

Lomond & Argyll Primary Care NHS Trust

**Initial Agreement**  
for the  
**Reprovision, Modernisation and Re-design of Mental Health  
Services for Lomond & Argyll**

Version 6  
Dated 11<sup>th</sup> December 2002

## 1.0 The title of the scheme

- 1.1 The title of the scheme as it is to appear in the Capital Plan and the Monitoring Returns is “The **Re-provision, Modernisation and Re-design of Mental Health Services for Lomond & Argyll**”

## 2.0 Introduction/background

### 2.1 Strategic objectives

2.2 The strategic objectives of the scheme are:

- To achieve the targets for service change which are outlined in the Argyll & Clyde Mental Health Strategy “Climbing the Framework”, the Lomond and Argyll Mental Health Strategy and the service profiles outlined within the Framework for Mental Health Services in Scotland.
- To provide a comprehensive, inclusive service that recognises the full spectrum of mental health care from health promotion through minimal intervention to interventions for severe and/or enduring mental illness.
- To reshape mental health services so that they can continue to provide acute, intensive care, rehabilitation, elderly assessment and continuing care, addiction and community services to the population of Lomond & Argyll.
- To improve access to a full range of mental health services appropriate for each locality need.
- To provide equity of service provision across Lomond & Argyll in relation to national standards of provision.
- To provide a service that maximises the opportunity for staff to deploy their knowledge, skills and personal qualities creatively to add value to the delivery of services.
- To provide a model of service provision that promotes and facilitates integrated, partnership working between health, local authority, voluntary organisations, service users, families and informal carers.

### 2.3 Clinical need

2.4 The re-provision, modernisation and re-design of mental health services described in the strategic objectives and the improvements in

service effectiveness and quality that arise from these, simply cannot be delivered by the existing model of service provision and in the existing facilities.

- 2.5 The majority of the current mental healthcare estate compromises the achievement at times of even basic quality standards and inhibits the delivery of modern, psychiatric practice.
- 2.6 The poor physical condition and functional suitability of the existing Argyll & Bute Hospital, which is over 150 years old, will continue to represent a serious constraint on both the continuation and development of existing services. There is very little potential for developing either existing or new services within the existing facilities.
- 2.7 Acute and continuing elderly care facilities within the Vale of Leven Hospital are inappropriate both in terms of their location within a District General Hospital and their functional suitability.
- 2.8 Lomond has an incomplete range of mental health services resulting in the need for patients to receive care outwith, and at a considerable distance from, their natural community
- 2.9 The need to review professional skill mix and associated clinical practice, due to the potential difficulty in the recruitment of some mental health professionals, has resulted in creative solutions being found to meet patient's needs.

#### **2.10 Proposed outcomes – benefits**

- 2.11 The project aims to achieve the following benefits for patients:
  - **Services designed around patients** so that they work well and are convenient for them. A simplified patient journey will result from services that are more co-ordinated with primary care and the increased local service.
  - **Equity of access** across Lomond and Argyll to a full spectrum of mental health care from health promotion through minimal intervention to more intensive intervention for severe and/or enduring mental illness.
  - **Improved Integration** of health, social services, voluntary organisations and service user led facilities to provide high quality, co-ordinated care.
  - **Improved clinical effectiveness** through the adoption of evidence and best practice based services.

- **Better communication** and greater operating flexibility between specialist mental health, primary care and other local community agencies.
- **Improved clinical quality** will be achieved by service redesign, allowing team working to develop joint ownership and clear management responsibility of both services and budgets.
- **Improved quality of physical environment** through the development of building design solutions that get the best clinical performance from the diverse teams operating in the mental health and social services. It is intended that the Project Group will be extensively involved in the design stage of planning of any new buildings, which will be *much more* than simply the same services in a new building.

### **3.0 Description of the Current Health Service Components**

3.1 The current services and facilities provided by health comprise:

#### **LOMOND**

The population of 76,000 served by this locality covers three mainly urban areas as well as a number of outlying rural areas.

#### **Vale of Leven Hospital:**

**Christie Ward** - 24 beds acute admission/assessment.

**Fruin Ward** - 26 beds assessment/continuing care/respice (Dementia)

#### **Dumbarton Joint Hospital:**

Provides an office base for many health and social care professionals including psychiatry, clinical psychology, PAMs, nursing, social work etc. and

**Clyde Unit Day Hospital** - 30 places AMI acute & rehabilitation.

**Glenarn Ward** – 12 place continuing care (Dementia)

**Ardmore Day Hospital** - 20 place EMI

**Three CPN Teams** (with sessional input from other Mental Health professionals) based across the locality in the main centres of population in Alexandria, Dumbarton & Helensburgh.

#### **Lomond wide Community Dementia Team**

#### **Lomond Problem Drug Service.**

**Lennox service** - Harm reduction service for addictions and blood borne viruses

#### **ARGYLL & BUTE**

The population of 65,000 served by this locality is mainly in rural and geographically remote communities.

**Succoth ward** - 30 beds acute admission.

**ICU** - 12 beds intensive care.

**ATU** - 14 beds alcohol relapse prevention

**Blarbuie road** - 16 beds rehabilitation

**Druimard, Firgrove & Ardmeanach** - 4,5 & 4 beds rehabilitation (respectively).

**Duntrune** - 10 beds specialist care.

**Arran Ward** - 16 beds longer term rehabilitation.

**Cowal ward** - 16 beds EMI assessment.

**Lorn, Gigha & Iona wards** - 16, 17 & 21 beds (respectively) EMI continuing care.

**Six CPN teams** (with sessional input from other Mental Health professionals) are based across the locality in the main centres of population in Campbeltown, Dunoon, Mid-Argyll, Oban, Islay/Jura & Bute.

A small but developing team provides **Addictions and Blood Borne Virus** work across Argyll with working bases within Oban and Dunoon.

## **CHILD & ADOLESCENT MENTAL HEALTH SERVICE**

This service has a Trust wide remit (excepting Cowal & Bute) and is currently based in:

**Acorn Centre**, Vale of Leven Hospital.

**Aros Cottages**, Lochgilphead.

## 4.0 Description of the Proposed Service

The proposed service has arisen from a formal Option Appraisal process (described in section 5). This model of service (referred to as the Hub & Spoke option) was the sixth option examined and was seen as the preferred option in terms of non-financial benefit criteria.

Whilst the overall concept of the Hub & Spoke model has been identified as the preferred option more detailed work will be done for the Outline Business Case to clarify functional content and distribution of services across the network of Hubs & Spokes. Therefore what follows is the shape of the service as currently envisaged.

The Hub & Spoke model addresses two major requirements; the desire for locally based care and the security and safety of central specialist facilities.

The Hub contains specialist services that can offer a high level of intensity of care and also provide much of the management and co-ordination of services. It can provide a central academic, professional support structure along with administrative and logistic functions. It is probable that some professions would remain based within the Hub – outreaching to the Spokes as required. Particularly within Argyll it is not realistic for all Mental Health staff to be locally based.

- Due to the geographical size of Lomond & Argyll there would be **two hubs** to the service; one located in the **Dumbarton** area and one within **Lochgilphead**.

Site options for the Lochgilphead hub are all within the current Argyll & Bute Hospital campus.

Site options for the hub in Dumbarton include:

- current Joint Hospital Site
- green-field site
- possible co-location with new Dumbarton Health Centre

A very strong point often raised through the consultation process has been the need to retain (in Argyll) and develop (in Lomond) a core focus for Mental Health services. This is for both logistic reasons of not being able to **replicate** all services within all areas and the **symbolic value** of having a centre and sense of backup and support.

- the **spokes** would be within the 8 main population centres (Campbeltown, Mid-Argyll, Oban, Dunoon, Rothesay, Helensburgh, Dumbarton and Alexandria) with smaller "spokes" on the Islands of Mull and Islay/Jura
- **Argyll & Bute:**

The Hub for Argyll & Bute area would contain:

- 24 bedded, **Acute Admission unit** and a linked 6 bedded **Intensive Psychiatric Care Unit**.  
Key issues within these facilities are:
  - flexible space usage to accommodate varied patient needs
  - adequate space
  - quiet areas and areas where noise can be made
  - safe garden space
  - single and twin bedrooms (not all en-suite)
  - a sense of "asylum" (safety and sanctuary)
  - homely style but with good levels of observation
  - shared facilities between Acute unit & IPCU
  
- **Dementia Services Support Unit** of approx. 16 beds which would have several roles:
  - to act as a clinical focus for the Dementia Service in this area
  - to take urgent admissions related to dementia for assessment and treatment
  - to act as a back up to the more locally based continuing care facilities offering practical support when local facilities were full or experiencing difficulty in patient management
  
- **Rehabilitation facility** comprising several small, domestic buildings on the edge of the Hospital campus. These would be used flexibly to provide care for people needing active rehabilitation and for a small number of people who need a high level of continuing care requiring specialist health care.  
An individual needs assessment process of the current continuing care population of the hospital will determine the exact size of such facilities.  
Following assessment the treatment options would range from:
  - initial Rehabilitation within these Hospital based facilities
  - Core & Cluster accommodation
  - Independent Tenancies
  - Social, educational and employment services
  
- Each of the Argyll localities would have a **Continuing Care Dementia Facility**. In all areas (with the exception of Mid-Argyll) there will be an associated **Day Hospital** provision and **Community Team** working from the Continuing Care Facility. In Mid-Argyll the Day care will be located within the community.  
Key issues with these facilities are:
  - they would be domestic in style
  - they would be on the ground floor
  - there would be sheltered, safe garden areas
  - there must be plenty of safe, wandering space
  - they might be linked with other local "elderly care" facilities
  - the staff would provide a flexible service involving in-patient, day care and community work



- assessment of patients would be done locally when possibly with support from the **Dementia Services Support Unit** as needed

Currently the following sizes have been suggested:

- Oban 10 -12 beds
- Campbeltown 8- 10 beds
- Mid-Argyll 12 beds
- Dunoon 10 -12 beds
- Bute 6 beds

An opportunity for the development of Dementia care on Mull may exist within the proposals for a Progressive Care centre on the Island.

It is also suggested we explore the possibility for more shared models of care within the Residential Home or Hospital on Islay.

- Each of the five Argyll localities would have a **Multi Function Centre** providing a working base for the **Community Mental Health Team**, day care, out patient, and skills training facilities as well a short stay crisis/respite facility (2 beds).
- **Service User led** facilities offering social drop in and peer support will be developed within each locality in conjunction with the current groups or new groups as appropriate.
- Each of the five Argyll major localities would have a comprehensive **Community Mental Health Team** including all relevant mental health disciplines and agencies. The islands of Islay and Mull should have locally based Mental Health staff but are unlikely to have a full CMHT resident on the Island but there should be at least be **outreach** by all professions on a regular basis. The smaller isles should have regular visits from a neighbouring CMHT.
- A specific role of the **Community Mental Health Team** would be to provide a specified amount of input [from the full range of professionals in the team] to local **Primary Care** Teams. This input would be for:
  - direct patient work with less severe mental health problems
  - supervision & training of Primary care staff
  - advice & guidance on management of Mental Health issues
- The development of the usage of **Psychological Therapies** by all Mental Health professionals is seen as essential to the delivery of a comprehensive service
- The current **Addictions and Harm Reduction Team** will expand to provide locally based staff working with both Alcohol and Drug

Misuse problems. These services will be co-located with Local Authority and Voluntary groups where possible.

- The role and function of the current **ATU** within the Trust wide Addictions services requires clarifying although generally the service is seen as useful but in need of some review. The main difficulty is the lack of outcome measures as to its effectiveness particularly in comparison to community based models of care. It is seen by staff and users that there is **no requirement for a new building** for this service as the current building, although old, is very suitable for its clinical purpose. The main building is in reasonable condition but the single storey extension would need replacement if the building were to be retained beyond a five-year period. This offers the opportunity to delay a long-term decision on the need for a residential ATU and gives the option of continuing the service while re-structuring and developing the Community services. A formal outcome evaluation of the ATU could be carried out during this period in collaboration with ADAT.
- The possibility of developing a "**Flying Squad**" style of small team of Mental Health staff both to stabilise crisis situations and to facilitate admission to hospital, has been raised by several of the outlying islands .

- **Lomond:**

The Hub for Lomond area would contain:

- 24 bedded **Acute Admission unit** and a linked 6 bedded **Intensive Psychiatric Care Unit**.  
Key issues within these facilities are:
  - flexible space usage to accommodate varied patient needs
  - adequate space
  - quiet areas and areas where noise can be made
  - safe garden space
  - single and twin bedrooms (not all en-suite)
  - a sense of "asylum" (safety and sanctuary)
  - homely style but with good levels of observation
  - shared facilities between Acute unit & IPCU and Acute Day Hospital mentioned below
- Lomond hub would have a **7 Day Acute Day Hospital** which would have three functions:
  - prevention of Admission by offering increased support at times of crisis
  - provision of group & individual therapies to both current In-patients and day patients
  - short-term post discharge support to ensure successful transition from hospital to home

- **Dementia Services Support Unit** of approx. 16 beds with combined **Day Hospital** which would have several roles:
  - to act as a clinical focus for the Dementia Service in this area
  - to take urgent admissions related to dementia for assessment and treatment
  - to act as a back up to the more locally based continuing care facilities offering practical support when local facilities were full or experiencing difficulty in patient management
- Each of the three localities would have access to locally provided **continuing care** beds and local day support for people with **severe Dementia**.

Currently the following sizes have been suggested:

- Dumbarton 12 beds
- Alexandria 12 beds
- Helensburgh 8 beds

Key issues with any residential facilities are:

- they would be domestic in style
- they would be on the ground floor
- there would be sheltered, safe garden areas
- there must be plenty of safe, wandering space
- they might be linked with other local "elderly care" facilities
- the staff would provide a flexible service involving in-patient, day care and community work
- assessment of patients would be done locally when possibly with support from the **Dementia Services Support Unit** as needed

**Specialised Day Hospital** would be provided in the Hub.

Community services would be co-ordinated through the Lomond wide **Dementia team**, which may be based within the Hub or the new Dumbarton Health Centre.

- **Rehabilitation service** that would be primarily community, multi-agency based.  
Following assessment the treatment options would range from:
  - initial Rehabilitation within the Acute In-Patient setting
  - treatment within a community based Skills Training Unit with 24hr staffing
  - Core & Cluster accommodation
  - Independent Tenancies
  - Social, educational and employment services
- The **Lomond Addictions Team** and associated **Day Treatment** facilities would be provided either within the Hub or the new Dumbarton Health Centre.

- **Harm Reduction services** would continue to be provided and developed.
- Each of the three localities would have a comprehensive **Community Mental Health Team** including all relevant mental health professions from all agencies.
- Each of the three localities in Lomond would have a **Multi Function Centre**. These would be primarily a **User-Led facility** which would provide a supportive social outlet as well as having group and individual room availability for use by any appropriate community agency. They would be domestic in style and size - considerably smaller than the Argyll version. Due to the close proximity of the In-Patient and Acute Day facilities it is perceived that there is no requirement for the Respite function. The locations of the above require to be identified but should be close to Town centre facilities.
  - Dumbarton
    - largest MFC in Lomond area
    - base for User Led groups
    - CMHT in Health Centre
  - Alexandria
    - CMHT in Health Centre (Bank St)
  - Helensburgh
    - might also function as base for CMHT
  - Lochside
    - no permanent MFC but need for out reach day services
- A specific role of the **Community Mental Health Team** would be to provide a specific amount of input [from the full range of professionals in the team] to local **Primary Care** Teams. This input would be for:
  - direct patient work with less severe mental health problems
  - supervision & training of Primary care staff
  - advice & guidance on management of Mental Health issues
- The development of the usage of **Psychological Therapies** by all Mental Health professionals is seen as essential to the delivery of a comprehensive service.
- **Trust wide services:**
  - The Child & Adolescent Mental Health Team would continue to operate as a Trust Wide Community service with 2 bases within Lochgilphead and Vale of Leven Hospital.

- Forensic Psychiatric Services are currently being developed as an integrated team across the Health Board area. The exact configuration of this service is currently under discussion.

## 5.0 List of Options

- 5.1 In addition to the Hub & Spoke model described above, the Trust considered and formally appraised a further range of options as follows:

### **Option 1: Do nothing**

This option is self-explanatory and is included only as a baseline against which future options can be compared. It is based on an assumption that the existing property portfolio will remain and is maintained in its present condition and performance. Similarly, the existing model of delivery services would remain as existing.

### **Option 2: Do minimum**

This option would be similar to the “Do Nothing” option and would rely on the existing property portfolio to deliver future services. However, in this case there is an assumption that issues such as backlog maintenance and poor condition and performance would be addressed where it is technically feasible and economically viable to do so. Hence, there would be general improvement in condition and suitability of the existing properties. Again, the model of delivering services would remain as existing. Key features of this option are:

- Retaining A&B and Lomond facilities (Vale of Leven Hospital and Dumbarton Joint Hospital)
- Rationalising the estate
- Rectifying backlog maintenance
- Existing model of service provision
- Limited development of the home care package from new resources

### **Option 3: Home based service**

This option envisages focusing future investment in mental health services on delivering those services in patients’ homes or local community. Its key features are:

- Provision of full range of services in patient’s homes based on 8 localities + Islay & Mull:
  - No inpatients
  - Assertive intervention
  - Crisis team intervention 24/7
  - Built up from existing teams

- Multi-function centres in each locality

#### **Option 4: Hospital based service**

The underlying theme of this option is to bring together services under one roof – Centralised facilities in Lomond and Argyll with each providing the full scope of services:

- 60 bed continuing care dementia
- 12 bed dementia assessment
- 24 bed Acute Admissions
- 6 bed IPCU
- 16 bed Continuing care mental illness
- 12 bed Rehabilitation mental illness
- 6 bed Addiction
- Minimum community services
- Enhanced patient transport service

#### **Option 5: Generic Care Model**

This model envisages the local delivery of the **full range of mental health services** within one facility. This would be a multi-purpose/multi-function Centre with one such facility per locality. The key features of this option are:

- Generic care unit -flexible use of space – inpatient (15 bed/day care)
- Flexible working arrangements e.g. peripatetic/inpatient roles
- Multi-diagnostic patient categories

## **6.0 Capital Costs**

### **6.1 Broad indication of capital costs**

6.2 Preliminary capital cost estimates have been prepared and indicate a capital cost in the range £35 million to £50 million

### **6.3 Sources of capital funding**

6.4 The Trust will fully examine the potential for funding the project through the PPP/PFI procurement route at the Outline Business Case stage of the project.

### **6.5 Timescales**

6.6 An indicative programme is shown in the table below.

<b>Action</b>	<b>Completion by end of:</b>
IA approval by Trust Management Group	January 2003
OBC approval by the Trust Management Group	March 2003
OBC approval by NHS Argyll & Clyde/SEHD	September 2003
FBC	To be advised

## 7.0 Impact on revenue costs

- 7.1 The capital expenditure arising from the development of the new facilities will result in increased revenue costs associated with capital charges (interest and depreciation) and rates. Additionally, there are increased revenue costs arising from the service developments.
- 7.2 The overall increase in revenue compared to the existing budgets is estimated to be £10 million per annum

## 8.0 Appendices:

- Statement that the proposed developments fit with Local Health Plan
- Statement that the IA has been approved by the Trust Management Group
- Statement that the NHS Argyll & Clyde has agreed in principle to the scheme
- Statement that the scheme is consistent with the Trust's estate strategy
- Statement that having regard for the service objectives of the proposal, no better use could be made of the existing estate.