.

This is a service redesign template which is familiar to the NHS. They have done it with the option appraisal process and we will end up going full circle and repeating this familiar exercise. Valuable views and suggestions will only be taken from people and organisations affected by this redesign after a decision has been made by the NHS.

Clearly, this redesign is central to the success of integration but I cannot help but feel that we are repeating history. The NHS "knows best" and they believe it is their responsibility to redesign a service, present it to a select audience and then expect them to agree 100% with everything they propose. When any organisation or individual challenges that they ignore or simply just keep repeating their arguments in the hope that it drowns out the opposition.

Comment

Apart from what we are discussing in this report, there was one occasion in 2016 presented to the IJB that was very similar. One of the workstreams being undertaken within the NHS, was a future workforce plan. There, a significant amount of work was being undertaken to redesign the NHS workforce to better suit the future needs of the integration process. When challenged by some Councillors in an IJB meeting, it was apparent that work was progressing but without the input of representatives from those groups that would be affected. After some discussion the NHS accepted that those representatives needed to be involved at the inception stage, NOT part way through the process.

I must admit, that I thought the NHS had moved beyond this and that any input from outside of the NHS that was required, would occur at the very beginning of a project. Apparently not though. As the information on this "secret" group is scant, I will endeavour to find out more information prior to the full report being published.

Finance

NHS Tayside is struggling financially and it is perfectly reasonable to look at all areas with a view to saving money. However, the savings on Locum costs will not materialise and based on their track record I have no confidence that their financial arguments are accurate.

I have observed IJB meetings since mid-2016 and there are aspects of their finances that concern me as follows:

- There is not a clear command structure between the NHS, Council and the IJB. They are all described as "partners"
- Ultimately the IJB will be responsible for ALL decisions taken locally from next year but the two main "partners" cannot be compelled or directed.
- There are four NHS "voting" members and four Council "voting" members. There is no deciding vote.
- This linear command structure means that financial plans and decisions taken because of them, by the NHS, cannot be questioned/challenged by the IJB members. They must accept these decisions but, ultimately will be responsible for them to the Scottish Government and the Tayside community (Hosted Service Agreement).
- There has been no firm commitment from NHS Tayside that savings made in the mental health budget will be retained for mental health services. When you combine that with the significant underspend within the community it is reasonable to say that parity of care between physical and mental health is drifting further apart.
- The 3 in-patient wards are all part of PFI projects that are draining resources from the budget. In the case of Moredun Ward at Murray Royal, I have discovered some unsettling evidence surrounding the decision-making process to approve this project.

As with many previous subjects discussed in this interim report this will require significant time and space as it relates to the consultation and we will expand on the above during the full report.

Option Appraisal Process/Timeline

A quote from the Chief Officers report to the IJB 30th June 2017 as follows:

The Mental Health Service Redesign Transformation Programme was initiated in 2012 to design safe and sustainable inpatient facilities for people with acute and complex needs. This redesign is the first step in a process intended to design safe and sustainable in-patient services for the future and to enable existing community services to meet the growth in population and the changing needs of the majority of people who live in Angus, Dundee, Perth and Kinross.

Clearly this exercise has been on-going for 5 years. Up until March of 2016 this was focused on a two-site option but NHS Tayside Board insisted that a one site option be included as part of the Option Appraisal process.

Seventeen options were considered at the "Scoring Workshops" and these were whittled down to seven before final scoring which reduced that number down to four. The current preferred option was 4th and I would suggest to the reader that if it had been 5th, 6th or 7th. then the NHS would have taken forward the appropriate number for further detailed consideration. Human nature generally tends to reward the top 3 but not in this case

In July/August 2016 The Detailed Option Appraisal Report and Appendices was presented to NHS Tayside for consideration and approval, according to the paperwork submitted to the Perth & Kinross IJB on the 30th June 2017. That report and appendices, according to the audit trail, was then presented to Perth & Kinross IJB in late August 2016. I attended that meeting and this detailed paper was not presented for consideration. If that paper had been presented to the IJB in August 2016 it would have enabled the Board members to understand the "direction of travel" and ask pertinent questions around the following:

- The Option Appraisal Process.
- The four options settled upon.
- Exploration of each option in detail.
- Explore the "next steps"
- This would have provided a timely update of progress to date for decision makers.

With regard to the 4 options the only point I wish to make at this stage is that Option 8 was put together during the "scoring workshops". The actual time spent detailing the way it would work was limited to a few hours. Having come first in the scoring exercise it would have been appropriate to spend additional time developing this option into a potential working solution before it went behind closed doors to be dismissed out of hand by the NHS. Arguments used to support the preferred option were used as negatives for Option 8. More on this in the full report.

On the 4th May 2017 there was an election of Councillors to Perth & Kinross Council. Control of the Council changed from a majority SNP run Council to a Conservative/Liberal Coalition. Councillors serving on the IJB were changed and their first meeting was Friday 30th June 2017. It is Council practise that papers for these meetings are circulated to attendees and the public at least 5 days prior to the meeting. In reality, it is normally the Friday of the week before. However, for this meeting it was published for the public on Tuesday 27th June 2017 and I

believe Board members received them in part/full the day before. All told 2,221 pages of detailed analysis and evidence.

It took me approximately seven evenings to go through evidence in detail and understand the NHS arguments. That time was not afforded to these newly appointed Councillors. They were told in briefings prior to the meeting that the preferred option was the "only" way forward and I believe terms such as "service fail/collapse" were used to add further pressure.

During the meeting itself the Chair insisting on adhering to strict timings as there was a lot to get through despite protests from attendees about the late information "dump". A "weak" explanation regarding the reason for the late publication was given by the Chief Officer. However, it is worth noting that a lot of the supporting evidence had been available for dissemination in a timely fashion as they had been completed months before the meeting date.

The NHS Consultation Team made a presentation and the Lead NHS Executive made an impassioned argument for proceeding to the Consultation phase with the preferred option. He chose his words carefully and used emotive phrases such as "in my professional opinion". When it came to community based services he stated that we could "**maybe**" look at increasing spending in the community. The careful choice and emotive tone of his words clearly had an impact on a majority of the voting members. In particular, the Councillors, who in my opinion were suffering information overload. It is perfectly normal to seek "guidance" from professionals but that presupposes their argument is sound. It is worth noting at this stage that the Lead NHS Executive who has been driving this process is retiring next year and will not see this project through!

One Councillor raised significant concerns about the whole process but the Chair tried to alleviate those concerns by stating that the Scottish Health Council had reviewed the Option Appraisal process and they were satisfied that it had been conducted in accordance with the appropriate legislation. The Chair went further and stated that mid-way through the Consultation the Scottish Health Council would review and write a report on progress up to that mid-point. This one Councillor, who had concerns, proposed a different option to be voted on. He was "slapped" down so fast my head quite literally spun. Proceedings then went to a vote and the move to the consultation phase with the preferred option was agreed.

It is worth noting at this stage that the report by the Scottish Health Council at the mid-way point did not materialise at the IJB meeting 18th August 2017. I have subsequently found out that they are not writing the report and instead the consultation team will write the report and publish progress at the mid-way point after the consultation has closed!

Comment

In and of their selves, each of the above points can be justified. However, when you combine everything together it raises serious concerns about the integrity and validity of the whole process. I will spend considerable time exploring this in the full report.

The areas that I have been highlighting are issues that I have picked up. It has taken me a considerable amount of time. Time that the Councillor's did not have prior to making a decision and voting to proceed with the consultation. It would be appropriate at this stage to ask the rhetorical question "has the decision already been made?"

9. PLUS Survey

Everything that I have raised briefly in previous pages will hopefully raise sufficient doubt in the readers mind as to the validity and integrity of the NHS Option Appraisal process. I also believe this was a missed opportunity to expand their ideas and inject some creative solutions to their mental health service model. Instead they are trying to fit the same model into one site and stick with practices that are more suitable for the 1960s.

PLUS, with its questionnaire, is hoping to understand what works and what doesn't. Let the community shape the service from the bottom up and NOT as the NHS would from the top down and ignore the views of the public. This, I know, is a sweeping statement but you only need look at the evidence from the public around the preferred option, which for the majority is negative. They ignored the views of the public, 3rd Sector and service users therefore PLUS felt it was appropriate to undertake their own survey, make the results available to everyone and ensure that ALL evidence is made available in an "easy to read" format.

At this mid-way point the full survey summary will be available on the PLUS website. For this interim report I am only using 11 question summaries because they relate specifically to the consultation process. I will make initial comments with each question.

Question 1

Where did you hear about the NHS Tayside proposal to centralise all adult acute mental health beds at Carseview Centre, Dundee?

As can be seen from the summary of this question at **Annex C** PLUS has been able to utilise a significant number of mediums to promote their survey. Susan Scott managed to record a piece for local radio but unfortunately this coincided with the tragic events in Las Vegas. However, her recorded segment was broadcast early in the morning, about the time NHS management were heading into work, but was "bumped" by an NHS segment early afternoon.

Our greatest success appears to be through social media and word of mouth.

Question 2

Have you visited the NHS Tayside consultation website for this proposal?

As can be seen from the summary of this question at **Annex D** the NHS consultation web page was not a significant source of information for the PLUS survey. Our respondents, I believe, had more confidence in our source material than the NHS.

It is worth noting that PLUS had a stall at one of the NHS public events in Perth. Susan Scott and volunteers manned that stall and noted that the event was not well attended by the public. Susan believes no more than 20 turned up. This was probably due to the timing of the event. Most people work and these events were held mid-afternoon. I can only conclude that no real consideration was given to encourage members of the public to engage with the consultation process.

Question 3

Do you agree with the proposal that all adult (16-65) acute mental health beds should be centralised at Carseview Centre, Dundee?

As can be seen from the summary of this question at **Annex E** there is a resounding 88.18% of respondents who disagree with centralising GAP in-patient beds at Carseview, Dundee. This is clearly a proposal that the public disagree with. If you take the time to read the 220 comments, they can be summarised into the following topics:

- There is a significant concern amongst respondents that with all services centralised in Dundee, patients will find themselves in unfamiliar surroundings with a significant impact on their recovery.
- In-patients will find themselves isolated from their family and friends.
- Day release will not happen.
- Many have expressed alarm at the prospect of spending time in Carseview. It has an extremely "poor" reputation. Some have even stated it could lead to their suicide.
- Members of staff at Carseview are not held in high regard.
- Some have even stated that they would not go at an early stage but would probably wait until they were "forced" to go.
- With the beds ALL centralised in Dundee they will be filled by people from Dundee. Perth & Kinross and Angus residents could find themselves without beds. Combine that with no community services and things will become desperate.
- Travel to Dundee from the extremes of Tayside for someone in distress will be problematic.
- Population increase of Perth & Kinross greater than Dundee and so warrants their own facility.
- Mental Health services should be as local as possible.
- Carseview is NOT conducive to recovery and the ongoing mental well-being of patients.
- Carseview has been responsible for a significant number of deaths.
- Purpose built, brand new wards built at tax-payers expense now wasted only a few years later.
- There is concern that the decision has already been made and that the NHS will not listen.

This is but a few of the comments expressed and they are certainly in the majority. As part of the full report I will look in detail at every comment and tabulate the results as there are some very profound comments being expressed.

Question 4

How much confidence do you have in the NHS Tayside consultation process on the proposal?

As can be seen from the summary of this question at **Annex F**, 77.88% of respondents had little or no confidence in the NHS run consultation process. I will explore some possible explanations in the full report.

Question 5

Do you believe that giving your opinion to NHS Tayside via their consultation process will influence the outcome?

As can be seen from the summary of this question at **Annex G**, one possible explanation could be "consultation fatigue" as described in my report at **Annex A**. If you keep asking the same people the same question time after time and ignore their responses then it is perfectly understandable that they have little or no faith in any exercise involving views from the public. If NHS professionals refuse to listen, why invest your valuable time in that process for your opinion to be ignored.

Question 6

Do you agree that NHS Tayside Mental Health Services should be based locally to the service user?

As can be seen from the summary of this question at **Annex H**, this is the highest positive response received in this survey to date. There is no ambiguity, the public want their mental health services local to them. It should be clear to the NHS that when we highlight the community spending deficit, that this is an area that they will need to address as a matter of priority NOT January 2020 which is after the in-patient beds have been centralised.

Question 36

Overall, how would you rate the care you have received from NHS mental health services?

As can be seen from the summary of this question at **Annex I**, if the figures are translated to a two-dimensional graph it would translate to a "fairly" standard deviation graph (bell shaped). As the results are not unexpected I would be suggesting customer feedback forms to identify what worked well and what did not and then implement an appropriate action plan.

Question 38

Who has helped you the most with your mental health challenges?

As can be seen from the summary of this question at **Annex J**, these responses will require some careful consideration. However, even when the comments are added to the pie-chart, medical professionals are not necessarily the pathway to recovery from a mental health issue.

Question 48

How important do you feel it is to have support locally for crisis/emotional distress?

As can be seen from the summary of this question at **Annex K**, this reinforces a significant number of the written comments from Question 3. Clearly the public expect support to be local should individuals find themselves in crisis or emotional distress.

Question 49

How important for your general mental health and wellbeing do you rate your house and surroundings?

As can be seen from the summary of this question at **Annex L**, this further reinforces the public demand for local services when it comes to mental health.

In 2017, we have these amazing hand-held telephonic devices that allow us to converse in real-time, with colleagues, over great distances. There is this wonderful invention called the "intra-web" which allows us to undertake vast amounts of research on our "up-graded" typewriters.

It allows us to source billions of giga-bytes of information and share with whoever we want in the blink of an eye. The idea that a reason to centralise beds in Dundee will "improve" cross fertilisation of ideas and knowledge is an argument that would have sat well in 1960 but as some of us know, it is 2017. I would "gently" suggest that the mental health professionals behind this "preferred option", embrace the technological advances available to them.

I believe that the public are infinitely smarter than they are given credit for by any profession, they understand the arguments to centralise physical health services and thus increase survival rates but they also recognise that mental health services require a different approach. It is not something that can be fixed by surgery.

NHS professionals dedicated to the physical health of their patients consider services in the community as a positive but apparently mental health professionals consider it a negative. What I will explore in the full report is how do we change the mind-set of mental health professionals to consider the patient first rather than the NHS.

Question 51

How important for your general mental health and wellbeing do you rate friends and relationships?

As can be seen from the summary of this question at **Annex M**, it reinforces the need for mental health services to be local.

10. Next Steps

The NHS consultation closed to the public on the 3rd October 2017. I believe from the NHS "documents" that there is a 2-week grace period for late survey responses to be posted in. According to the NHS timetable between now and the 8th December 2017, the consultation team will be preparing their final report to be presented to the IJB for final approval. The IJB meets on the 15th December 2017 and so of course the final report will be disseminated, as per standard practise, 5 days before the meeting!!

PLUS will continue to accept survey questionnaires up till and including Sunday 5th November 2017. From the 6th November till the 8th December 2017 I will be compiling a detailed full report of our results. As with this interim report it will be available to all as well as the survey source responses. 4 ½ weeks should be sufficient time to write and disseminate our findings to all interested parties.

However, due to the previous "smokescreens" employed by the NHS during the option appraisal exercise my concern is that they may bring that time-table forward to the 3rd November 2017. The IJB meeting scheduled for the 13th October 2017 has been cancelled and we have tried to ascertain when their final report will be presented to the IJB for approval but to no-avail at this time. If the NHS does decide to bring it forward then I will have to adjust my schedule accordingly which will undoubtedly result in less feed-back from the public.

My comments above may appear cynical but as time has gone by throughout this process, I cannot help but feel that the NHS has already moved beyond the "IJB approval stage" and is currently implementing their preferred option right now. The reader can draw their own conclusion, but I find the following of particular note:

- The Crisis Teams for Angus and Perth & Kinross are now based in Carseview and have been since the beginning of the year. I will review, in the full report, the shambolic implementation of the contingency plan for Perth & Kinross.
- Minimal notice was given to the public and even now the message still has not got through to everyone potentially affected.
- Minimal press and public reaction to these changes. When there was, it was after the fact, not particularly damaging to the NHS and very quickly forgotten by the public because the majority would not have been impacted.
- This mental health service consultation just happened to coincide with the PRI A&E closure consultation running at exactly the same time.
- As the majority of the population in Perth & Kinross do not access mental health services or even know much about it, their focus would be on the A&E closure. As I have explained previously, the rationale behind the A&E move to Dundee is absolutely the right thing to do. However, this is clearly a deliberate "smokescreen" to mask the mental health services consultation. Again!!!
- The Stracathro Ward in Angus has already closed and Angus patients are sent to Carseview. As with the crisis teams there has been little or no reaction from the public to this except possibly resignation to what they consider is a decision already made and currently being implemented.

As I have indicated previously, there is no accountability to the IJB and if the NHS feels it is in the public interest and believe they can justify it, they will do what they want with mental health services in Tayside.

11. Summary

I have thought long and hard about how to sum-up my arguments in this interim report and I keep coming back to this very simple military analogy. NHS physical medicine is our Army, Navy and Air Force a visible presence to all and decisions on their deployment to protect us from harm are accountable to the public. The "good" and the "bad" is openly available to public scrutiny.

However, mental health services are the "Intelligence Services" and "Special Forces", accountable to a few key decision makers, some would call it "the dark arts", but whatever happens the good and the bad is always kept under wraps and only on very rare occasions are they held accountable for their actions. The public have no say in their deployment and when authorities are challenged they state they do not discuss these matters in public. They only confirm that these services are deployed in the interest of keeping "us safe".

At this stage I could reference some of the survey responses but I shall leave that for the reader to use their imagination.

Finally, a member of PLUS added their understanding of the consultation outcome by stating the following:

"LD in-patient services currently based in Dundee, close to their family and friends, are moving to Perth. GAP in-patient services currently based in Perth, close to their family and friends, are moving to Dundee. Does this sound like a sane, logical idea or is it something out of the Twilight Zone?"

12. Provisional Recommendations

- I would "gently" suggest that the NHS Lead Executive should begin a "hand-over" exercise now, prior to his retirement, to ensure that his replacement has ample time to bring him/herself up to speed with this complicated project. That individual should be open minded and flexible enough to consider solutions that **expand** on the very narrow parameters utilised during the option appraisal process.
- I believe that in this interim report I have highlighted sufficient areas of concern regarding the process that would warrant a "pause" of the process when the NHS final report is presented to the IJB.
- The IJB should consider establishing an "Exploratory Sub-Committee" that has the authority to investigate innovative solutions to mental health services in Tayside combining both community and in-patient care.
- This Sub-Committee to be comprised of NHS professionals, 3rd Sector/Charities, Service Users/Carers and members of the public.
- The "secret" NHS group transforming mental health services to **stop** and the above sub-committee take the responsibility for redesigning the service.
- The 3rd Sector/Charities, Service Users/Carers and members of the public will be investing their valuable time and it is only right and just that they are compensated for this very valuable project. The IJB has significant financial reserves and this expenditure would certainly be justified. The IJB has authorised the annual expenditure of £300k plus to GPs annually for a project that is aimed at reducing prescription expenditure. I think mental health service redesign in Tayside is equally as important.
- If the NHS mental health services can inject a sense of urgency then the December 2019 deadline for completion of this project is still possible. It will require laser focus and a very robust programme to ensure it is completed on time. This will be expanded on in the full report.

Alan Cotter

6th October 2017

Annex List

A. Report dated 4th July 2017
B. PLUS Survey Questionnaire 2017.
C. Summary Question 1 PLUS Survey.
D. Summary Question 2 PLUS Survey.
E. Summary Question 3 PLUS Survey.
F. Summary Question 4 PLUS Survey.
G. Summary Question 5 PLUS Survey.
H. Summary Question 6 PLUS Survey.
I. Summary Question 36 PLUS Survey.
J. Summary Question 38 PLUS Survey.
K. Summary Question 48 PLUS Survey.
L. Summary Question 49 PLUS Survey.
M. Summary Question 51 PLUS Survey.