



Northern Health
and Social Care Trust

Reprovision of mental health inpatient services



Consultation Feedback Report 2014

Foreword from the Director of Mental Health and Disability Services



The Northern Trust's mental health services have changed dramatically over recent years and the vast majority of people, who need mental health assessment and treatment, now receive this in their own homes and communities. This shift is partly a result of our modernisation programme and improvements in treatments and partly because of people's desire to have care and treatment provided as close to home as possible.

We believe it is better for people to be treated at home whenever possible and where someone requires an inpatient admission then this should be to a high standard of care within appropriate accommodation.

We have been consulting on our proposal to develop a new, purpose built Mental Health Inpatient Unit for the Northern Trust area. We met with local communities, service users and carers, our staff and local Councils and listened to the views expressed. We have also formally consulted on our proposals for a 16 week period. This report describes the consultation process and gives a summary of the feedback we received.

I want to thank everyone who gave us feedback during this consultation. At the heart of our plans are the people who use our mental health services and I would particularly like to thank the service users and carers for taking the time to meet with us.

Oscar Donnelly

A handwritten signature in black ink, appearing to read 'Oscar Donnelly'. The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Director Mental Health and Disability Services

1. Background

The Bamford Review of Mental Health, published in June 2005, recommended a shift towards community based services and away from an over reliance on hospital services. The review recognised that some people will need admission to hospital from time to time for specialist assessment or treatment but states that such admissions must be short, therapeutic and focused on a speedy return to life in the community.

The publication and Minister's endorsement of *Transforming Your Care* (TYC) set out a vision of making 'home the hub of care'. The *TYC Vision to Action Post Consultation Report* recommends the development of a single acute mental health unit for those aged 18+ in the Northern Area and identified the necessity to locate mental health hospitals close to general acute hospital provision.

Our mental health services have undergone significant transformation involving the development and enhancement of community based services and a reduction in the need for inpatient services. The Trust's "New Ways of Working" project is taking forward a number of improvements to include the appointment of dedicated ward based Consultants which will improve the quality and consistency of inpatient care. We plan to consolidate these improvements within a modernised estate providing a condition specialised inpatient service that is fully integrated with community services. We anticipate some further reduction of the need for inpatient beds over the next 2 to 3 years, facilitated by further development of community services.

We set up a multi-disciplinary team to look at how we would provide our inpatient mental health services in the future and drew upon regional strategic direction and national best practice. We also carried out a number of focus groups to gather the views of service users. Having gathered advice from our team of advisors we explored a number of options for the future of our mental health inpatient services. Full details of the options explored are in the paper entitled Outline Business Case for the Reprovision of Mental Health Inpatient Services in the NHSCT which can be found on our website www.northerntrust.hscni.net. The outcome of this analysis is a preferred option to build a standalone mental health inpatient facility on the Antrim Area Hospital site. The facility will provide 92 acute beds including 12 intensive care beds (PICU), 22 non-acute beds for low secure and addictions services, and 20 beds for dementia assessment and intermediate treatment.

We propose that future inpatient mental health services in the Northern Trust will be provided in a modern facility on the Antrim Area Hospital site. The physical condition and functional suitability of the Holywell Hospital and the Ross Thomson Unit Coleraine are not fit for purpose. A single unit will give us the opportunity to better meet patient needs through new service models which will enhance patient experience in an improved therapeutic environment that is comfortable, safe and secure. Locating the service on the Antrim hospital site will help reduce stigma and improve care provision across mental health and general acute hospital settings. There is adequate room on the Antrim site to accommodate this development.

We have consulted widely on our proposal through stakeholder engagement events, meetings with staff and a 16 week formal consultation process. A full copy of all consultation documents can be found on the Trusts' website. The purpose of this report is to summarise responses to the consultation process.

2. Consultation process

Engagement and discussion with stakeholders has helped to shape our proposals. During 2013 we engaged with our Mental Health Forum, client consultation groups and service user groups on the future of our mental health inpatient services. We felt it was important to continue the established dialogue and engagement with the local community and with those who have an interest in how we provide mental health services.

On 1 July 2014 we commenced a public consultation on our proposal for the Re-provision of Mental Health Inpatient Services. The consultation closed on 21 October 2014. To encourage participation in the consultation process several different methods of engagement were used to encourage interested groups and individuals to provide feedback.

Requesting responses from individuals and representative organisations

To raise awareness of the consultation process all those listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. A letter was also sent to consultees reminding them of the closing date for consultation. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Documents were also available in hard copy or in different formats on request.

Meetings with service users, carers and interested parties

Rather than holding public consultation meetings a targeted stakeholder approach was adopted to encourage feedback. We held two local consultation events on 19th September 2014 in the Lodge Hotel, Coleraine and on 29th September 2014 in the Dunsilly Hotel, Antrim. A wide range of stakeholders with a specific interest in mental health services were invited to the events including service users, carers and representative organisations. This provided the opportunity for participants to hear about our proposal and comment sheets were available for participants who wished to complete them.

Meetings with staff

We recognise that the key to success in major transformation is the involvement of our staff. We have met with staff over the last months and have established processes to make sure that staff can raise issues and are involved in the on-going implementation of the proposals. During the consultation process we held staff engagement meetings in both Antrim and Coleraine. Trade Unions have been kept informed throughout the process.

A total of 11 written responses (see appendix 1) were received during the formal 16 week consultation. It is important to recognise that many of these responses were very detailed and informative and consultation meetings with service users, carers and staff provided an opportunity for direct engagement.

This report should be read in conjunction with the consultation document which can be found on our website. The feedback we received from engagement with stakeholders and staff is also included in this report.

Equality Impact Assessment

All public bodies have a duty to examine the equality aspects of their decisions and the Trust's Equality Impact Assessment (EQIA) was carried out to identify the impact of the proposal and how it should be addressed. The EQIA was consulted on at the same time as the consultation document. A copy of the EQIA can also be found on the Trust's website.

3. Summary of Feedback

This section of the report summarises the written responses we received. The responses have been categorised into emerging themes.

Current inpatient facilities

- Welcome the proposed new facility which will be more conducive to a recovery based experience for those needing short term support in an inpatient facility. Current facilities are not fit for purpose in that they are not able to support people in a person centred supportive manner.
- Current arrangements at Holywell take away from the professionalism of staff and their ability to engage with patients.
- The Ross Thomson Unit is indeed no longer structurally suitable, but has to my knowledge always been used to full capacity.
- Recognise that the current mental health inpatient accommodation requires modernisation and the construction of a purpose built unit is a welcome development
- Recognise that the buildings at Holywell in Antrim and Ross Thomson in Coleraine are no longer fit for purpose in providing modern therapeutic mental health inpatient care and welcome the proposals to move the inpatient facility from the former Asylum site in Antrim to a new site which will not have the same stigmatising effect on patients.

Trust Response

The Trust welcomes the opportunity to develop a modern mental health facility for the Northern Trust population. We are committed to providing mental health inpatient services which deliver the greatest clinical benefits and the best possible experience for service users and carers.

Location of proposed new unit

- It would have been good to have this new proposed facility attached to the main hospital on the Antrim Area site so that everyone could use the main front door.
- Having a separate unit could continue the stigma and discrimination and we would not want the new facility to just be a replacement for the existing buildings and seen as a completely different unit. The Trust needs to ensure that it is seen as part of Antrim Area Hospital.
- The new inpatient facility should be located close to another acute hospital to reduce stigma of having a separate unit on a separate site.
- Mental health service should be retained at Causeway Hospital ...without the provision of inpatient service in Causeway, the local population and the other Causeway Hospital patients will be seriously disadvantaged. In particular, the preferred option evades the responsibility to provide service to the non-psychiatric inpatients in Causeway. Proposals will result in significant deterioration in care for patients and are at odds with your stated guiding principles.
- The details of the Option Appraisal are not available and disagree that a new build on the Causeway site would require the purchase of new land as there is space on the Causeway Hospital site.

Trust Response

While we understand the suggestion that entering through the main hospital entrance may help to reduce stigma neither the Antrim Hospital nor the Causeway Hospital sites have adequate ground space to build the new facility onto the existing buildings. There are currently a number of Trust Services in the Antrim Area site that are not accessed through the main hospital door including the Renal Unit and Oncology Unit. This means the new psychiatric unit will not be treated differently to the other units mentioned

The Trust has in recent years enhanced community mental health services throughout the Trust area including the Causeway locality. We believe it is better for people to be treated at home whenever possible and we have already seen a shift to many more people receiving home treatment and being supported within their communities.

The majority of people will continue to receive treatment in their own homes and communities. For those people who will require inpatient treatment this needs to be in a setting where there needs can be comprehensively assessed and met in a safe and secure environment. Given the complexity of needs of those who will continue to be admitted in the future we do not believe that this can be provided in a local unit or units.

In terms of psychiatric support for non-psychiatric inpatients in Causeway hospital the Trust will continue to meet this need through psychiatric liaison services.

Full details of the options explored are in the paper entitled Outline Business Case for the Reprovision of Mental Health Inpatient Services in the NHSCT which was made available to consultees and can be found on our website www.northerntrust.hscni.net

Requirements of new unit

- New provision will help to remove the stigma of a mental illness.
- Assurance sought that people who have both a learning disability and a Mental Health illness are catered for in this new facility.
- The new unit should provide privacy for patient, opportunities to socialize on the way to recovery, access to group therapies, psychotherapy, sports, OT activities and relocation training. There should also be access to shop, bank machine and telephone.
- Vitally important that facilities give not only the patient but carers privacy to meet and discuss issues. It would be great if there was a quiet, private place to meet with the patient but still have the security of good supervision and support from staff.

- Psychological therapies and psycho-social approaches should be available at inpatient level.
- Single rooms with en suite facilities will be a significant improvement for patients as so many patients have significant issues around their personal safety and security which impacts greatly on their care while in hospital.
- Need for good occupational therapy resources accessible to all with a conducive physical environment
- Parking must be available.
- Recommend that all new buildings be designed to “exceed” the minimum standards of the building regulations in order to future proof their services and better embrace the spirit of the DDA 1995. Accessibility should be addressed in the widest context that is taking account of the location of the site, the access across a site as well as access into and throughout and egress from building on the site.
- Recommend that specialist advice is sought on accessibility including local disability organisations and, most importantly, people with disabilities
- Maintenance staff quotas need to be looked at, as Holywell Hospital building will remain.
- Concerned that no provision has been made for children and young people within the NHSCT area as part of this proposal. It also appears that as part of the needs assessment carried out to inform this policy proposal that the needs of children and young people have not been considered at all.

Trust Response

The Trust notes the comments regarding the provision of a high quality inpatient service including occupational therapy and psychological therapies. A central element to the implementation of the outline business case following approval will be the establishment of a multi-disciplinary project structure, including user and carer involvement, to ensure best practice in the design and delivery of the new inpatient service.

The new unit will be built and provided specifically for adults with mental health conditions. Adults with a learning disability will continue to receive specialist inpatient psychiatric treatment and care in Muckamore Abbey Hospital.

The Trust’s consultation process was on the reprovision of mental health inpatient services for adults aged 18 years and over. Inpatient services for children and young people are, in line with best practice, provided separately from adult service and do not form part of this business case or consultation process.

Transport and travelling times

- Consideration needs to be given to those living in more remote rural areas where public transport may not exist or be very sparse. Consideration needs to be given to how carers and family will be able to get access to transport to visit their family member.
- Extra time period for people/visitors to make a journey to and from the new site and the increased financial costs must be considered.
- Public transport must be accessibility, available at appropriate times and consideration must be given to the location of bus stops.
- Some family members and friends will have to travel further to visit. A review of opening/visiting times should be undertaken to meet different lifestyles.
- The provision of transport for patients and their carer/closest relative is essential to ensure that reprovision on a new site has as little impact on service users as possible.
- The number of visits may fall as a result of travelling time and this could impact on the patient's welfare. The Trust should make a special effort to engage with those from North Antrim and the West of the Trust area to discuss solutions to this issue.
- Need to consider where clinics are held so that people do not have to spend most of a day travelling so that they can attend a 15/30 minute appointment.
- Outreach facilities should be maintained in local areas where Consultants can hold their clinics and carry out follow up appointments.
- NIAS deals with many 'acute' community psychiatric episodes – does the new proposal include any changes to access to the NIAS referral?
- Has the increased demand on Northern Ireland Ambulance Service (NIAS) been considered?
- Is there expected to be any increase in inter-hospital transport demand?

Trust Response

The Trust is mindful that a new unit on the Antrim Area Hospital site will mean longer travelling times and distance for some carers. The Trust will as part of the project implementation engage with users and carers regarding transport and travel arrangements and visiting to the hospital. The Trust does not anticipate any material increase in demand for transport between hospitals or any significant impact on NIAS services.

As at present outpatient services will be provided in local facilities across the Trust area.

Bed reductions

- Concerns about the reduction of beds when they are aware of current bed shortages.
- The new model proposes a reduction of 50 beds, is the financial savings of beds being transferred into community resources?

Trust Response

The Trust does not currently experience bed shortages for mental health inpatient admissions. The Trust has engaged with Commissioners in determining bed numbers for the future mental health inpatient services and the projected numbers are broadly in line with future provision across Trusts in N Ireland.

A number of services previously provided in an inpatient setting are now provided in the community for example rehabilitation and longer term continuing care and support.

Support in the community

- Concerns that community structure should be in place before any reduction in inpatient beds.
- Concern at how community services cope with the growing ageing population coupled with the increasing numbers of people diagnosed with dementia.
- Concerns that the existing community based mental health services would be over stretched as a result of the decrease in inpatient capacity without an increase in Community based resources.
- Information sought on the planned allocation of financial resources in regard to care within communities to enable informed comment to be made in relation to sustained quality of service.
- Monitoring of community based programmes would be invaluable and could meaningfully inform this policy.
- The view of TYC that fewer inpatients beds will be needed is over-optimistic, and would rely on huge investment locally including Psychiatric Social Workers and Community Psychiatric Nurses.
- The model of care proposes an increase in community services which often impacts on carers. What additional resources will be available to support them such as implementing 'the Triangle of Care'? There is evidence of the importance of the role of carers in recovery.

- Ensure there is appropriate respite for carers
- Carers to be given appropriate regular, updated, reviewed, researched, professional and skills training to help, maintain and improve the quality of life for those they are caring for, themselves, for all and the future years ahead.
- People who move out of inpatient care need the right support to ensure they don't return as an inpatient.
- Too many inpatient stays are delayed as community support is not available; reinforcing the need for effective community structures alongside the new inpatient facility.
- Consideration should be given to how voluntary sector partners within the Trust area can provide further/ additional support in the community to help reduce the number of admissions.
- Response times of the crisis response service requires urgent review especially to people in Emergency Departments - perhaps a unit on the hospital site may encourage a seamless service for patients and their carers.
- It is crucial that local crisis facilities are still available for people when they need it – this includes respite beds.

Trust Response

The development of our community services has resulted in the majority of people receiving mental health assessment and treatment in their own homes and communities. There has been investment in the voluntary sector to provide day support, alongside investments in core mental health teams, the home treatment service, psychological therapies, psychiatric liaison and early interventions service. The Trust will continue to work with Commissioners to seek to ensure the continued development of community services.

The Trust recognises the valuable role that carers play in supporting people recover from mental illness and we have a range of supports in partnership with a number of voluntary organisations to ensure that carers are acknowledged, valued and supported. We welcome the opportunity to engage with carers on how they can be supported in their caring role.

The Trust recognises the importance of psychiatric liaison services and continues to develop these services to support people with mental health conditions in acute hospital facilities such as our emergency departments.

The Trust will continue to review the need for respite or crisis response beds.

Timescale

- If it is envisaged the new build will not be ready by 2025 will it be fit for purpose at that time?

Trust Response

It is anticipated that the scheme will start on site in 2019/2020. A design team will be appointed before this and this team will draw upon best practice to ensure the future proofing of the new facility.

Equality of opportunity and good relations

- We have no comments to make in relation to EQIA - happy that all areas have been considered
- Concerns about access to psychological and psychosocial interventions for people with serious mental health problems who are older. There is an evidence base for recovery even after 20-30 years of illness, if treated appropriately.
- Recognise that equality impacts and mitigation have been considered in the EQIA
- The Trust appears to have ignored equality of access in its proposals. Those patients, young and old, who require inpatient treatment with all the accompanying stress, need close support from friends and family. This cannot be provided by the dislocation to Antrim, from where liaison with local support services will be difficult or impossible. The Trust is therefore discriminating against the 100,000 to 150,000 patients who rely on Causeway Hospital.
- EQIA should have considered the impact on children and young people of this policy proposal. Current proposal is potentially age discriminatory and it would be preferable and more in line with Article 8 of the ECHR, the right to respect for family and private life, if young people from the NHSCT area were able to be treated within their own Trust area close to their home and family where they can maintain contact with family members, education placements, contact with social workers and those who provide their treatment in the community. Would therefore be supportive of a commitment to the construction of a purpose built adolescent mental health facility within the Trust's proposal.
- As children and young people currently have no dedicated inpatient services within the NHSCT area and no provision will be made for them under the proposals for the reprovision of mental health inpatients services it is clear that the proposal will have a major adverse impact upon children and young people and their ability to enjoy equality of opportunity.
- Request copies by return of the NHSCT's Screening documents and details of the data relied upon in carrying out the screening process in relation to children and

young people. Part of ensuring compliance with obligations under Section 75 of the Northern Ireland Act 1998 is the collection of data for the purposes of the promotion of equality of opportunity ... there is a lack of data in relation to children and young people.

- Request for details of how Trust intends to consult directly with children and young people as part of this process. Such consultation is essential not only in ensuring compliance with Section 75, but also in ensuring the Government's compliance with Article 12 of the UNCRC, which provides one of the principles of the UNCRC, respect for the view of the child.
- Request copies of the child accessible version of this consultation document by return. We would also be grateful if you would provide us by return with details of how you have or intend to consult directly with children and young people. The failure of the Trust to provide child accessible versions of the consultation documents is contrary to the requirement placed on the Trust under its Approved Equality Scheme to begin consultation with all stakeholders as early as possible and to remove all barriers to meaningful consultation.

Trust Response

The Trust completed the Equality Impact Assessment (EQIA) of the proposal in line with the Equality Commission for Northern Ireland Section 75 guidelines. The EQIA was carried out to assess the impact of the proposals detailed in the Trust's consultation on the re-provision of mental health inpatient services for those aged 18 and over. The EQIA therefore did not assess the impact of the proposals on children and young people. This consultation was targeted at those affected by the proposal and therefore a child accessible version of this consultation document was not required.

Community mental health services for children and young people are provided by Child and Adolescent Mental Health Services. Inpatient services are commissioned and provided in regional specialist units. The Trust is committed to ongoing engagement with children and young people in the development of services.

Consultation process

- Future consultations should use another mechanism that will capture the level of approval/disapproval, such as a scale for respondents to indicate their opinion, rather than asking people to select "Yes, No or Don't Know".
- Welcome information on the full details of options explored but would have liked details on the focus groups feedback and numbers of service users involved.

- Hope the consultation reaches everybody - especially patients and their families.
- Did the Multi-disciplinary Team consult directly with service users when reviewing important mental health services?
- How have staff been informed and involved to date in this change in policy.
- Concerns that the consultation document does not outline specific plans for staff. It does not indicate if any redundancies are expected and/or what number of staff will transfer to the new site. There has also been no indication if staff will move to the community as part of the 'shift left' theory which underpins the reasoning for the reprovision of services.
- Reasonable adjustments must be reviewed for new job location, People with dependents' issues must be identified and independent consultation with affected staff must be carried out.
- In general, the consultation process has been poorly conducted. There has been inadequate publicity – reflected in the low attendance at the public meeting – and many “major players” including medical staff were not kept fully informed.

Trust Response

Full details of the options explored were available for consultees in the paper entitled Outline Business Case for the Reprovision of Mental Health Inpatient Services in the NHSCT which can be found on our website www.northerntrust.hscni.net.

During 2013 when we were developing our proposal we engaged with our Mental Health Forum, client consultation groups and service user groups on the future of our mental health inpatient services and the feedback we received is detailed in the our Consultation Document. Feedback from meetings with service users, carers and staff held during the 16 week consultation process is detailed below.

All those listed in the Trust's Consultation Database (over 1500 regional and local organisations, groups and individuals) received an email or letter informing them of the consultation arrangements. Consultation documents were made available on the Trusts' website (i.e. available to the public) and intranet (i.e. available to Trust staff).

It is important to note that Trust Board will receive this feedback report and will have the opportunity to consider all the feedback received before any final decision is made.

Feedback from local consultation meetings

- There was recognition that facilities in Holywell are out-dated but it was emphasised that staff are excellent and they were praised for the care they provide.
- There was some agreement from some participants that new unit should be in Antrim.
- The proposal to build a single unit in Antrim was also queried.
- One participant asked if the new unit will be similar to the Bluestone Unit in Craigavon.
- Participants asked how people would receive services at home.
- One participant asked if the home being built in Larne for 16 – 21 year olds is replacing some of the beds.
- The Trust was asked how it will provide appropriate accommodation for those under 18 years.
- There was a suggestion that it was 'short-sighted' to reduce bed capacity to 134.
- There was concern about how people who have long-term needs such as dementia will be looked after in the community.
- Concerns were also raised about older carers travelling from the Glens – there was a view that they would only be able to visit once a week because of the distance and this could be detrimental.
- A participant asked if all alternatives had been assessed and how much the new unit would cost.
- A participant asked if peer advocates will be available in the new unit.
- It was suggested that the new unit should have the same entrance as Antrim Area Hospital.
- There was concern that community services will be dependent on available budgets for crisis response, home treatment and community mental health teams.

Trust Response

Community Mental Health Teams are aligned to GP practices, and when a patient is discharged from hospital care is given in the local community area. Crisis Response and Home Treatment Teams will continue to support people in their own homes and communities.

Larne build is a separate project which is not linked to the proposal being consulted upon. . The Trust's Child and Adolescent Mental Health Service provides services for those under 18 years.

People with dementia and challenging behaviours are being supported to live in community facilities or their own home through the provision by the Trust of an innovative dementia home support service designed to train, support and enable care givers in meeting the needs of the individual. . The Trust continues to work closely with care homes to build on the positive contribution that they can make. The development by the Trust of a range of specialist community services have enabled people who otherwise would have continued to reside for lengthy periods of time in psychiatric wards to be resettled to live in the community.

Memory services have been developed in the east Antrim, Antrim and Ballymena area with the proposal to extend this service across the Trust.

The Trusts understands concerns about travelling distance from some areas to the proposed location of the new unit and will continue to ensure where possible people will be treated in their own homes and communities.

A new build will provide the therapeutic environment required for those who continue to require inpatient services. The Trust cannot provide the required level of specialist care in dispersed smaller units. Regional guidance recommends that mental health inpatient services should be provided on an acute hospital site and we believe it would be less stigmatising.

The Trust is committed to ensuring that service users have access to an effective advocacy service. We currently have a contract with NIAMH to provide a peer advocacy service. Any change to this would be subject to an appropriate tendering process. In addition the Recovery College, peer support worker posts and peer trainer posts will become available as recovery is embedded into all aspects of our mental health services.

It would not be physically possible for the new unit to have the same entrance as Antrim Area Hospital because of the size of the hospital and the proposed design of the new unit as a single storey building with adequate outdoor space.

The Trust will continue to develop its community based services. The Trust's community mental health team infrastructure has been increased to accommodate the reduced bed capacity.

Feedback from meetings with staff

- Participants were concerned about the number of beds proposed for the new unit.
- There was a suggestion that separating inpatient and outpatient services will fragment the service.
- There was some concern about staff and in particular what would happen to staff currently in the Ross Thomson Unit and if Antrim Area Hospital staff had been consulted.
- Having considered the space allocated for offices there was a suggestion that Consultants required their own office space.
- Participants queried why the entrance into the new unit is separate from the entrance to the main hospital.
- The view was expressed that transport from remote areas will be an issue.
- Participants queried if other Trusts have new inpatient facilities.
- There was a suggestion that the number of people attending the local consultation meetings is very low.

Trust Response

The bed numbers were based on UK and Northern Ireland baselines, taking community based developments into consideration. The project team and medical staff were involved in determining the number needed.

The Trust acknowledges the importance of maintaining linkages with a range of mental health services such as the eating disorder service, forensic service and home treatment teams.

The Management of Change process will be implemented for all staff affected by this proposal and suitable alternative posts will be offered. Staff in Antrim Area Hospital are fully informed of the proposals and the consultation process provided all staff with opportunity to provide feedback.

The detail of how accommodation is provided will be worked through at the next stage of the project implementation taking into account service user and staff views and regional guidance. It is important that space is maximised for service users.

As previously responded it is not possible because of physical space to have the same entrance as the main hospital site.

Belfast Health and Social Care Trust's Business Case for a new unit has been approved. Other Trusts have new units such as Grangewood in the WHSCT and Bluestone in the SHSCT.

It is important to note that while a low number of people attended the local consultation meetings service users, carers and over 100 organisations were invited.

Conclusion

Trust Board is asked to consider the feedback above and recommend the way forward.

Written Responses to Consultation

Sinn Féin
Ballymoney Borough Council
Dr Owen Finnegan MB
Mindwise New Vision
Children's Law Centre
Ballynahinch Support Group
Patient and Client Council
Anonymous
Disability Action
Petr Zvolsky, Consultant Psychiatrist
Bernadette Brown, Senior Practitioner/Carer