



**'MIND YOUR HEALTH'
OUTCOME FROM NHS AYRSHIRE AND ARRAN BOARD
MEETING OF 19 NOVEMBER 2008**

BOARD MEETING: 11 DECEMBER 2008

1. PURPOSE

- 1.1 To advise the Community Planning Partnership Board of the outcome from the NHS Ayrshire and Arran Board meeting of 19 November 2008 in respect of the 'Mind Your Health' review.

2. BACKGROUND

- 2.1 'Mind your health' – the strategic review of mental health services in Ayrshire and Arran was launched in December 2006.
- 2.2 The attached report, which was considered at the NHS Ayrshire and Arran Board meeting of 19 November 2008, details the review process and makes recommendations for the way forward.

3. OUTCOME FROM NHS AYRSHIRE AND ARRAN BOARD MEETING OF 19 NOVEMBER 2008

- 3.1 Following consideration of detailed reports and the feedback received during the four month consultation period, the Board unanimously agreed that option two - a newly built facility at Ayrshire Central Hospital in Irvine – would provide the best possible location for adult acute mental health inpatient services. In approving this option, the Board has agreed to a significant investment of £53 million capital investment to improve mental health inpatient services by providing state-of-the-art facilities.
- 3.2 In reaching their decision the Board also agreed that the decision to locate a new facility at Ayrshire Central Hospital in Irvine is subject to:
- support for affected staff with future workforce planning;
 - maintaining elderly mental health services also at Ailsa Hospital;
 - producing a site plan for the future use of the Ailsa campus;
 - reprioritising the capital plan to accommodate the identified capital expenditure of £53 million; and
 - the Cabinet Secretary for Health and Wellbeing's approval, which will be informed by the Scottish Health Council's formal response to the consultation process.
- 3.3 The Board's decision is part of an overall strategy for mental health services in Ayrshire and Arran which was approved in January 2008.

Further information about subsequent progress towards implementation of the Board's decision will be accessible on the Board's public website at www.nhsayrshireandarran.com.

4. RECOMMENDATIONS

4.1 The Community Planning Partnership Board is requested to:

- i) note the outcome of the NHS Ayrshire and Arran Board meeting of 19 November 2008 in respect of the 'Mind Your Health' review;
- ii) otherwise, note the content of the report.

Jim Crichton
Director of Mental Health Services
NHS Ayrshire and Arran
24 November 2008



NHS BOARD MEETING

19 November 2008

Subject:	Mind your health Project – the future location of acute mental health inpatient services
	Executive summary of the outcome, findings and supporting evidence from the consultation on the future location of acute mental health inpatient services.
Purpose:	To provide Board Members with a summary of the feedback and outcomes of the consultation, the ranking and scoring of options, the subsequent analysis and capital and revenue costs, to inform decision making on the future location of acute mental health inpatient services.
Recommendation:	The Board is invited to consider this paper and the evidence in the five supporting papers available to members on request, and to reach a decision on its preferred option.

1. Introduction

- 1.1 This paper summarises the feedback and outcome of the wide ranging consultation that has taken place during the summer of 2008 about the future location of acute mental health inpatient services.
- 1.2 The content and conclusions of this paper are evidenced by five detailed supporting papers that are available to Board Members on request. The supporting papers are:
 - Supporting Paper 1 – Information underpinning consultation;
 - Supporting Paper 2 – Feedback and conclusions from consultation;
 - Supporting Paper 3 – Evaluation of consultation;
 - Supporting Paper 4 – Option Appraisal analysis report; and
 - Supporting Paper 5 – Option Appraisal Capital and Revenue Costs.

2. Background

- 2.1 Mind your health – the strategic review of mental health services in Ayrshire and Arran – was launched in December 2006 at a multi-stakeholder conference in Ayr attended by around 200 people.
- 2.2 Following a participative approach involving eight multi-stakeholder workshops, two multi-stakeholder conferences and work by nine multi-stakeholder working groups, the NHS Ayrshire & Arran Board endorsed an overall model of care at its meeting on 23 January 2008.
- 2.3 The Board also ratified the proposed approach to planning inpatient mental health services to include an option appraisal, and gave approval to a programme of informing and engaging with the wider community about the proposed community based services, from February to May 2008.
- 2.4 During February and March 2008, four reference groups; carers, service users, voluntary organisations, and a fourth group comprising NHS staff, partner agency representatives and members of the public, carried out an option appraisal of a previously identified long list of options for future acute mental health inpatient services. The option appraisal resulted in a short list of four options, plus the status quo.
- 2.5 At the conclusion of the option appraisal and the period of informing and engaging, the NHS Board agreed at its meeting on 2 May 2008, to a plan for formal public consultation on the short list of options for the future location of acute mental health inpatient services.

3. Current Situation

- 3.1 The formal public consultation about the future location of acute mental health inpatient services began on 19 May, through to 12 September 2008.
- 3.2 The options on which people were consulted are:
 - Status Quo – Ailsa, Crosshouse and Ayrshire Central;
 - Option One – A combination of new building and redecoration and renovation on a single site at Ailsa Hospital, Ayr, for all adult services;
 - Option Two – A newly built facility on a single site at Ayrshire Central Hospital, Irvine, for all adult services;
 - Option Three – A combination of new building and redecoration and renovation of existing buildings at Ailsa, with a second, smaller site at a newly built facility at Ayrshire Central; and
 - Option Four – A newly built facility at Ayrshire Central, with a second, smaller site at Ailsa Hospital which would be a combination of new building and redecoration and renovation of existing buildings.

3.3 The consultation programme included:

- 14 community focus groups held throughout Ayrshire and Arran, each with up to ten people taking part in structured discussions. The focus groups were widely advertised in the local press, by posters at community and NHS locations, and by invitation letters to over 700 community organisations;
- 19 targeted focus groups for specific organisations or community groupings, for example, young people, older people, BME communities, and voluntary bodies;
- Consultation with NHS staff and professional committees, this included attending 18 open staff meetings, 16 department meetings and 11 Professional Committees.
- Consultation with MSPs, MPs, NHS Health Boards, Community Planning Partnerships and Local Authorities;
- Attending meetings and events organised by other organisations throughout Ayrshire;
- Poster information displays at twelve hospital sites throughout Ayrshire; and
- Open public consultation events in North, East and South Ayrshire at the end of August 2008.

3.4 After the end of the consultation period, in early October 2008, members of the four Mind your health Reference Groups undertook the ranking and scoring of the options, according to criteria that they had agreed in an earlier phase of the option appraisal process.

3.5 The feedback from the consultation and the outcome of the ranking and scoring, together with the information on capital and revenue costs, should be considered in determining a preferred option for the location of future acute mental health inpatient services.

4. Information underpinning consultation

4.1 **Current Inpatient Facilities**

Current inpatient facilities are of mixed quality; ranging from Victorian through pre-war to 80s/90s accommodation. It is not designed for good patient observation or engagement, and does not support this. Acutely ill patients often have to share six bedded dormitories and such single rooms as exist are often in cramped conditions.

The accommodation at Crosshouse is located within a district general hospital, with no ability for patients to enjoy recreational facilities or to access reasonable outdoor areas.

The Victorian estate at Ailsa Hospital offers no flexibility on configuration, ward sizes etc, and the physical spread of wards does not support an integrated approach to care delivery.

Overall, our hospital accommodation provides a poor experience for patients, relatives, carers and staff and is thus not fit for purpose.

4.2 **National Policy**

National policies clearly require that people should be treated in a manner and environment that will best support their recovery. Where people are obliged to comply with a programme of inpatient treatment and care, it is also incumbent on the health authorities to ensure that they are provided with an environment no less appropriate than that which they would enjoy in the community.

National policy also requires that people with a mental disorder should, wherever possible, retain the same rights and entitlements as those with other health needs.

Locally, the location of acute mental health inpatient facilities should ensure that people are able to access services according to need, regardless of where in Ayrshire and Arran they live.

4.3 **Demographics and Changing Epidemiology**

Demographic statistics indicate that the most intensively populated areas of Ayrshire are North, with 37% of the total, and East, with 32.6%. South Ayrshire, although the largest geographical area, has just 30.4%.

The highest levels of deprivation are North and East Ayrshire, each with 18% of their population living in the 15% most deprived datazones in Scotland, whereas in South Ayrshire the figure is 9%.

The statistics also indicate that South Ayrshire is less intensively populated, and that its population is older and less deprived than the Ayrshire average. However, projections are that the rate of increase in the older population will be greatest in North Ayrshire.

Given the established links between population, deprivation and mental health issues, the figures indicate that the highest demand for acute mental health inpatient admissions is from North Ayrshire, followed by East Ayrshire.

4.4 **Workforce**

Under existing policies, NHS Ayrshire & Arran has a no redundancy policy, so all staff would have the right to redeployment and, in the first instance, to transfer to the new facility.

4.5 The drivers for change summarised above and detailed in Supporting Paper 1, reinforce the view that our present acute mental health inpatient accommodation is not fit for purpose in terms of:

- location;
- single room accommodation;
- inflexible ward configuration;
- integration;
- patient experience; and
- staff experience.

5. Feedback and conclusions from consultation

5.1 The key themes that recurred throughout the consultation with members of the public were:

- **Access:**

Accessibility of services was a major theme for both staff and public. This applied equally to the status quo as it did to all of the proposed options. The geography of Ayrshire and Arran, including two island communities, means that wherever inpatient services are located, some people are going to have to travel significant distances to access them. The ability of patients and their visitors to access services by both public transport and by car was the most frequently recurring theme and the public stressed the need for NHS Ayrshire & Arran to work closely with transport providers to ensure improved access to services.

- **One Site Option:**

Views were mixed about whether a single site should be at Ailsa or Ayrshire Central. Some favoured Ailsa because of its existing convenience, whilst others acknowledged that Ayrshire Central was an ideal site providing sufficient space was available after the sale of land for housing. Most of those in favour of a single site would welcome the availability of all services at Ayrshire Central.

- **Two site option:**

Those preferring two sites were divided about the main site being at Ailsa or Ayrshire Central. However, most had concerns about the transfer of acutely ill patients between sites. Members of the public did not consider that out of hours medical rotas were something they had to consider.

- **Positive Environment:**

A therapeutic environment was considered important, with access to grounds contributing to recovery, together with integrated services and proximity to a district general hospital.

- **Stigma:**

Views were divided about whether or not this is still an issue.

- **Older people's services:**

Public views generally supported older people's services remaining on two sites on the basis of improved accessibility for carers.

- 5.2 Consultation with staff indicated a large measure of agreement with the public about key themes. However, staff expressed different opinions on the following:
- **Access**
The main consideration among staff in all of the options was their ability to get to work, particularly by public transport and for shifts starting early in the morning or at other unsocial hours.
 - **One site option**
Generally, staff expressed a preference for all services to be on a single site.
 - **Older People's Services**
Staff, particularly the majority of medical staff, expressed the view that older people's services should be located at one site alongside adult services. It was considered that having older people on two sites could be detrimental to the level of service that could be provided and unsustainable in the longer term.
- 5.3 To conclude, a wide range of views were expressed and shared during consultation. Most people recognised the need for more funding of mental health services in general with better inpatient services. Those who mentioned Crosshouse all agreed that the accommodation provided there was not fit for purpose and that, although staff do their best within the confines of this, services should be relocated to more appropriate facilities. There was no unanimous opinion of where inpatient mental health services should be located in the future. However, there was strong support for Ayrshire Central Hospital as either the single site for acute mental health inpatient services, or as the larger of two sites.
- 5.4 Full details of the consultation feedback, together with copies of written submissions received, are included in Supporting Paper 2.
- 6. Evaluation of consultation**
- 6.1 Communication Plan
The communication plan approved by the NHS Board in May 2008 described the aims and methods of consultation, the timeline, identified stakeholders and target groups.
- 6.2 Consultation Methodology
The main features of the consultation programme are summarised in section 3.2 above, and full details of feedback responses received are included in Supporting Paper 2.
- 6.3 Evaluation
During the consultation, all participants, public and staff, were encouraged to complete feedback questionnaires, which were subsequently independently evaluated by the Clinical Effectiveness staff in NHS Ayrshire & Arran. Overall, the evaluation showed a high degree of satisfaction with the consultation process, with between 94% and 99% finding it helpful and useful in improving their understanding and encouraging them to give their views.
- 6.4 Supporting Paper 3 clearly demonstrates the delivery of the effectiveness of the process against National Guidance.

7. Option Appraisal Analysis Report

- 7.1 Four reference groups were involved in the identification of a long list of options for the future location of acute mental health inpatient services. The same four groups also determined and weighted the criteria against which they would consider each option. A short list of five options, including the status quo, was subsequently agreed, upon which consultation took place.
- 7.2 Ranking and scoring events were held in October 2008, at which members of the four reference groups scored the options against the previously agreed criteria. Once all the scores for each option had been gathered, an option appraisal analysis informed the presentation of conclusions.
- 7.3 For the base case analysis, the scores obtained from everyone who took part in the scoring exercises were aggregated and a weighted benefit score for each option was calculated. This information was combined with the capital and revenue costs of each option which were projected over a fifty year period.
- 7.4 The options were ranked by their weighted benefit score and the cost of each option was also detailed. This enabled Option 3 – a two site option with the main site at Ailsa – to be eliminated from the analysis since it provided fewer benefit points than Option 4, but at a higher cost. A marginal analysis was then undertaken to establish whether there is a willingness to pay for the additional benefits that the other options offer. Proceeding through each option, the analysis indicated that Option 2 – a new build on a single site at Ayrshire Central – is the preferred option
- 7.5 Seven sensitivity analyses were performed to explore the robustness of the result. The sensitivity analyses included calculating the preferred option with adjustments made to allow for the differing number of members participating in each group. The preferred option for each of the four reference groups using group specific scores and weights was also calculated. Finally, the preferred option using 'Best Case' and 'Worst Case' costs was established. All seven sensitivity analyses confirmed Option 2 as the preferred option.
- 7.6 The analysis concludes that the preferred option from this base case analysis is Option 2 – a new build on a single site at Ayrshire Central.

8. Option Appraisal Capital and Revenue Costs

- 8.1 Base case resource implications indicate the following:
- The capital that NHS Ayrshire & Arran will need to deliver will be within the range of £43.3m - £53.4m, depending on the option chosen;
 - The incremental recurring revenue that NHS Ayrshire & Arran will need to prioritise will be within the range of £1.0m - £1.6m, depending on the option chosen;
 - The non-recurring revenue that NHS Ayrshire & Arran will need to find will be within the range of £3.2m – £4.1m, depending on the option chosen.

- 8.2 Supporting Paper 5 indicates the estimated capital and revenue costs for each of the five options on which consultation has taken place, and the basis on which these have been calculated

9. Consultation

- 9.1 This paper has been developed with the full involvement of the Mind your health Project Team, the Director of Mental Health Services and his Senior Management Team, and the Communications Department, reflecting the spirit of team working throughout the review.
- 9.2 The consultation programme has been carried out with support and advice from local officers of the Scottish Health Council through frequent meetings between them and the MYH Project Team, and through their attendance at many of the consultation events.
- 9.3 Throughout the consultation programme there has been extensive engagement with and involvement of a wide range of stakeholders, including NHS and Local Authority staff; service users; carers; the voluntary sector; and members of the public. Over 2,000 people have participated in the Mind your health review since its launch in December 2006.

10. Resource Implications

- 10.1 The capital and revenue resource implications are dependent upon the option chosen. They are summarised in section 8 of this paper and are detailed in Supporting paper 5.

11 Potential Risks

- 11.1 Expectations are now high among all stakeholder groups who have participated in the consultation process, and these may need to be managed in the light of the decision to be made about the future location of acute mental health inpatient services.
- 11.2 A recurring concern expressed by many stakeholders throughout the consultation surrounded the Board's commitment to implement the outcome of the review.
- 11.3 A substantial number of hospital based staff (most of whom are currently employed at Ailsa in Ayr), expressed some apprehension about possible personal difficulties if a decision is taken to move away from this site – largely around public transport availability, shift patterns and job security.
- 11.4 Mental health inpatient services will continue to be of less than the standard that NHS Ayrshire & Arran aspire to.

12. Impact Assessment

- 12.1 The consultation process has taken account of the requirement of the Race Relations (Amendment) Act 2000, that public bodies should:
- monitor policies for any adverse impact on race equality;
 - assess and consult on the likely impact of proposed policies;
 - make sure the public have access to information and services; and
 - train staff in relation to the duty.
- 12.2 Once a decision is taken about the option to be selected, a comprehensive equality and diversity impact assessment will be required as part of the implementation process, therefore impact assessment is not required.

13. Conclusions

- 13.1 The conclusions in this paper can be summarised as follows:
- The drivers for change re-inforce the view that our present acute mental health inpatient accommodation is not fit for purpose;
 - Whilst opinion was not unanimous, the consultation revealed strong support for Ayrshire Central as either the single site for acute adult mental health inpatient services, or as the larger of two sites;
 - Evaluation of the consultation process demonstrates a high degree of satisfaction with the consultation and the delivery of the effectiveness of the process against National Guidance;
 - Analysis of the option appraisal concludes that the preferred option from the base case analysis is option 2 – a new build on a single site at Ayrshire Central.
- 13.2 Board members are invited to use this paper and the information available to them in the supporting papers referred to, to inform decision making on the future location of acute mental health inpatient services in Ayrshire and Arran, subject to the final approval of the Cabinet Secretary for Health and Wellbeing.

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November 2008

(Carol Fisher, Geoff Coleman, Elaine McClure, Ed Clifton, Owen Moseley, Derek Yuille)