

**ANGUS COUNCIL**

**POLICY AND RESOURCES COMMITTEE - 29 AUGUST 2017**

**INFORMATION REPORT ON ANGUS MENTAL HEALTH AND LEARNING DISABILITY SERVICES**

**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

This report provides summary information to members regarding proposed changes and opportunities to develop Angus Mental Health Inpatient and Community Services. These changes are focussed on providing safe and sustainable services which meet our workforce challenges. These changes will increase the scope of health and social care options, and further integrate care as part of the role out of locality based multidisciplinary team working. It is in line with the guiding principle of the new Scottish Mental Health Strategy which requires services to prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.

The Perth & Kinross IJB has a hosting responsibility for Tayside In-Patient General Adult Psychiatry (GAP) and Learning Disability (LD) services and as such gave approval at its meeting on 30th June 2017 to allow the Mental Health Service Redesign Transformation (MHSRT) Programme to progress to a period of three month consultation. Perth and Kinross IJB will lead this formal consultation process on behalf of Angus and Dundee.

Angus Council has requested a briefing on the implications of the MHSRT Programme for Angus from the Angus IJB officers.

It is the view of Angus Health and Social Care Partnership (HSCP) that an essential condition aligned to these proposed changes to inpatient services is a shift of resources to Angus community services.

**1. BACKGROUND**

When comparing the rate of self-reported mental health conditions across Scotland per 1,000 population, the figures taken from the 2011 Census show that mental disorders are more prevalent among those living in deprived areas. With a rate of 52.8 per 1,000 population, Dundee City held the fourth highest rate of all Scottish local authorities and was also higher than the Scottish average of 44.0 per 1,000. In comparison, the rates reported in Angus and Perth & Kinross were 37.0 and 34.6 per 1,000 population respectively.

NHS Tayside and Perth & Kinross HSCP are currently consulting on a preferred option to transfer all acute admission wards onto one site in the Carseview Centre, Dundee and all Learning Disability beds to Murray Royal Hospital, Perth. This follows an option appraisal exercise, which has considered how we can provide services that are safe, sustainable, which meet workforce availability and are financially affordable. NHS Tayside can no longer safely provide acute admission and treatment services across four main sites in Tayside (Carseview, Murray Royal, Strathmartine and Stracathro).

The three Psychiatry of Old Age wards at Susan Carnegie Centre and Whitehills Community Care Centre will be unaffected by these changes.

Mental Health and Learning Disability Services implemented a contingency plan in February 2017 to address immediate significant shortages in the availability of junior doctors. A total of 34 junior doctors are required to cover three GAP and LD sites across Perth & Kinross, Dundee and Angus and only 18.6 were allocated from February. The allocation of junior doctors is outwith the control of NHS Tayside but allocated nationally. This contingency

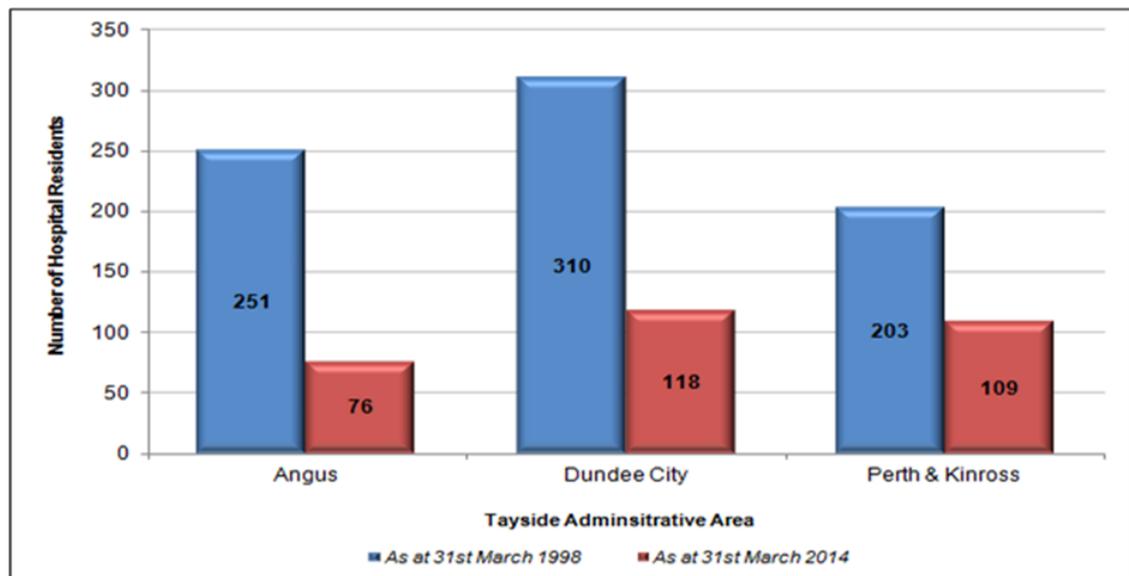
resulted in all Tayside out of hours being moved to Carseview, and Angus Acute Inpatient beds (Mulberry) temporarily transferring to an empty ward in Carseview.

It is important to recognise that these proposed changes will allow for an enhancement of community services to ensure more people are looked after at home or as near to their own home as possible. 94% of the population who use mental health and learning disability services are looked after in the community and only 6% require specialist inpatient services. When acute inpatient care is required this should be for a short and intense period in a safe and high quality inpatient service which can only now be achieved through the centralisation of inpatient resources onto one site.

There has been a significant shift of care from hospital to community over the past 20 years. The Kings Fund list the main lesson learned from transforming services including a system wide approach to change. Therefore in an Angus context we must focus on developments within our community services as well as the change of location for inpatients.

Figure 1 compares the number of Tayside residents who were present in a psychiatric hospital as at 31st March 1998 and 2015, by local administrative area. Collectively Tayside has recorded a reduction of 60.3% from 764 to 303 patients in hospital.

Figure 1. Number of Tayside Patients in Psychiatric Hospitals, as at 31st March 1998 & 2015



## 2. SIGNIFICANT INFORMATION - IMPLICATIONS AND OPPORTUNITIES FOR ANGUS

### Development of Local Angus Community Services

This Programme provides an opportunity to develop local Angus Statutory and Third sectors services. We will improve access and promote a more comprehensive and integrated community service.

We are proposing to expand our existing Monday to Friday Community Mental Health Teams to support people, who may require daily visits by professional staff in their own homes to manage an acute mental health episode, seven days per week, 52 weeks per year. Seven day working in the community will be supported by a 24/7 multi-disciplinary Crisis Assessment Service based at the Carseview Centre, Dundee.

Evidence shows that improving primary mental health care support can reduce the use of secondary care services and improve quality of care. We have tested a transformational approach to mental health and wellbeing in Brechin over the past 12 months. This has evidenced increased patient satisfaction, improved patient outcomes and a significant reduction of referrals into secondary care.

There are well established third and independent sector providers already in Angus. These services augment the support available from statutory services and excel at providing services that service users told us they want at an Open Space event last year including:

- to be more involved in community and part of mainstream activities, but find it hard to get involved – too big a gap, would want support or company to get started.
- want more services and access to community supports that keep people well and prevent people becoming unwell.
- more low-level services that help with anxiety etc., and in how people with lived experience of mental ill-health could be part of this.

Integration has allowed us to think differently and provides us opportunities to provide services and supports for people more widely and not just in health services including improving the physical health of people with mental health problems. People with severe and enduring mental health problems die 15-20 years earlier than those without. Death is mainly due to cardiovascular problems. The NHS Tayside Health Equity Strategy support co-production, helping people to plan services and to take back elements of services which do not need to be delivered by health professionals so that in total, services are co-produced by communities and the Statutory sector. This promotes social capital - the importance of a connected and caring society - over institutions. In short we will ensure that our services promote more patient and community enablement, not more dependency on the NHS. An example of this, with a service user story is attached in Appendix 1.

#### **Transfer of Acute Admission Ward from Stracathro to Carseview**

Angus HSCP accept the requirement to change and consolidate inpatient services. It recognises that although the numbers of people who use this are relatively low compared to community services, they are people with the greatest level of need for treatment. The preferred option will transfer Angus' 20-25 acute beds to Dundee. It will remain a dedicated 'Angus' resource and the majority of existing staff will transfer with it, promoting continuity of care. This will ensure the key objectives of the MHSRT Programme, safe and sustainable services are met. It will place the unit in the same building as the Intensive Psychiatric Care Unit, adjacent to Ninewells Hospital, and have 24/7 access to psychiatrists. The main disadvantage is the perception that it will create accessibility problems for patients and visitors. These will be fully explored during the consultation period. Resources to support carers to travel to these hospital sites out with Angus will be identified as part of the financial plan.

A separate Angus inpatient option appraisal will be carried out for the vacated Mulberry ward within on the Stracathro site. Given its adjacency to two Psychiatry of Old Age wards, there may be opportunities to develop older people's pathways. It is not NHS Tayside's intention to leave this relatively new, high quality accommodation empty.

#### **Transfer of Learning Disability Inpatient Unit from Strathmartine to Murray Royal Hospital**

The preferred option transfers the current split site for learning disability wards at Strathmartine and Carseview to one site on Murray Royal. The main driver for this is to vacate the Strathmartine site which does not comply with modern accommodation standards and has been subject to Mental Welfare Commission for Scotland criticism. The standard of living and therapies accommodation at Murray Royal is to a very high standard. The main challenge for Angus residents will be the increased distance from Dundee to Perth.

The Angus Health and Social Care Partnership will review how it provides day treatment services to people with a learning disability, currently provided at Strathmartine. The main objective will be to improve accessibility to a wider group in a more central Angus location possibly in partnership with a third sector partner.

The (MHSRT) Programme Board are ensuring there is as wide engagement as possible with all stakeholders. They are applying the principles of the Scottish Government CEL 4 (2010): Informing, Engaging and Consulting People in Developing Health and Community Care Services.

A list of all stakeholders involved to date (>400 individuals and organisations) and future plans for the remainder of the consultation period can be seen on the consultation website: [www.taysidementalhealthredesign.scot.nhs.uk](http://www.taysidementalhealthredesign.scot.nhs.uk).

- 3. REPORT AUTHOR:** Bill Troup, Head of Angus Mental Health Services  
**EMAIL DETAILS:** [billtroup@nhs.net](mailto:billtroup@nhs.net)

**List of Appendices:**

Appendix 1: Example of Patient and Community Enablement (Branching Out)

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### **PATIENT AND COMMUNITY ENABLEMENT (BRANCHING OUT)**

The Branching Out Group has been running in collaboration with Community Mental Health Teams in Angus since 2013 (Prior to this, there was a project entitled 'Woods for Health', which was similar, but not run in collaboration with Branching Out)

The Branching Out programme was set up in 2007 by Forestry Commission Scotland to provide individuals with mental health issues with the opportunity to try out a variety of different activities in a woodland setting and the chance to undertake the John Muir Award.

#### **Format**

Each group runs for 12 weeks, sessions are three hours long. The introductory session is an information session run at Gowanlea CMHT. The remainder of the project takes place at Crombie Country Park, where participants have the opportunity to engage in a variety of activities; such as; themed walks, woodland management, habitat creation, nest box building, fire lighting and using Kelly Kettles, photography, woodland art, watercolour painting, fly fishing, tree identification, bird identification and butterfly and bee surveys.

The group is facilitated by two rangers from Now Angus Alive and two or three staff from the CMHT (an Occupational Therapist and one or two support workers). In the process, the mental health staff have learned about environmental issues, and the rangers have learned about working with people with mental health issues.

The Royal College of Psychiatrists recommends physical activity for depression, recognising that, 'being active can lift ones mood, give you a sense of being in control and in touch with other people'. Those who have attended Branching Out have a range of diagnosis; depression, bi-polar disorder, personality disorder and schizophrenia, and all have benefitted from participating in this group.

Each year we are able to offer 12 spaces to clients with Severe and Enduring Mental Health problems, in order to obtain the John Muir Award, participants need to attend at least 8 out of 12 sessions. So far, 52 people have attended the project and 39 people have received the award, with this year being our highest total, as 10 participants received their awards on Tuesday 4th July. Six members of CMHT staff have received their awards also.

Evaluations are carried out every year, looking at factors such as; participation, self esteem, social engagement, changes in physical activity, changes in mental health, changes in sleep, and changes in engagement with other activities. Feedback has been overwhelmingly positive, with clients often taking a lot of time to give positive feedback, in the form of personal statements. Improvements have been noted in physical activity, activity levels in general, confidence and improved sleep.

After the first project, Kirsty Cathrine, Branching Out Programme Manager, Forestry Commission Scotland, in an interview for the Dundee Courier said, "Branching Out is a hugely successful programme that helps people onto a new path where they start participating and integrating with society again. Everybody who took part is encouraged to get involved in other local activities to keep them moving forward with their progress. It can be life changing."

This is a key success of the Branching Out project, as many of the participants over the years, have gone on to volunteer, either at Crombie, or at other local projects. We currently have 9 volunteers from the past three cohorts volunteering at Crombie Park. One of the participants from the 2016 project produced the following statement:

## **'Branching Out'**

I first attended 'Branching Out' at this time last year. When I was invited to attend, I was very uncertain and anxious about it although I did want to take up the chance of going.

When I first came to the group, I suffered badly from anxiety and depression and found it difficult to interact socially with people. 'Branching Out', through its many groups and activities slowly helped to give me the confidence to participate in groups with other people. I soon met others who had similar problems to me and that made me feel less alone. Very quickly friendships were made, my confidence grew, and I began to speak to other group members and staff about everyday things – something I had not done for a very long time.

I attended Crombie Park where I found all the rangers there to be very friendly and easy to talk to. They made me feel very welcome and at ease. Before long, I was asking the rangers questions about the things they were doing and seeing. I would not have attempted to speak out in a group situation or ask questions before coming to Crombie due to lack of confidence. The activities are varied and some in particular are very, very good. All the rangers are so knowledgeable and I have learned a great deal from them.

My issues are still ongoing but, without doubt, my mental health problems have improved greatly by having attended 'Branching Out'. I got so much out of attending the group that when it finished, I still made the journey – cycling the 26 miles (round trip) to Crombie as a volunteer – which in itself improves my mental health.

So my thanks must go to the 'Branching Out' staff at Gowanlea and all the rangers at Crombie for their help and support in getting me to where I am now.

Give it a try – you'll be amazed – I'm so glad I did.