

**Argyll and Bute CHP**

**Mental Health in Argyll and Bute 2012  
'Everyone's Business'**

**Paper for: Argyll & Bute Community Planning Partnership 20<sup>th</sup> January 2010**

**The Project Board is asked to note;**

- Progress made by Service Design Groups
- Design issues requiring further work
- Proposal regarding Argyll and Bute Hospital transition plan
- Proposal to extend Service Design Group timescales

**1. Background;** The Cabinet Secretary for Health agreed Argyll and Bute CHP's proposal for a redesigned mental health service earlier this year.

A project plan was drafted which identified the approach and process, and described key groups which would be instrumental in developing the outline of Option 4 into a comprehensive description of the future service model.

Five Service Design Groups were established and given a brief to develop the detail of the service model. These groups are following the tiered model of mental health services from prevention and early intervention through to community and in-patient care. The groups will develop the service detail in a logical and sequential manner, ensuring that ultimately all the service proposals fit together to ensure a cohesive service.

Three of the groups;

- Group 1/2 – Primary Care, early intervention, Health Improvement
- Group 2/3 – Mental illness in the community and Crisis Response
- Group 3/4 – Long term conditions, severe and enduring

are concerned with the design of the new mental health service.

The Interface Group is looking at needs of client groups who come into contact with Adult Mental Health Services, e.g. Child and Adolescent Mental Health (CAMHS), Addictions, Learning Disability and Dementia.

The Infrastructure Group is looking at future re-provision of (non-clinical) support services.

A Workforce Planning Group has also been established.

**2. Progress Report;**

**2.1** The Groups commenced meeting in October 2009. Terms of Reference and membership were agreed and approved.

A timescale for completion of the first phase of work was agreed for end November 2009. The outputs of the groups to be approved at the Project Board meeting of 10<sup>th</sup> December 2009.

- 2.2** At the Implementation Team meeting held on 7<sup>th</sup> December 2009 the Chairs of the Service Design Groups reported (appendix 1).

It is fair to say that the work is not yet completed but substantial progress has been made in each area and some of the outstanding matters are particularly complex and/or challenging and require intra-group work which has now been agreed.

- 2.3** Further work required;

**2.3.1** Group 1/2;

- Agree if there is a role for voluntary sector in providing guided self-help worker service
- Agree job description for Primary Care Mental Health Worker with group 2/3
- Agree single point of entry to service
- Agree referral process
- Depression ICP – clarify GP role in monitoring medication
- Development of web-based and tele-health materials

**2.3.2** Group 2/3;

- Agree staff profile of community mental health team with Groups 1/2 and 2/3
- Agreement on concept of self-referral
- Develop concept of a broader/bigger 'mental health' team including Dementia, Addictions, etc.
- Crisis response and out of hours. Chairs of Groups 1/2 and 2/3 agreed to take forward including gathering of data about need
- Position/location of Primary Mental Health Worker (PMHW)

**2.3.3** Group 3/4;

- Agreed in-patient numbers and associated staff profile
- Medical manpower model
- Admission criteria (work with Group 2/3)
- Authority to admit to hospital
- NHS Continuing Health Care and Long-Stay – establish group to consider present/future needs
- Quick Wins – Psychotherapy developments

**2.3.4** Argyll and Bute Hospital Transition Plan;

Proposal to reduce hospital wards from 6 clinical areas to the 4 clinical areas described in Project Plan (Acute, IPCU, Rehabilitation, Dementia Challenging Behaviour).

Quick Wins – Psychotherapy and PMHW developments

**2.3.5** Interface Group

Child and Adolescent Mental Health issues;

- Transition 16+ years

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- Use of Adult Acute Inpatient beds
- Collaboration between Adult and Children's Services

Dementia – Agree Service Model

Learning Disability – Access to inpatient beds

Addictions;

- Detoxification in Community Hospitals
- Reducing admissions to Argyll and Bute Hospital

### 2.3.6 Infrastructure Group

The Chair of this group anticipates that work will continue for some time, and reports the following issues require resolution in the short-term;

- Catering facilities
- Storage of medical records

**2.4 Risk;** The planning work and subsequent discussion at Implementation Team on 7<sup>th</sup> December 2009 have identified a number of additional risks. The Risk Register will be updated, and a meeting has been arranged in early January with the Risk Manager to do this.

### 3. Summary and Conclusion;

The first phase of the design process is being progressed by five Service Design Groups. This new approach introduces a degree of risk to the process, in that it has the potential for fragmentation as it involves a significant number of people (around 70/80). All the Service Design Group Chairs report very good attendance at meetings including service users, Police and SAS, a high level of debate, although not necessarily agreement at this point.

This report notes a number of outstanding pieces of work which require more time. Some of them (although not all) are pivotal to the next step in the design process, such as reaching agreement on a crisis service, and the Argyll and Bute Hospital transition plan.

It is proposed that the timescale for the Service Design groups final output is extended and that a comprehensive report of the Service Design is presented at the next Project Board meeting on 12<sup>th</sup> February 2010.

Josephine Bown  
8<sup>th</sup> December 2009