# Integration Joint Board 30 June 2017 Perth & Kinross Health and Social Care Partnership

### **Committee and Board Comments on MHSRT Preferred Option**

# APF 27<sup>th</sup> June 2017

- Consider links between secondary and primary care staff and opportunity to review medical staffing structure across specialties.
- Consider how patterns of employment could change to facilitate recruitment at a time of staff shortages
- Consider the impact on and opportunities for staff who will be unable to move when a service moves
- Acknowledge a move of services will be disruptive. Plan to make this as easy as possible by offering support e.g. transport.
- Ask staff to tell us what they consider to be important when services move
- Consider learning from the contingency arrangements particularly the impact of extended travel on staff and the cost to the organisation.

### Dundee IJB 28th June 2017

- Dundee IJB agreed all recommendations as set out in the Mental Health Paper without amendment.
- Board Members highlight the importance of full and transparent engagement of all relevant stakeholders in the next stage.
- Board members emphasised the need to develop a robust workforce plan for whatever options (service models) were eventually recommended following the next phase.

# Angus IJB 28th June 2017

- Vote cast on an amendment proposing the Consultation process should consider all four options – no majority in favour of or against the amendment to the motion. 3 votes supported consultation on the preferred option 3a, 3 votes supported an amendment for the consultation to include all options.
- Recommendation from CO and Chair that a clear indication of resource release for reinvestment in enhanced community services be made available.

## **Transformation Programme Board 28th June 2017**

- Supported the proposal to consult on option 3A.
- Feedback from 2 areas of staff that this was the right decision
- Seek assurance that implementation will be enacted quickly.
- Start design process as soon as possible.
- Identify any early movement of patients that can be achieved safely.
- Use project methodology to map changes and timescales

# NHS Tayside Board 29<sup>th</sup> June 2017

- Option 3A is the only viable clinically safe option
- Option 3A is the only sustainable option from a workforce, environmental and financial perspective
- The board recommends that the programme team and IJBs consider mitigating actions to address the identified risks posed by implementation of the option and the support required.
- The requirement to commission further work to guarantee development of safe and effective models of enhanced community care and intervention to promote mental well being and increasing scope for managing an increased proportion of service delivery in communities. (Joint work on behalf of all three IJBs)
- The Board expressed requirement to implement change at pace
- Recommended inclusion of staff in the redesign process from here forwards.

#### The Clinical and Care Governance Committee 12 June 2017

- Noted the content of the Option Review Report and supporting Appendices.
- Endorsed the process followed in undertaking the review and the level of engagement involved in the preparation and consideration of options for future General Adult Psychiatry and Learning Disability services.
- Based on the very detailed evidence provided, the Committee concluded that the
  preferred option. Option 3A, was the only option which could provide safe,
  sustainable, high quality care with appropriate levels of Medical, nursing and
  other staff.
- Option 3A was also the only option which would reduce variation, enable learning and sharing of good practice and provide workforce sustainability.
- Endorsed the consultation plan content and note that a three month formal public consultation will be required on the preferred option in line with Scottish Government CEL 4 (2010) guidance
- The Committee recognised the need for broader engagement with community groups, local action groups and independent and 3rd sector organisations.
- The Committee were assured that clear, easily understood language, including different languages, will be used throughout the consultation process to ensure that the information is accessible to as many as possible.
- It was agreed that parity of esteem between mental and physical health be recognised and promoted.
- In summation, the Clinical and Care Governance Committee were assured that the preferred option, Option 3A, is the only option which can provide safe, sustainable, high quality Mental Health services for the people of Tayside into the future.

### **ACF Committee 15 June 2017**

- No safe clinical alternative to option 3a.
- This does result in a diminution of service for a small number of unwell
  patients and their families, and we should be focusing on mitigating this as
  much as possible by strengthening the community psychiatry resources.