Mental Health Services: Argyll and Clyde

Recommendation:

- the Board agree in principle the proposed partnership arrangements for mental health services in Lomond.

A. BACKGROUND

1.1 The attached paper outlines a proposal for NHS Greater Glasgow to manage adult mental health services to the population of Lomond. The paper outlines the reasons for this approach and proposes accountability arrangements to ensure continuing local engagement.

1.2 This proposed partnership for mental health services is the first which has emerged from improved joint working with Argyll and Clyde and is likely to be followed by other examples of joint arrangements where these can sustain a local service.

B. CONCLUSION

2.1 The Board are asked to support, in principle, further development of these arrangements.
1. Introduction and Background

We approached NHSGreater Glasgow to discuss the potential for a partnership arrangement to provide Adult Mental Health services for the population of Lomond.

The drivers for this approach include:

- significant difficulties in recruiting and retaining consultant staff and, therefore, a threat to training recognition
- the desire to provide a comprehensive Mental Health Service for the residents of the Lomond area
- the potential to access specialist services which require a larger population base
- a natural flow into Glasgow from some parts of the Lomond area.

Our objective has been to ensure that we are able to offer a stable, secure and high quality service to all of the Argyll & Clyde population. Through discussions both internally and with Glasgow colleagues it has become clear that our options are limited:

1. Continue with the status quo – this is unacceptable for the reasons outlined above
2. Enter into a partnership agreement with Glasgow where we continue to run Mental Health Services for Lomond, employing Consultants who work between Lomond and Glasgow. This is not a tenable option as it will not attract Consultants to work in this fashion, alongside others within their West Sector Team.
3. Enter into a partnership agreement where Glasgow has the budget for and delivers a Mental Health Service for the Lomond population, as part of their West Sector Locality service. This is the only workable option but has significant implications for Argyll & Clyde which are outlined below.

We have discussed the outline of a framework with NHSGreater Glasgow within which key Lomond and NHSGG PCT managers and clinical leads, along with Local Authority colleagues, could work together to bring forward proposals to deliver this objective. Early involvement with service users will also be crucial to the success of this work. This paper sets out the outcome of early discussions to enable formal approval to proceed as outlined below.

2. Proposed Arrangements

This section sets out the key elements of our proposed arrangements:

- Greater Glasgow PCT would immediately take responsibility for the management of Lomond staff delivering Adult Mental Health services with the local service manager reporting to the West Sector General Manager. The accountability, line management and employment arrangements of staff would remain as at present pending the development, negotiation and implementation of the service proposals as described below. These arrangements sustain the key principle of inpatient and community services being managed together and are critical to ensuring that rapid progress to map out the required service changes is possible. This responsibility would include managing the Mental Health budget for Lomond to provide comprehensive Mental Health services within the current financial envelope. The details of this will need to be mapped out promptly (see below).
There are particular issues about the viability of inpatient facilities currently provided at the Vale of Leven, for two reasons. Firstly, the ability to attract Consultants to posts which include providing cover for a relatively small, isolated inpatient unit and, secondly, a switch to community orientated provision will reduce the need for inpatient facilities and further reduce the viability of the Vale inpatient service. It is important to recognise the significant issues around any threat to this service and ensure there is full engagement of the key interests as the assessment of current services develops.

Within the first three months of this arrangement there would be a detailed appraisal of the current arrangement of services and available resources and proposals would be developed to provide a comprehensive and sustainable mental health service to the Lomond population. In line with Glasgow’s current model of care the focus would be on the provision of an effective community service and a pattern and volume of inpatient provision which can best meet local needs. This would enable the recruitment and retention of key clinical staff and reflect an orientation towards all possible intervention being community based. A core part of these proposals will be an explicit assessment of the relationship and added value to Adult Mental Health services provided for the population of Greater Glasgow. While this appraisal would be led within the revised management arrangements outlined above it would include full engagement of local clinical staff, user and community interests.

The approval of those proposals, through the accountability arrangements outlined below, would then enable a recruitment of additional clinical staff, most urgently of Consultant Psychiatrists. NHSGG PCT would employ these staff.

Alongside these service proposals a plan for the development of the Lomond workforce as a sub division of the Greater Glasgow Mental Health Division would be developed, to ensure the benefits to staff of a much larger clinical group are realised.

In addition to this focussed work on Adult Mental Health services a rapid appraisal of any consequential issues, for example for Older People’s Mental Health services will be put in place.

The continuation of SHO training as part of a wider NHS Argyll & Clyde scheme will need to be addressed urgently.

3. Financial Flows

This agreement would need to be underpinned by full financial transparency with NHSGG PCT having the opportunity to see all of the financial and human resources which underpin the current Mental Health service, in advance of the shift to the management responsibility outlined above. Where service proposals change the flows of patients for services not provided within Lomond there will need to be matching shifts in financial flows, for example if IPCU is to be provided within Glasgow and if boarding out of Lomond patients to other Argyll and Clyde facilities is reduced.

4. Accountability Arrangements

This proposal suggests that Greater Glasgow will manage the Adult Mental Health services for the Lomond population on behalf of NHS Argyll and Clyde. In order to develop an effective mechanism to ensure strong local accountability it is envisaged that Glasgow’s West Sector General Manager would have a direct line of accountability to the Divisional Director in Lomond & Argyll.
It is proposed that a Partnership Board is established for the Lomond area, bringing together local councillors, the LHCC, representatives of service users, senior staff of the Divisional Team and each local authority. This proposed Partnership Board would work with the Greater Glasgow Management Team to shape services for the Lomond population.

5. Longer Term Strategy

We are revisiting our existing mental health strategy within the context of the overarching NH Argyll & Clyde Clinical Strategy to define longer-term arrangements for Mental Health services in Argyll and Clyde. This needs to address the balance of resources between in-patients and community services, between the NHS and local authorities, the geographic distribution of services and the range of specialist services. This proposed partnership arrangement secures the adult mental health service in Lomond pending the outcome of that strategic review.

This partnership agreement is an outline only, designed to enable us to establish a framework of key principles within which we can work to develop a more detailed set of arrangements.

If the outcome is that we do still wish to continue a partnership with Greater Glasgow - or that a different arrangement is more appropriate - this agreement can be terminated or revised with an agreement on the required timescale.

Liz Jordan
24th November 2003