

Scottish Health Council
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Date: 15 November 2017
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Dear Lynne

Mental Health Service Redesign Transformation Programme

I am writing to share the feedback received to our survey during the consultation for proposed changes to Mental Health and Learning Disability services. The proposal focuses on how and where General Adult Psychiatry (GAP) and Learning Disability (LD) inpatient services will be delivered across Tayside.

Integration Authorities have a duty to ensure that communities are engaged in the planning of local services and that people's views and needs are taken into account when decisions are made as set out within the planning principles¹ within the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish Health Council's remit in working with NHS Boards when they propose changes to services is described clearly in the Scottish Government's CEL 4 (2010) guidance for NHS boards². As any final decision on proposals in this particular case will be made by Perth and Kinross Integration Joint Board (IJB), rather than NHS Tayside, the Scottish Health Council does not have a formal role, as the CEL4 (2010) guidance does not apply to Integration Joint Boards.

Whilst the Scottish Health Council does not have a formal role in this process, it agreed to gather feedback from people involved during the consultation period. The feedback and concerns raised are shared to assist the consideration of the proposal.

The findings below are based on the feedback received from the questionnaire, the meetings attended, correspondence received, as well as reviewing social media and media coverage for feedback on the process.

Questionnaire feedback

The evaluation was distributed to people who had taken part in the engagement activities (public sessions, focus groups etc) and was also shared by the Tayside local office with their contacts who have an interest in mental health and learning disability services.

1 Guidance on the Principles for Planning and Delivering Integrated Health and Social Care, Scottish Government, (2014)

<http://www.gov.scot/Publications/2015/12/4851>

2 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', Scottish Government, 2010, www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

Although the results below may be a small sample of people who have participated in the consultation process (54 responses), it generally reflects the other feedback we received. There was a relatively even spread of responses from across the three Integration Joint Board areas.

General feedback

The general feedback indicates responses to questions on the reasons for change and how decisions would be made. The numbers in brackets indicate the respondents to each question.

Questions	Yes	No	Unsure
Do you feel the reasons for the proposed change are clear? (44)	57%	25%	18%
Do you feel it is clear how a decision will be made on the proposals? (44)	36%	34%	30%

People who indicated that they had participated in the consultation

Of the 54 responses, 30 respondents indicated that they had participated in the consultation with either attending a meeting or completing the consultation survey being the most popular options highlighted. The numbers in brackets indicate responses to each question from the 30 respondents.

Questions	Yes	No	Unsure
Opportunity to give your views (28)	57%	29%	14%
Opportunity to ask questions (27)	56%	29%	15%
Feel that your views were listened to (28)	43%	39%	18%
Feel that your questions were answered (24)	42%	42%	16%

Compared to the levels we would normally expect, the percentages indicating that, for example, 'views were listened to' appear low.

The main issues noted in the questionnaire feedback

- Lack of awareness specifically in relation to learning disability proposals
- People indicating they would like more information on issues relating to transport and access, and
- Perception that the reason for the proposed change is financial and that a decision has already been made.

I am aware of a variety of methods used to promote the consultation. This includes: direct mailings to mental health and learning disability groups, elected members and community groups, posters sent to GP practices, leisure centres, post offices, libraries, mobile libraries, shops, media and social media used to promote the consultation process.

I felt there was a pro-active approach to offering meetings and seeking the involvement of the third sector in the development of the consultation materials, process and to support engagement. Some service users and third sector groups have chosen not to participate in the organised meetings and have held their own meetings and carried out engagement to gather views on the proposals (MSPs, mental health service user groups).

Proposals

The main concerns regarding the proposal, that the Scottish Health Council were aware of, related to:

- loss of local services and impact on service users and families of accessing services centrally; challenges in public transport and access
- whether there would be sufficient service capacity at Carseview to meet people's needs
- concerns relating to the environment and quality of care delivered at Carseview
- interim closure of Mulberry Unit while consultation was going on and what will happen to the Susan Carnegie Unit, Stracathro, and
- some comments describing the proposed changes as "cost saving".

Consultation process

The main concerns from the consultation, that the Scottish Health Council were aware of, related to:

- accessibility of the consultation materials in alternative formats
- that people were required to read all the consultation materials before providing feedback -and this information was 'overly-complicated'
- the consultation materials offered no alternative to the preferred option and didn't allow respondents to offer counter proposals; concerns that a decision has already been made
- that people would not be listened to and it may be a 'tick box' exercise

Prior to the consultation I was aware of a level of mistrust about the engagement process from those campaigning against the proposed changes. The Integration Joint Boards and programme team may wish to consider how to rebuild trust with these groups going forward, to aid further public and community engagement.

Next steps

It is important that the views of people who took part in the consultation are accurately recorded and Perth and Kinross Integration Joint Board demonstrate how people's views are taken into account as part of the decision making.

The consultation report should be made available to the people who participated in the consultation and with groups with an interest in mental health and learning disability services.

I would suggest that the programme review team:

- follow up on their offer of further engagement with groups who may have experienced barriers to engagement; ethnic minorities, learning disability service users and people with sensory impairments
- follow up on their offer of further engagement with any neighbouring geographical communities, and
- provide reassurance in relation to the future use of the Susan Carnegie building.

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Implementation

If the proposals are approved, I would suggest:

- An implementation group is set up with patient, carers, staff and third sector representatives to address the issues raised about travel and access.
- Continuing to use the review newsletter (from the earlier stages of the review) to keep people informed of progress and timescales.
- Working with patients, carers, families and third sector organisations to address people's concerns about Carseview and identify what people value about the current service for both mental health and learning disability services.
- Using the feedback from the consultation to inform further engagement on community mental health services.

Please contact me if you wish me to clarify any of the above points.

Yours sincerely



Emma Ashman, Service Change Advisor