

**ENGAGEMENT ON THE
PUBLIC CONSULTATION ON
THE FUTURE OF MUCKAMORE
ABBEY HOSPITAL**

February 2023

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Introduction

1. On 24th October 2022, the then Health Minister, Robin Swann MLA, launched a public consultation on the proposed closure of Muckamore Abbey Hospital as a regional specialist learning disability hospital. The Department of Health (DoH) met with families, carers and advocates of current hospital patients to advise them of the launch of the public consultation.
2. Participants at this meeting advised it would be helpful to hold an engagement event on the public consultation in addition to the survey and written response options. The Patient and Client Council (PCC) agreed to facilitate engagement on this consultation.
3. The consultation process consisted of:
 - an **online survey** for responses from the general public including individual written responses.
4. In addition, the PCC held:
 - **two group engagement events** (via zoom) facilitated by PCC, for families, carers and advocates or representatives of former and current residents of Muckamore Abbey Hospital to share their views on the consultation.
 - **Individual engagement conversations**, facilitated by PCC, via a dedicated phone line.

How we engaged

5. The PCC facilitated two group engagement events in which representatives from DoH, and the PCC, provided families, carers and advocates, or representatives of former and current residents of Muckamore Abbey Hospital with information on the purpose of the consultation and an opportunity to share their views on the proposed closure. These took place remotely via zoom. The questions in the engagement sessions mirrored those questions asked in the consultation.
6. There was also the option for an individual engagement conversation. Two PCC senior practitioners operated a dedicated phonenumber for the public to contact us and share their views on the consultation. There was also the option to submit an email response to the PCC. The information received through individual engagement and email has been included in this report.

7. Those who contacted the PCC or attended the engagement events were also made aware they could submit their own response to the consultation through the DoH's survey or submit a written response to the DoH. At the engagement events and in the written responses' participants were asked three questions:
 - Q1 Do you agree with the proposed closure of Muckamore Abbey Hospital?
 - Q2 Do you agree that the proposed closure of Muckamore Abbey Hospital is consistent with the overall policy aim of improving services for people with a Learning Disability in Northern Ireland?
 - Q3 Do you have any further comments you would like to add?
8. The letters and presentation slides that we used during these engagement events can be found in the **appendices** of this report. We have also included the DoH consultation document.

Who we engaged with

9. In total, **we heard from 19 people**, 15 attended the PCC engagement events and 6 gave written responses. It is important to note that a small number of those who submitted a written response, also attended an engagement event.
10. The majority of those who attended the engagement events or submitted a written response identified themselves as a family member, loved one or carer of a current or former resident. A smaller number of people said they were an advocate or representative of current/former resident.

Connection to Muckamore Abbey Hospital	Written Responses	Engagement Event
Advocate or representative of current/former resident	0	4
Family member/loved one/Carer of current or former resident	6	11
Total	6	15

11. Attendance at an engagement event did not preclude participants from submitting a written response to the public consultation. We asked attendees of events if they intended to submit a written response. Of the 15, **7 participants indicated that they would and 8 said they would not be submitting a separate written response to the public consultation.**

Abbreviations and terms

A list of terms and abbreviations used in this report

- **HSC** - Health and Social Care. This abbreviation may refer to a number of different bodies under the Health and Social Care umbrella of statutory bodies and agencies.
- **DoH** – Department of Health
- **MAH** – Muckamore Abbey Hospital
- **PCC** - The Patient and Client Council. The Patient and Client Council (PCC) was created on the 1st April 2009 as part of the reform of Health and Social Care in Northern Ireland for the purposes of acting as an independent, informed and influential voice that advocates for people across Northern Ireland on Health and Social Care.

What we heard

12. The following report summarises the views that the families, carers, current and former residents and advocates expressed over the course of the engagements and through written responses. Whilst we heard a range of views and experiences, we have collated these under key themes arising from the engagement conversations. Some of these themes were reflected in the answers to more than one question.

Q1 Do you agree with the proposed closure of Muckamore Abbey Hospital?

Theme 1: What is the alternative plan and model of care if MAH closes?

13. There were both positive and negative reactions and responses to the proposal to close Muckamore Abbey Hospital. Those who agreed it should close, caveated this, cautioning that there must be a plan outlining the alternative model of care and provision of services prior to closure. They asked "*What alternatives have been put in place?*" and said there needs to be assurances that "*the right supported living is in place and wraparound care*" if the result of the consultation is to close MAH.
14. One participant said there must be a "*provision for care and support before Muckamore closes and patients move from there. If we don't do this, it will be disastrous*" and another said "*I also agree eventually shutting the hospital is the best course, [but I'm] worried about acutely ill patients and what other facility is available*"
15. There was a strong consensus and clear message that the scope of the consultation was too narrow. Participants found it difficult to answer yes or no to this question. Participants said that parents, carers and patients need to know what the alternative options are and what the model of care will look like before they are able to make an informed decision on the closure of MAH. One participant commented that they believed the DoH are "*putting the cart before the horse*". This participant advised they could not endorse a position without having more information on the alternative options available, as it would be '*rubber stamping something that we don't know what [the alternative] will be.*'

16. There was a great deal of discussion and questions as to what the new model of care would look like and what new services will be implemented to replace MAH. Questions asked were: *Would this new service be regional or local? How many specialised units will there be? Will there be a well-trained and resourced workforce to accommodate them? Who will oversee it, and what safeguarding arrangements will be put in place for patients?* These questions arise and are discussed in more detail in responses throughout the report.
17. There was frustration from some participants about the length of the time taken to implement resettlement in the community- *'more than 20 years later, we are still implementing a policy of resettlement'*. There were also questions about why the focus has not been on improving the system that has failed, suggesting that the consultation should be on how to improve the current system. Some participants made the point that there are still safeguarding concerns at present, issues with the standards of care and staffing, even after the abuse at MAH was uncovered.

Theme 2: System not the building that failed residents

18. Participants discussed how it was not the physical building of MAH that failed people, stating *"it was not the building of bricks and mortar that failed people, it is the system and people that failed"* and that it was *"not the actual building or place"* rather they emphasized that it was *"staff and care that caused the issues"*. For some they felt that MAH as a service should not close, because of the failures caused by the system and staff.
19. There was some debate over whether or not MAH needed to close or if the site could be renamed and repurposed with appropriate staff, resources and robust policies and procedures. One participant said there *"needs to be a reform of policy and procedure currently in place. Leadership and management need to be reformed"* Another said that MAH is *"a good site and should not close [it] just needs rebranded and properly trained staff, it is home still for patients"*
20. Some believed that the site could be used for respite services and other forms of care and suggested changing the name as part of a rebranding of the hospital to help remove the stigma that now exists with MAH. Participants told us that there was no other suitable alternative currently available as a critical care unit for the Learning Disability community. They stressed that if MAH is to close the respite and critical care unit should remain open.
21. Some participants discussed the positive aspects of the MAH site- the extent of the grounds and the location, commenting on how the location is rural with plenty of space for patients to walk around and enjoy. Some said that the site

location should be used for respite facilities as *“it is safe and accessible”* and *“a safe place for when they are unwell.”*

Theme 3: Stigma

22. There was discussion about whether MAH could be rebranded and reconfigured and whether this would work given the stigma attached to the hospital. Participants reiterated again that it was not the building but the staff and system that they believed were responsible for the abuse. One participant said *“why should I and my son suffer due to some bad people. I will be standing out over some bulldozers if they try to take it down.”*
23. Concerns were raised that families may be put off sending their loved ones to MAH for assessment or services if MAH kept its name and was not rebranded. One participant told us *“If I had a relative who needed assessed I wouldn't want to send them with the Muckamore name and I think it will put off families sending for assessment or seeking support.”*
24. However, a few participants felt that the name and grounds were *‘tainted’* and it would be hard to rebrand MAH following the abuse that was uncovered and the Public Inquiry that is taking place. A participant said they felt *“Muckamore has a cloud over it and that's why it needs to close”*

Theme 4: Patients and residents at the heart of decision making

25. There was a strong consensus and clear message that the patients need to be at the heart of decision making and provision of care, now and in the future. This means plans for placements need to be agreed upon with patients where possible, and take account of their individual needs. This care must also be properly resourced. One participant said that consideration should be given to the design of supported living as part of designing a future model of care. This model of care should consider psychologically informed environments which meet the individual needs of patients. A participant said that if we are to move to more supported living, then there needs to be more resources and *“proper wraparound care”* with *“more specialised units for people to move into.”*
26. The point was made that, whilst there is a lot of negativity about MAH and the abuse uncovered, it must be acknowledged that for some patients they see MAH as *“their home and have lived there for decades”*. This needs to be considered, especially for patients who wish to stay in MAH. One participant said *“imagine you have lived somewhere for 40 years which you call your home and someone comes to say ‘we are just going to move you out’- how*

would you feel? It is important to remember that for some patients, Muckamore is their home.”

27. Participants also said that patients must not be pressured to take placements, and it is important to ensure that they have given their consent to move to living in the community. For one participant, they said that their *“biggest concern [is] that patients are not being heard and I’m concerned that we are not getting their consent.”*
28. Likewise, participants agreed that, as well as having appropriate placement options, there needs to be appropriate care packages provided. One participant shared her experience of her son and the lack of support, day care facilities or wraparound care when he moved into supported living. This placement broke down due to incidents and a lack of support and resulted in him returning to MAH.

Q2 Do you agree that the proposed closure of Muckamore Abbey Hospital is consistent with the overall policy aim of improving services for people with a Learning Disability in Northern Ireland?

Theme 5: Provision of adequate community placements

29. Whilst there was a consensus that the proposed closure of MAH is consistent with the overall aim of improving services for people with a learning disability, participants exercised caution in answering this question. They reiterated that this would only be the case, if an appropriate and well-resourced model of care was planned, consulted on and agreed prior to any proposal to close MAH. One specific area of concern was the resettlement of current MAH patients and the need for improvements in resettlement, with some participants suggesting that former MAH patients had continued to suffer poor quality care after moving from the hospital into supported living placements.
30. Issues with the quality and continuity of community placements were raised by several participants. Some felt that their relatives were discharged into community placements that were not suitable and lacked the specialised staff and resources to support former patients, resulting in a placement breakdown and transfer back to MAH. One participant said without appropriate levels of professionally trained staff we are *“putting patients at risk”*. Another participant shared their own experiences of their loved one’s placement in the community, stating *“there just is not the same trained staff and processes in place to safeguard him.”* This participant also shared their experience of the challenges they faced in communication with professionals, supported living providers and the coordination of support and access to activities for their loved one in the community.
31. There were questions and concerns around if MAH is closed and a placement breaks down in the community, where do former patients go, and where is the capacity to assess and treat patients in the community? A participant said that whilst they agreed with the overall policy it would only work *“if the resources in the community are provided ... this is not being provided [currently] and this is why a lot of placements are breaking down.”*
32. It was also mentioned that the needs of the patients need to be considered such as providing them appropriate facilities, activities, living accommodation and outside space. One participant discussed how their child moved to supported living but there was no outside space for their child. Participants spoke about the negative mental health impacts on patients, that it *“changes*

the personality of the person” when placements fail, and about the issues of not having stability.

33. There was concern that current care and accommodation in the community could not provide their loved ones with the same specialised treatment and care that MAH could or should provide. Participants believed it would be hard to replicate the range of services available in MAH in the community, given the complex needs of some current patients and the fact that some have lived at the hospital for decades and see MAH as their home. Time and care would need to be taken to resettle patients into appropriate settings in the community, considering their views and wishes and their own care needs.

Theme 6 Accountability at all levels

34. Efforts to review policies and procedures at different levels and the implementation of robust safeguarding and accountability structures were seen as a priority. Participants expressed concerns around what they perceived as lack of safeguarding for current and former patients of MAH and lack of accountability for the wrongdoing that has happened. Some spoke about how they raised concerns and issues about care and treatment at MAH in the past but they were ignored. One participant asked *“what will the complaints model look like in future? Where will the accountability be?”*
35. For there to be public confidence in the system, there needs to be an appropriate system in place to oversee and regulate MAH and similar settings and accountability at all levels. Many expressed the need for improved processes for raising issues and complaints associated with learning disability services, for escalating these when not resolved and stronger repercussions for wrongdoing and failures of care.
36. For any future model of care to be endorsed, accountability structures would have to be agreed and consulted on. There is uncertainty around whether the future model will be delivered in localised settings or a regional setting. Participants asked who would be accountable and where would this accountability lie- would it be the individual HSCTs or would it be a regional body? One participant commented that *“until the model of care is outlined, who will oversee and who will be accountable, what this will look like? ... [Therefore] it is difficult to answer whether it is consistent with the overall policy aim.”*

Q3 Do you have any further comments you would like to add?

Theme 7: Staffing issues

37. There was a lot of discussion around staffing issues and the lack of what people perceived to be specialised and appropriate staff at MAH. These included issues with recruitment and understaffing. Some believed that recruitment of potential staff was “*adversely affected*” as they may be put off becoming a staff member of MAH because of the stigma attached to the hospital and do not want the MAH name on their CV. Many felt that MAH needed to rebrand in order to attract a new workforce. Participants said that there needed to be “*root and branch restructuring*” and a culture change within MAH to ensure the safety and wellbeing of those who come to MAH.
38. In addition, it was agreed that there needed to be a strong focus on appropriate training of staff- fully resourced and trained staff to provide care now and in the future. One participant said “*if we get the staffing right, we will do right by our loved ones*”. Participants said we need to retain good staff who can work and build relationships with patients’ long-term and provide continuity of care. One participant believed that “*investment and recruitment of appropriately trained staff is the key to solving this problem*”.
39. It was agreed that additional investment is required to recruit and train dedicated Learning Disability Nurses, many of whom currently seem to move to general nursing. Support staff should also be required to complete specific vocational training so they have a career pathway and an opportunity to develop their skills. Two participants talked about the system in the Republic of Ireland, where “*staff need to have qualifications*” and proposed that “*we could replicate their model.*”
40. It was suggested that managers who are appointed should regularly undertake “*real time experience*” of working with the learning disability community and continue to maintain their professional practice “*and ensure appropriate levels of training.*”
41. It was also identified that the previously available “*mental health status*” that allowed retirement early has been withdrawn. Participants felt this was a backward step as nursing staff who dedicate their career to caring for patients within specialist Learning Disability Hospitals should have this opportunity to retire early due to stress and burnout.

Theme 8: Safeguarding measures in community settings

42. Some participants said that the abuse at MAH “*was discovered thanks to CCTV*” and discussed the pivotal role of CCTV and the need to ensure appropriate CCTV across all settings as an additional safeguarding measure. There was concern that the lack of CCTV in private settings in the community meant that it may be harder to uncover abuse in the future.
43. There was a consensus that people would feel safer and more reassured if CCTV was implemented across all community settings. This would help reassure families, carers and patients that all measures were being taken to safeguard and protect them from any potential harm. However, it is important to note that the use of CCTV needs to be balanced with the patients need for privacy. One participant said that concerns in their loved one’s community placement were only uncovered as another staff member reported the incident. They warned that if appropriate security provisions are not in place, it is up to staff to speak up and raise safeguarding concerns.
44. There was also discussion about ensuring that previous staff members, who have been alleged to have been involved in abuse at MAH, should not be allowed to take up employment in supported living settings. Participants also identified that the regulatory bodies for Nursing and Social Care should be notified about the concerns relating to some staff so they can investigate and make decisions about registration.
45. A small number believed that the provision of independent patient advocates in the community would be a positive, and an additional safeguarding measure to help patients and families raise issues and concerns about their care.

Theme 9: Future Care Model

46. There was a lot of discussion about what any future model of care and provision for those with a learning disability would look like. There was strong consensus that the level of support and care given to patients in MAH in accordance with their care plan and their managing challenging behaviour assessment (MAPA) should be replicated and provided for in the community. One participant said that when patients are discharged from MAH, if MAPA plans say there should be “*3-4 staff for a patient, this needs to be replicated in the community*”.
47. There was recognition that for some patients there will still be a need for an acute care hospital that can provide care and medical assessment and intervention for those with severe learning disability and mental health needs.

It was also agreed that any new model of care needed to be well staffed and well-resourced to provide the best care to communities.

48. One participant asked about plans to change the seclusion policy. They said any changes will make it more difficult for some patients to be resettled if the seclusion policy is being changed for those with more challenging behaviours.¹
49. Participants queried what would happen if MAH closes and where will the money currently used to fund it go? There was strong consensus the funding needed to remain in Learning Disability services. It was suggested that it could either be used to bolster the community provisions, enhance the current supported living settings, or put towards training and recruitment of staff.

Theme 10: Out of Jurisdiction placements

50. A number of participants spoke about the need to make sure patients get appropriate placements. In particular it was expressed that patients should not receive placements outside their jurisdiction. One family said they had refused to accept a placement because it would have been out of their jurisdiction. One participant said that *“solutions need to be done locally. If they are sent away to UK or Ireland you take them away from family and [that] sets a terrible precedent. If you send them away for placements elsewhere there is a major issue as the capacity will never be developed locally.”*
51. A few spoke about being pressured to accept placements that were not suitable for their loved ones.²

¹ DoH representatives advised clarity on the seclusion policy would be sought.

² DoH representatives said that they would feed this concern to the Muckamore Abbey Resettlement Board.

Appendix one: Invite Letter



Patient and Client Council
5th Floor,
14-16 Great Victoria Street,
Belfast,
BT2 7BA

By email

21st December 2022

Dear recipient

RE: Engagement on the Public Consultation on the future of Muckamore Abbey Hospital

On 24th October 2022, the then Health Minister, Robin Swann, launched a public consultation on the proposed closure of Muckamore Abbey Hospital. The Department of Health (DoH) in Northern Ireland are seeking views on the proposed closure of Muckamore Abbey Hospital as a regional specialist learning disability hospital, and invite written responses by no later than 5pm on 24 January 2023. An online survey for responses from the general public is available on the NI Direct website, and can be accessed at:

<https://consultations2.nidirect.gov.uk/doh-1/public-consultation-on-proposed-closure-of-mah>

The DOH met with families, carers and advocates of current hospital patients on 24th October 2022 to advise them of the launch of the public consultation. Attendees at this meeting advised it would be helpful to hold an engagement event on the public consultation, and PCC are supporting the Department in facilitating engagement on this consultation.

Engagement events

Accordingly, the PCC are facilitating two group engagement events for families, carers and advocates or representatives of former and current residents of Muckamore Abbey Hospital to share their views on the consultation. These will take place remotely via Zoom, at the following dates and times:

9th January 2023 at 6pm-9pm
10th January 2023 at 11am-2pm

We welcome your involvement in these events. To register to attend, please contact Jackie Kelly or Leona Quinn, Senior Practitioners on **028 9536 1708** or click the link below:

<https://pcc-ni.net/get-involved/engagement-on-the-public-consultation-on-the-future-of-mah/>

Individual engagement

Alternatively, if you would prefer to have an individual engagement conversation, you can contact the PCC directly via the dedicated phone line below, which will be available for this purpose after the group events, from 9am-4pm between 11th January and the 13th January.

The phone number is **028 9536 1708**

Any information from these individual conversations will be included in the overall report on engagement.

Report on the engagement

Following the engagement events the PCC will produce a report outlining 'what we heard' during the engagement sessions. The report will represent an aggregation of responses under the key questions that will be asked during the consultation process. The consultation is seeking views on the following three questions:

Question 1: Do you agree with the proposed closure of Muckamore Abbey Hospital?

Question 2: Do you agree that the proposed closure of Muckamore Abbey Hospital is consistent with the overall policy aim of improving services for people with a Learning Disability in Northern Ireland?

Question 3: Do you have any further comments you would like to add?

The report will not contain individual views but it will include any information given to PCC through individual responses following the group sessions. When you register, we will ask you to let us know if you intend to make a separate individual response to the consultation. Attendance at one of the engagement events or having an individual conversation with PCC does not preclude you making a separate individual response to the consultation. The report will outline the number of people that contributed to the report and, where this information has been provided, the number of those attending who also intend to make an individual consultation response.

This report will be shared in draft format with those who attend the engagement events, to check that it accurately reflects the views shared. The final report will then be submitted to the DoH as a formal consultation response outlining the views of everyone who engaged with the PCC regarding the consultation on the closure of Muckamore Abbey Hospital. This formal consultation response will not be a response from the PCC to the consultation, but a

response reflecting the views of those that engaged with PCC. The Department will take account of these views in preparing a final consultation report.

If you have any additional questions please contact Jackie Kelly or Leona Quinn who will be able to assist you with your queries. Jackie and Leona can be contacted using the details below:

By email: Jackie.kelly@pcc-ni.net
Leona.quinn@pcc-ni.net

By phone: **028 9536 1708**

Kind regards

A handwritten signature in black ink that reads "M. Monaghan". The signature is written in a cursive, flowing style.

Meadhbha Monaghan

Head of Operations
PCC

Appendix two: Consultation Document from Department of Health

Proposed closure of Muckamore Abbey Hospital Consultation Document

Date of issue: 24 October 2022

Action required: Responses by 24 January 2023



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Introduction

1. The Department of Health is considering the future role of Muckamore Abbey Hospital, and is proposing its closure as a regional specialist Learning Disability hospital. We would welcome your views on this proposal.

Background

2. Muckamore Abbey Hospital (MAH) is located just outside Antrim town and is managed by the Belfast Health and Social Care Trust (BHSCT) to provide regional in-patient services for the learning disabled population of three Health and Social Care (HSC) Trusts, the Belfast, South-Eastern and Northern Trusts. The Hospital provides inpatient, assessment and treatment facilities for people with severe learning disabilities and mental health needs, forensic needs or challenging behaviour.

3. There are presently six wards in the hospital, Ardmore for female patients, Cranfield 1 and 2 for male patients, Sixmile Assessment and Sixmile Treatment wards which are mainly forensic patients, and Erne ward for male and female patients with complex needs.

4. Historically MAH also provided assessment and treatment services for some Southern and Western HSC Trust patients with forensic needs, although this has significantly reduced since the major resettlement of long stay patients over the past number of years. Generally Southern and Western Trust patients are now admitted to Dorsy Ward at Bluestone Unit, Craigavon Area Hospital, and Lakeview Ward at Gransha Hospital respectively.

5. MAH has a lengthy history, opening in 1949, however, services provided by the hospital have undergone significant changes in focus over the years, reflecting evolving policy imperatives for people with a learning disability since its establishment. Previous services provided at the hospital included

provision of training, socialisation, occupation and recreation, supervised employment and long-term accommodation.

6. Since 1992 the overarching policy direction has been the resettlement of long-stay residential patients with learning disability from facilities such as MAH to community living facilities. In 1995, a decision was taken by the then Department of Health and Social Services to resettle all long-stay patients from the three learning disability hospitals in Northern Ireland to community accommodation.

7. The Bamford Review was initiated in 2002, and a key message emerging from the review was an emphasis on a shift from hospital to community –based services. *'Equal Lives'*, which was published in 2005, was the second report from the Bamford Review and set out the Review's vision for services for people with a learning disability. This included a target that all people with a learning disability living in a hospital should be resettled in the community by June 2011.

8. *Transforming Your Care* (2011) restated the commitment to closing long-stay institutions and completing the resettlement programme by 2015.

9. The long standing policy direction is therefore clear that no-one should be required to live in long-stay institutions, and people with learning disabilities should be adequately supported to live independently within a community setting, and provided with opportunities and support to enable them to maximise their potential to fully engage in their communities and wider society.

Service failures

10. This very clear policy imperative to move accommodation provision away from long stay institutions has been reinforced by a number of high-profile and well-documented service failures in institutional residential settings over recent years.

11. Nationally, these have included Winterbourne View Hospital near Bristol in 2011, which uncovered criminal abuse by staff of patients and resulted in the closure of Winterbourne and a police investigation which led to 11 criminal convictions.

12. More recently, similar issues were again identified in 2019 at Whorlton Hall, a high dependency facility for adults with learning disabilities and complex needs in Co. Durham.

13. Here in Northern Ireland as well, there have been allegations of abuse at residential facilities for people with learning disabilities. In addition to the recent allegations of abuse at MAH which are the subject of a criminal investigation and are also being considered by the MAH Public Inquiry, allegations of abuse also emerged in 2012 at Ralph's Close, a purpose-built residential care home for 16 adults with severe learning and/or challenging behaviour. A police investigation into these allegations concluded there was no evidence of wilful neglect.

14. Allegations of abuse of patients have also previously been made against staff at MAH on a number of occasions, which resulted in staff suspensions, and in one case prosecution. In addition, the PSNI carried out an investigation in 2007 into allegations of historic inappropriate behaviour between patients at MAH in the 1960s – 1980s, though no prosecutions arose from these allegations.

Proposal to close MAH

15. It is difficult to escape the conclusion that the model of care provided at MAH would no longer appear to be the most appropriate or effective way to meet the needs of patients today. The hospital was opened at a time when attitudes to disability, particularly learning disability, were very different to what they are now. While efforts have been made over the years to adapt the services provided at the hospital, these have been somewhat hampered by its status as a hospital.

16. 'A Way to Go', the report of the Level 3 Serious Adverse Incident investigation into MAH which was published in 2018 noted, *'It (MAH) is based on an acute-care model that does not work for people with life-long support needs.'* The hospital's geographical location has also contributed to the perception of a place apart, where people were 'put away' and forgotten about.

17. We believe signalling a clear intention to close the hospital would serve to support and accelerate the direction of travel to deliver on the long standing policy aim set out above – the resettlement of long stay patients into appropriate community facilities and support.

18. It is important to be clear that any decision to close the hospital will involve a defined timescale for closure, and will be accompanied by a plan, co-produced with current hospital patients and their families, which will clearly set out how the services currently provided on the MAH site will be delivered in agreed alternative settings. Any closure will not take full effect until all the current patients have been successfully resettled to agreed alternative accommodation placements.

19. As a first step to expediting the resettlement of patients who are currently in the hospital, a Regional Resettlement Oversight Board has been established and this is being led by Dr Patricia Donnelly. The aim of the Oversight Board is to bring the learning disability resettlement programme to a successful conclusion for individuals and their families. The Oversight Board is developing specific resettlement plans for each remaining patient in MAH and Trusts are engaging with families and carers as these plans are progressed.

20. Equally, it is important to state that any decision to close the hospital will not affect either of the investigative processes currently underway into events at MAH, and both the criminal investigation and the MAH Public Inquiry will continue according to their planned schedules.

21. We recognise that any decision to close MAH may be distressing for current and prospective patients at the hospital, and for their families and carers. The HSC system as a whole is working to develop a service that will respond effectively to the continuing need for assessment and treatment through small in-patient units, and modelling a safe community based service that extends home treatment, peripatetic and crisis response. This work will be done in partnership with service users and their carers, as well as local communities. The new Service Model for Learning Disability services will be key to successful delivery of this, and work is continuing to finalise this.

Impact assessments

22. A number of impact assessment screenings have been completed, and the outcome of these is available in **Annex A** to this document. The full screening documents are also available as part of the suite of consultation documents.

How to Respond

23. We are seeking your views on the proposed closure of Muckamore Abbey Hospital as a regional specialist learning disability hospital, and invite written responses by no later than **24 January 2023**.

24. You can respond online by accessing the consultation documents on the Northern Ireland Government Citizen Space website and completing the online survey there using the link below: <https://consultations2.nidirect.gov.uk/doh-1/public-consultation-on-proposed-closure-of-mah>

25. We would prefer responses using Citizen Space, however, if you wish to send an email or hard copy of your response please send it to:

Department of Health
Muckamore Abbey Review Team
Room D2:17
Castle Buildings
Stormont
Belfast
BT4 3SQ
MAHpublicconsultation@health-ni.gov.uk

26. The full set of consultation questions are provided in **Annex B** to this consultation document.

27. When you reply, it would be very useful if you could confirm whether you are replying as an individual or submitting an official response on behalf of an organisation. If you are replying on behalf of an organisation, please include:

- your name;
- your position (if applicable);

- the name of your organisation;
- an address (including postcode); and
- an e-mail address.

28. If you have any queries, please contact the Department using the email address below to make your request:

MAHpublicconsultation@health-ni.gov.uk

Privacy, Confidentiality and Access to Consultation Responses

29. We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents, but will include the names of organisations responding.

30. For further information on how we will process data and your rights, see the Future of Muckamore Abbey Hospital Consultation Privacy Notice at Annex C.

What Happens Next

31. Following the close of the consultation on **24 January 2023**, all responses and feedback will be collated for review by the Department of Health, and a consultation report will be produced.

Annex A: Impact Screening Outcomes

Full impact assessment screening documents are available as part of the full suite of consultation documents, and can be accessed via the following link:

[Public consultation on future of Muckamore Abbey Hospital | Department of Health \(health-ni.gov.uk\)](#)

A summary of the outcome of each is provided in the table below:

Impact Assessment Screening	Outcome
Equality/Human Rights	Screened out
Regulatory	Screened out
Rural	Screened out

Annex B: Consultation Questions

Question 1: Do you agree with the proposed closure of Muckamore Abbey Hospital?

Question 2: Do you agree that the proposed closure of Muckamore Abbey Hospital is consistent with the overall policy aim of improving services for people with a Learning Disability in Northern Ireland?

Question 3: Do you have any further comments you would like to add?



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

Future of Muckamore Abbey Hospital Privacy Notice

Data Controller Name:	Department of Health
Address:	Muckamore Abbey Review Team Room D2.17 Castle Buildings Stormont BELFAST BT4 3SL
Telephone:	028 9052 0500
Email:	MAHpublicconsultation@health-ni.gov.uk
Data Protection Officer Name:	Department of Health Data Protection Officer
Telephone:	028 9052 2353
Email:	DPO@health-ni.gov.uk

Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the Data Protection Act (DPA) and the EU General Data Protection Regulation (GDPR). The Department of Health (DoH) is committed to building trust and confidence in our ability to process your personal information and protect your privacy.

Purpose for processing

The Department of Health and the Department of Justice have developed a public consultation on the closure of Muckamore Abbey Hospital. We are encouraging organisations and institutions to respond but also people with lived experience and their families. We will process personal data provided in response to consultations for the purpose of informing the strategy. We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents, but will include the names of organisations responding.

Lawful basis for processing

The lawful basis we are relying on to process your personal data is Article 6(1)(e) of the GDPR, which allows us to process personal data when this is necessary for the performance of our public tasks in our capacity as a Government Department.

We will only process any special category personal data you provide, which reveals racial or ethnic origin, political opinions, religious belief, health or sexual life/orientation when it is necessary for reasons of substantial public interest under Article 9(2)(g) of the GDPR, in the exercise of the function of the department, and to monitor equality.

How will your information be used and shared

We process the information internally for the above stated purpose. We don't intend to share your personal data with any third party. Any specific requests from a third party for us to share your personal data with them will be dealt with in accordance the provisions of the data protection laws.

How long will we keep your information

We will retain consultation response information until our work on the subject matter of the consultation is complete, and in line with the Department's approved Retention and Disposal Schedule Good Management, Good Records (GMGR).

What are your rights?

- You have the right to obtain confirmation that your data is being processed, and access to your personal data
- You are entitled to have personal data rectified if it is inaccurate or incomplete
- You have a right to have personal data erased and to prevent processing, in specific circumstances
- You have the right to 'block' or suppress processing of personal data, in specific circumstances
- You have the right to data portability, in specific circumstances
- **You have the right to object to the processing, in specific circumstances**
- **You have rights in relation to automated decision making and profiling.**

How to complain if you are not happy with how we process your personal information

If you wish to request access, object or raise a complaint about how we have handled your data, you can contact our Data Protection Officer using the details above.

If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information Commissioner at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
casework@ico.org.uk



Public Consultation on the future of Muckamore Abbey Hospital

Question 1

- ▶ Do you agree with the proposed closure of Muckamore Abbey Hospital?

Question 2

- ▶ Do you agree that the proposed closure of Muckamore Abbey Hospital is consistent with the overall policy aim of improving services for people with a Learning Disability in Northern Ireland?

Question 3

- ▶ Do you have any further comments you would like to add?

Return to main group

Website: www.pcc-ni.net/



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Facebook: /PatientAndClientCouncil



FOR FURTHER INFORMATION ON OUR
WORK PLEASE CONTACT US BY:

Phone: 0800 917 0222

Email: info.pcc@pcc-ni.net

Web: pcc-ni.net

 @PatientClient

 @PatientAndClientCouncil