ARGYLL AND BUTE CHP

MENTAL HEALTH IN ARGYLL AND BUTE 2012
EVERYONE'S BUSINESS

Overview, Update & Next Steps
May 2010

1. Introduction;

The process of redesigning mental health services in Argyll & Bute commenced in 2007 with the agreement, of a vision for our mental health services in the future, 'Building on Our Experience : A Vision for Mental Health Services in Argyll and Bute'.

Our intention is to redesign and modernise existing services and to address service gaps, in consultation with our partners and stakeholders.
In doing this we will shift the balance of care from hospital to community services, introduce more specialist services and replace the existing old hospital with new facilities.

2. Background;

The development process was taken forward in 3 discrete phases;

- Needs Assessment and local engagement
- Options development and appraisal
- Formal Public Consultation

The Vision document articulated the case for change from existing provision to a modern, re-designed service and described the under-pinning reasons for change;

- Applying our core principles and beliefs about how services should be provided
- Implementing national and local policy
- Addressing 'access' issues
- Ensuring service provision is comprehensive
- Meeting the expressed needs of our service users, families and carers, our staff and our community.

The vision was guided by a set of principles to which we constantly refer and 'test' ourselves against.

3. The Case for Change; What we seek to achieve

In pursing redesign and modernisation of the existing service, we need to be clear where we commenced and what it is which will signal the successful delivery of what we set out to do.

The principles mentioned above are just one reference point. They are important for the individual and the organisation as they set out clearly and fundamentally how we think the service should be, as well as what it will be.
Further reference points include the range of existing national and local policy, plans, targets and planning requirements. Added to this are the interests, needs and views of our stakeholders.
Finally there is the issue of existing service provision, and the need to demonstrate how the new service will fit with what already exists; healthcare services, social work, housing and leisure services, the voluntary sector. Any new development should aim to realise 'synergy' (extra value or capacity) by building on existing assets (including the estate), and business plans.

3.1 Guiding Policy and Plans

Figure 2: National Policy Context and Drivers for the Change in Mental Health

- **Better Health, Better Care – Scottish Government, 2007**
- **Delivering for Mental Health, Scottish Executive, 2006**
- **Rights, Relationships and Recovery, Scottish Executive, 2006**
- **Standards for Integrated Care Pathways in Mental Health, Scottish Government, 2007**
- **National Standards for Integrated Care Pathways in Mental Health, Scottish Government, 2007**
- **NHS Performance –targets (Health, Efficiency, Access, Treatment)**
- **Scottish Capital Investment Manual, Scottish Government 20??**
- **With Inclusion in Mind, Scottish Government, 2007**

4. Outcome of formal consultation

The process for taking forward the vision and a new service model was agreed with partners and after an extensive process of early work involving users and staff in the shaping of ideas for the future service, we formally consulted on 5 service options between January – April 2009.

The option with the most support was Option 4*. During consultation local communities told us the high importance they gave to service accessibility. As a result of this Option 4 was enhanced to include facility for (up to) 24 hour assessment in the local community hospital where this is clinically appropriate (subsequently increased to 48hours).

Option 4*

- Enhanced local community service
- Single, local in-patient unit in Lochgilphead, 32 beds
- Specialist day assessment and treatment service, and centre for staff training.

5. Taking forward plans for a modernised service;

Following receipt of Scottish Government approval of Option 4 it was necessary to agree and develop a formal project management framework.

A Project Board was established, with a remit;
"To deliver and implement service redesign through the development of a project brief and a business case for the development, and construction, of a new service and facility".

Additionally an Implementation Team was established;
'To co-ordinate, direct and manage the project to deliver the required outcomes'

The Implementation team commissioned a number of **Service Design Groups to;**

- Scope service parts using patient pathways to develop model
- Identify future workforce requirements and development needs
- Identify interfaces and communications

Each group had a specific remit which 'followed' the Tiered mental health model;

Group 1/2; Primary care, early intervention, health improvement,

Group 2/3; Managing mental illness in the community, crisis response.

Group 3/4; Planning for long-term care, managing severe and enduring conditions,
In-patient care, specialist psychological treatments

Interface Group; Services which interface and connect with acute mental health Service (Addictions, Learning Disability, Dementia, Child and Adolescent Mental Health)

Infrastructure Group; Reprovision of (non-clinical) support services from Argyll and Bute Hospital campus

A Workforce Planning Group was also established.

5.1 As the work of the Service Design Groups proceeded 4 sub-groups were established to determine discrete design requirements;

- Developing crisis response model
- Future needs of long-stay patients
- Hospital transition planning group
- In-patient workforce group

6. Recommendations of Service Design Groups;

The groups have now completed their work and reported their recommendations, to the Project Board in February, 2010, and were approved in principle.
The recommendations are numerous and include;

Group 1/2

i. Commission a Guided Self Help Service & develop volunteering capacity .

ii. Further explore the use of tele-health developments.

iii. Develop primary mental health worker & locally based cognitive behavioural therapy service (talking therapies)

iv. Develop a single point of referral for all three service levels

v. Facilitate social inclusion of people with a mental illness; to optimise each individual's access to services,

vi. Commission a directory of local services, resources and activities in written form and as a web-based resource.

Group 2/3

I. Establish integrated (with Social Work) Community Mental Health Teams (CMHTs) in each of the four localities of Argyll and Bute.

    i. Membership of CMHTs will consist of; Team Leader, Nurses, Support workers, Primary MentaL Health workers, Social Workers (including Mental Health Officers), Clinical Psychologist, Consultant Psychiatrist, Occupational Therapist,
    Cognitive Behavioural Therapist, Admin, Pharmacy & Physiotherapy

    ii. Dementia and Addictions services will be aligned to the CMHT as part of a MH Network.

    iii. Community mental health services will provide a comprehensive range of local services focussed on improving mental health and well-being, assisting primary care to manage illness, care of people with severe and enduring mental illness, provide therapeutic and specialized treatments, care for acutely ill people in their own home, respond to and manage mental health crises, undertake assertive outreach.There will be a co-ordinated crisis response provided by the CMHT, both within and out of hours response.

    iv. There will be a single point of referral to the community mental health team which will accept referrals predominantly from General Practitioners.

    v. The CMHT's practice will be founded on, and informed and influenced by the anticipatory care need model, the recovery model, research and best

practice, and the application of integrated care pathways.

Group 3/4

i. Inpatient facilities will be on a single campus to allow flexible and optimum use of workforce and resources (one campus, four service user groups, one workforce) and will consist of;
   a. Acute 14
   b. Intensive Psychiatric Care 4
   c. Rehabilitation 4
   d. Dementia Assessment and Challenging Behaviour 10

   The medical workforce model will be an Integrated Locality (CMHT) & In-patient Consultant post for each locality. The inpatient (direct care) workforce will comprise;
   Nursing (qualified and unqualified) ,Psychology, AHPs, Administration & Clerical, Pharmacy

ii. Admission to hospital and discharge will be in keeping with admission criteria (agreed with group 2/3), and the NHS Highland Anticipatory Care, Admissions and Discharge Policy (currently being revised).

iii. A Hospital Transition plan is to be developed which will include a reduction in in-patient provision to 4 wards (currently 6) in the Argyll and Bute Hospital by February 2010. This will align the current service to the proposed 4 clinical specialties.

iv. The Specialist Assessment, & Treatment and Education Centre (to be known as the Specialist Therapies Centre) will have a dedicated staffing complement of 3 whole time equivalent, consisting of specialist therapists, psychology and administrative staff

v. Long Stay and NHS Continuing Care Mental Health(Resettlement). Develop appropriate care arrangements for a particular group of residents of Argyll & Bute Hospital.

6.4 Interface

CAMHs, Learning Disability, Addictions & Dementia ; These groups identified a broad range of issues and it is proposed there should be ongoing work between the services and Adult services, most of which can, and should be progressed out-with the redesign process.

6.5 Infrastructure Group ; The timescale for this group is extended and it is anticipated that the function of the group will be incorporated into the business case process.

Early work has identified the broad range of facilities provided on the site and speculated as to future location (on or off future site).To date a full schedule has been compiled which identifies the broad range of facilities provided on the current site and identified for each the area or department concerned, the prospective number of staff to be employed in that area in future, the type of accommodation required, any technical requirements of that accommodation and the site location i.e. within the new mental health unit, within the Lochgilphead campus or elsewhere within Lochgilphead.

7. Workforce and Organisation Development

To assist and support the Service Design groups a Workforce Planning group is in place drawing expertise from Community and Inpatient Mental Health services, Lead Nurse and AHP, Finance, Learning and Development, and HR. The purpose of this group is to advise on the workforce planning and development dimensions of proposals, to ensure that proposals from the groups are compatible and complementary across the whole service, and to advise on the details of specific posts and roles including Job Descriptions, KSF outlines and reporting structures.

Organisational change development work has also been undertaken on workshops for both all staff, and for team leaders and managers to introduce the implications whole change process and to assist them understand and prepare for the impact of the change on them and their colleagues. There will also be opportunity for individual discussion with HR, staff representatives and managers.

Work is also being undertaken to explore enabling a small group of “Change Volunteers”, drawn from a wide range of staff affected by the new design, to prepare and support colleagues through the change processes. This group will be supported through workshops and coaching provided through an external OD consultancy to introduce a further dimension to the change processes.

8. Cost of New Service Design;

At present the current funding for Mental Health Services within Argyll & Bute CHP is approximately £14.3m and is the available funding resource for the redesign of these services.

Output received to date from the various design groups has been used to cost up each of the Tier groups recommendations. At this point in time most of the Groups have some incomplete output which brings a degree of uncertainty to the costing of the new service. This is mainly around aspects of establishments, potential resource release, and accommodation & building requirements all of which have a significant impact.
The result of this work to date shows an indicative cost of around £0.5m over the available resource. Further work is being undertaken to refine and confirm real service costs, to keep within available funding and a paper will be presented to the next Project Board meeting in June.

9. Update

- The Project Board meets 2 monthly and is chaired by the General Manager
- The Implementation Group meets monthly and is chaired by the Head of Service integration. The 4 Locality Managers are members, as is the Public Health Specialist
- A Communications group meets monthly, the Communications plan is updated monthly. An audit to identify the communications we have undertaken with all our stakeholders is taking place.
- Social Work, Scottish Health Council & ACUMEN (Service user organisation) are full and active members of all key groups
- The Hospital Transition plan has been implemented and this has resulted in a reduction of 2 wards, from 6 to 4, (the future agreed clinical specialities),now at 64 beds & target is 32.
- Resources have been released from the Hospital Transition process to commence developments in Psychological therapies; a hospital-based post is advertised and 3 additional community posts will shortly be advertised.
- The Resettlement Group (Long-stay patients), jointly chaired by CHP & SW, is due to report in June on plans for individual patients. This will result in resource release, possibly @ £0.5m
- During March 22 briefing meetings were held across Argyll & Bute for staff, service users and the public to update on progress (270 attendees in total). A report of the event has been produced and the Comms group are considering it.
- Four redesign newsletters have been produced (2 monthly after Project Board meeting)
- A Workforce Planning Group has been established, chaired by the Head of Human resources
- A process for the management of Displaced staff has been drafted agreed
- An Organisational Change plan has been drafted and .The plan targets all CHP staff. There will be a Change Volunteers programme
- The recommendations from the Tier groups have been turned into a detailed action plan, timescales and lead roles are currently being agreed and will involve many general managers, out with MH
- Many of the changes required in the service are associated with developing community services and not contingent on a ‘new build’, although the requirement for Bridging monies will be identified
- A specification document is now ready for tendering to engage a Consultant to assist in the preparation of the OBC

10. Next Steps;

- Tender the OBC specification (w/c 9 May)*
- Agree Staffing profile (June - PB)
- Commence HR process for displaced staff (June/July)
- Commence OBC development (June/July)
- Commence OD process (June)
- Establish critical path of service developments, commence work on community & related developments (in progress)

Procurement of new facility*

The procurement process requires us to produce a bid for submission to the Scottish Government, Capital Investment Group (CIG). This bid document should be in line with the recently published Scottish Capital Investment Manual (SCIM).

Given that the works are likely to exceed £5m in capital costs the SCIM requires us to develop the following:-

- Initial Agreement
- Outline Business Case
- Full Business Case

Through discussion with an external consultant experienced in the new document we have been advised to anticipate a timescale of some 18 months to obtain approval of all three stages.

In terms of clarifying the actual construction timescale itself we need to consider our procurement options. Upon discussion with the Scottish Government the likely route for a new build facility would be through the recently developed HUB initiative.

A new build facility could take up to 18 months to construct depending upon the scale of the facility.

11. Summary

The redesign of mental health services in Argyll & Bute started from the premise that before any decision about new hospital facilities there must be agreement about the model of care which will be provided in future.

The agreed model of care is one that shifts the balance of care from hospital to community, introduces more specialisms into the service, increases local service provision, utilises existing NHS facilities to supplement & enhance the care pathway e.g. Locality hospitals, and involves service users and staff in the planning process.

Additionally the model of care addresses the importance of health improvement and the vital role of voluntary organisations and this is being recognised by making more resource available to do this.

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