

DIRECTOR, GLASGOW CITY CHP

REVIEW OF MENTAL HEALTH PARTNERSHIP

Recommendation

1. The NHS Board is asked to note the summary of responses received to the recent discussion paper on the Future of the Mental Health Partnership.
2. Agree that the responsibilities of the Mental Health Partnership be delivered by CH(C)Ps as detailed in the discussion paper at Appendix 1.
3. Agree that the new arrangements for delivery of Mental Health Services will be monitored against the criteria detailed at para 11.1.

1. Background

- 1.1 This paper summarises comments received on the recent review of the Mental Health Partnership. The discussion paper which outlines proposed changes to the arrangements for the management of Adult Mental Health Services is attached at Appendix 1. The paper was widely circulated and a total of 25 responses were received. The content of these is summarised below.

2. General

- 2.1 The respondents were generally supportive of the proposals in the Discussion Paper. Some highlighted the benefits of the new arrangements such as ensuring that Mental Health remains a high priority for the Board and that there are clearly identified roles and responsibilities for all aspects of Mental Health Services including the delivery of HEAT Targets and strategic objectives.
- 2.2 Others identified that the new arrangements would ensure that Mental Health Services worked to a cohesive policy with teams across the Board working to the same strategic and operational objectives and policies.
- 2.3 The need for Mental Health finance to be monitored to ensure a balance of spend across the system was recognised and it was felt that the Co-ordinating Director together with the cross-system Mental Health Team would fulfil this role.
- 2.4 A number of respondents commented on the lack of detailed information of how the new system will work, this is recognised and is dealt with later in this paper.

3. Management Arrangements

- 3.1 A number of respondents suggested that the role of the General Manager Specialist Services should be as wide as possible covering a range of cross-system responsibilities and delegating for the Co-ordinating Director.
- 3.2 A job description will be prepared for this new role and in finalising it consideration will be given to the full range of responsibilities which would be appropriate for the post.

4. Clinical Governance/Leadership

- 4.1 A number of responses expressed support for the roles of Nurse and Medical Director covering all Mental Health Specialities.
- 4.2 There was strong support for the Clinical Governance arrangements which currently exist being further strengthened. This development will be lead by the Medical and Nursing Directors.
- 4.3 Within the Mental Health Partnership the Professional Lead for Psychology reports to the Medical Director and the Professional Lead for AHPs reports to the Nurse Director. It is intended that this will continue in the new arrangements.

5. Planning

- 5.1 Respondents fully supported the proposal to extend the planning leadership role of the Head of Planning and Performance. It was recognised that there is a need for this since planning for one area of Mental Health e.g. CAMHS can have a knock on effect in another e.g. Adult Mental Health.

6. Health Improvement

- 6.1 The current Health Improvement function covers Mental Health, Addictions and Learning Disabilities. There was support for this team being retained with their current function hosted within Glasgow City CHP where they will report to the CHP Head of Health Improvement.

7. Service User Involvement

- 7.1 There has been a significant level of Service User involvement in the Mental Health Partnership structures and processes. Respondents were keen to see this continue at both strategic and operational level. Service Users were concerned that this might be more challenging at an operational level. We will work with Service User Organisations to ensure that patient involvement is maximised at all levels.

8. Carers

- 8.1 One Carers Organisation responded expressing concern that carers were not mentioned in the discussion paper. It is intended that the new arrangements will not impact on the relationships which have been formed with carers. Carer involvement in service planning and redesign will continue.

9. Staff Governance

- 9.1 The new arrangements mean that there will no longer be a requirement for a Mental Health Partnership Staff Governance Forum. Some respondents expressed concern about cross-system Mental Health redesign and how staff side organisations would engage with this.
- 9.2 There is a significant change agenda to be delivered across Mental Health Services in Greater Glasgow and Clyde and we will work with staff side colleagues to identify the most effective mechanisms for engaging with staff side colleagues to deliver the changes.

10. Governance

- 10.1 Concern was expressed by some respondents that CHP management of Adult Services could lead to service fragmentation and budgets being divided or vired to other parts of the health system. It was considered that there may also be risks to the evidence based models of care currently in place.
- 10.2 As stated in the discussion paper it is intended that a system wide Mental Health Team which will be put in place which will provide strategic leadership for Mental Health Services and will focus on all aspects of performance. This arrangement should ensure that the concerns identified at 10.1 do not become reality.

11. Monitoring and Evaluation

- 11.1 To provide the NHS Board with confidence about the new arrangements it is intended that the Corporate Management Team and the Organisational Performance Review process review the impact of the new arrangements against the following criteria, these being the principles which the new Mental Health System Wide Team will work to.
- 11.2 Retention of whole system coherence and balance of care between Inpatient and Community Services.
- 11.3 A Greater Glasgow and Clyde Mental Health Financial Framework within which CH(C)P Mental Health Service and Financial Frameworks are developed.
- 11.4 Equity of service provision across CH(C)Ps including waiting times.

11.5 Meaningful Service User engagement at all levels in the Greater Glasgow and Clyde Mental Health System.

11.6 A whole system approach to Clinical Governance which ensures equity of standards across Greater Glasgow and Clyde.

12. The Way Forward

12.1 Overall responses to the discussion paper were positive and accepting of the changes proposed. There were a number of very specific questions raised about the new arrangements and these will be responded to individually.

12.2 A paper on the detail of the new arrangements is currently being prepared for agreement with CH(C)P Directors, the intention being that the new arrangements will be implemented on 1st May 2011.

11th April 2011

**E Anne Hawkins
Director Glasgow City CHP
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Review of the Mental Health Partnership Discussion Paper – February 2011

**Comments to be submitted to Anne Hawkins
(Anne.Hawkins@ggc.scot.nhs.uk) by 31st March 2011**

1. Introduction and Purpose

- 1.1 This paper outlines proposed changes to the arrangements for the management of Adult Mental Health Services. The proposals reflect a number of key factors:-
- 1.2 The establishment of a single CHP Director for Glasgow City who is formally accountable for co-ordinating the wider group of Partnership Directors.
- 1.3 The establishment of two further integrated CHCPs with full local authority engagement within their CHCP Committees.
- 1.4 The delivery of the Clyde Mental Health Strategy giving Greater Glasgow and Clyde a model of Mental Health Services for adult and elderly which fits with the Greater Glasgow and Clyde Mental Health Framework.
- 1.5 The requirement to reduce management costs.

2. Background

- 2.1 The Mental Health Partnership was set up in 2006 as part of the establishment of the single system organisational arrangements for NHS Greater Glasgow and Clyde. The intention was to achieve integrated services at a local level and whole system coherence.

3. Key Features of the Mental Health Partnership

- 3.1 A Mental Health Partnership Committee, chaired by a local authority Non-Executive Board Member, with Councillor membership from each local authority, NHS Non-Executives, CH(C)P representatives and service user representatives.
- 3.2 An Executive Team led by the Director of the Partnership with responsibility for ensuring a whole system approach to the planning and delivery of adult Mental Health Services.
- 3.2 Mental Health Managers in each CH(C)P accountable to the CH(C)P Director for the delivery of all local mental health services, working as an integral part of the Mental Health Partnership Management Team to ensure that there is a cohesive mental health system across Greater Glasgow and Clyde.
- 3.4 Five of the Mental Health Managers have a wider responsibility for

mental health service delivery or redesign including inpatient beds and for these responsibilities they report to the Partnership Director.

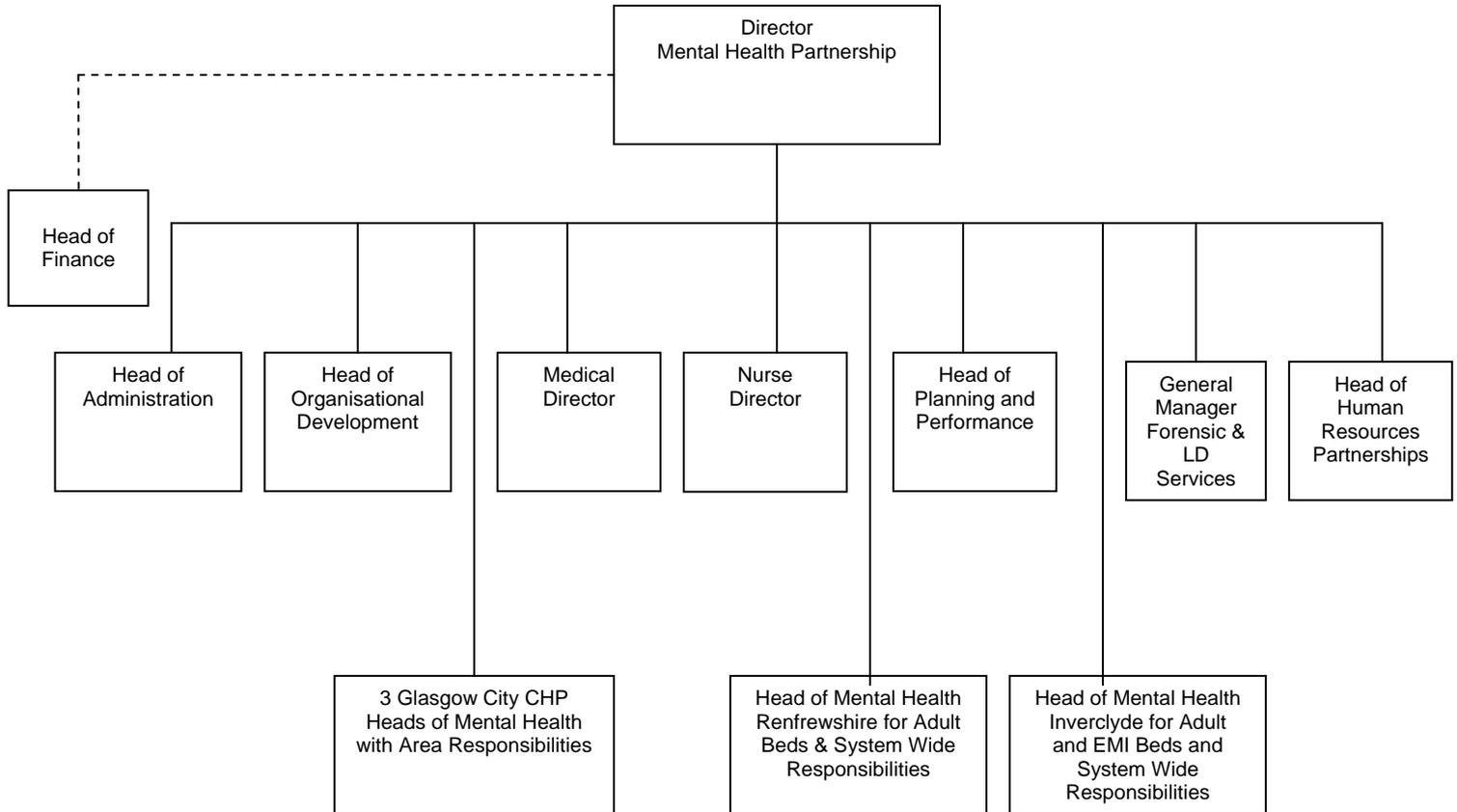
3.5 A major objective in developing these arrangements was to ensure strong local accountability and connections throughout the entirety of the CH(C)P recognising the broader aspects of mental health improvement. The aim was to ensure whole system coherence for Mental Health Services provided locally and those provided across a geographical area (including inpatient beds). It was also intended that CH(C)Ps would be part of the decision making processes for these broader services which are critical to providing effective local services. This was achieved through CH(C)P Directors being part of planning process and members of the Mental Health Partnership Management Team.

4. Function of the Mental Health Partnership

- 4.1** • To manage Greater Glasgow and Clyde wide services in partnership with CH(C)Ps
- 4.2** • To ensure a whole system approach to the planning and delivery of mental health services.
- 4.3** • To ensure clear and consistent implementation of performance management arrangements, reflecting all aspects of health and local authority governance requirements.
- 4.4** • To provide effective managerial and professional leadership at all levels of the Partnership.
- 4.5** • To provide robust and safe arrangements for the management and delivery of mental health services with particular focus on balancing the risk to individuals to that of the community.
- 4.6** • To lead the development of health improvement and prevention strategies for mental health and wellbeing in partnership with CH(C)Ps.
- 4.7** • To lead the Clinical Governance arrangements for the broader Mental Health System.

5. Management Structure

5.1 The current Management Structure for the Mental Health Partnership is shown below.



6. Governance Arrangements

6.1 A critical role of the Mental Health Partnership is to ensure that cross cutting governance issues between Child and Adolescent Mental Health Services (CAMHS), Elderly Mental Illness (EMI), Addictions, Adult Mental Health, Forensic Services and Learning Disabilities are dealt with in a consistent way. The current approach has been successful. The further development of that approach will be possible with the improved link to the wider Director Group through the Glasgow City Director role, since the management of CAMHS and Addiction Services are now fully integrated within that CHP.

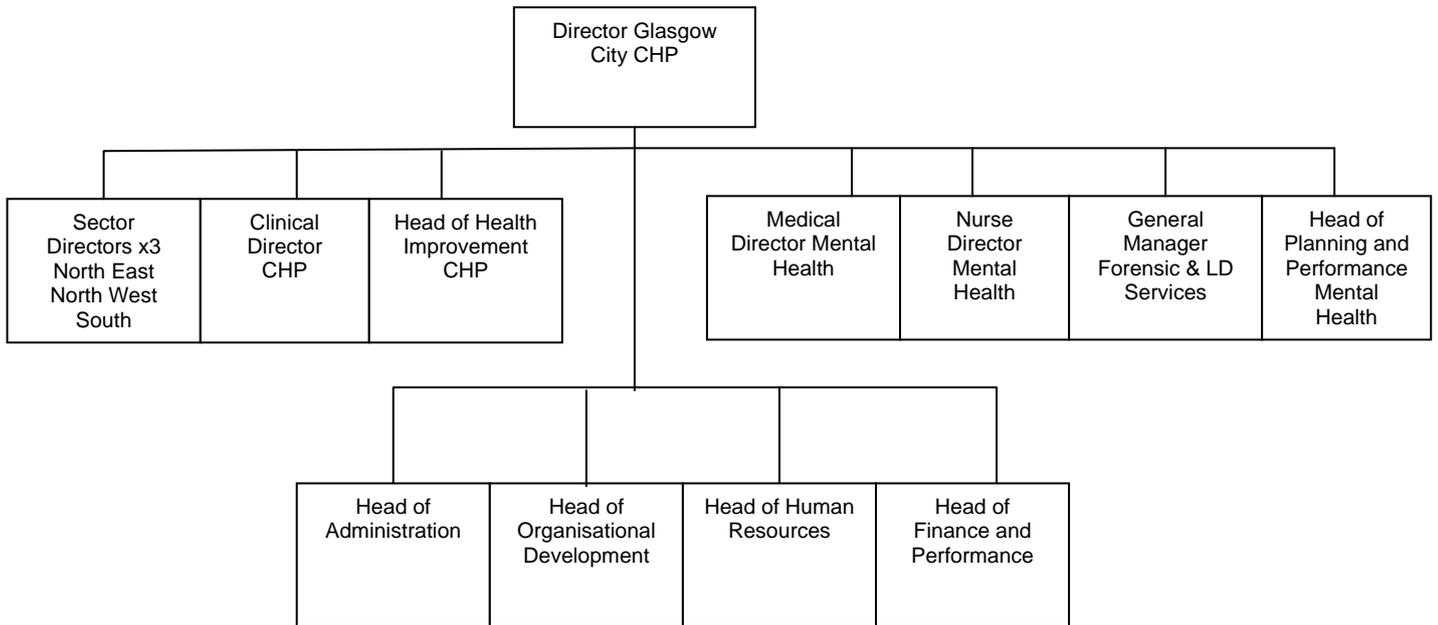
7. Proposals

It is proposed that

- 7.1** • The post of Partnership Director be formally deleted from the management structure. The responsibilities for whole system governance and coherence will be included within the role of the Coordinating CHP Director. The whole system roles of professional leader for medical, psychology, nursing, allied health professionals and planning would report to the Co-ordinating CHP Director.
- 7.2** • The appropriate CH(C)P Directors will take full responsibility for the management of all adult inpatient services in their respective CH(C)P. There are no other changes proposed to bed management responsibilities.
- 7.3** • A revised specialist General Manager post will take responsibility for Forensic Services, Specialist Learning Disability Services and a range of other system wide specialist mental health services reporting to the Co-ordinating CHP Director.
- 7.4** • The Mental Health Partnership Committee will be dissolved with its scrutiny function continuing but carried out by each relevant CHCP and CHP Committee and by the Board's overall Corporate Performance and Governance structures.
- 7.5** • The Co-ordinating CHP Director will lead a system wide Mental Health Team of Heads of Mental Health and other whole system leads which will provide strategic leadership for Mental Health Services and focus on all aspects of performance. Service user engagement structures will link into this system wide team and at a local level.
- 7.6** • The role of the Head of Planning and Performance for the Partnership will be extended to provide planning leadership and support for Specialist CAMHS, Learning Disabilities and Addictions Services as well as for Adult Mental Health. Planning arrangements for specialist EMI will be subject to further review.
- 7.7** • The Professional Leadership roles of the Medical Director and Nurse Director will be reviewed in conjunction with CH(C)P Clinical Directors to delineate their roles and clarify their responsibilities in the new arrangements.
- 7.8** • The Health Improvement Manager post currently part of the MHP will retain its distinct and wider responsibilities for Mental Health Improvement and become part of the new Glasgow City CHP Health Improvement arrangements.

- 7.9**
- There will be integrated arrangements for the Organisational Development, Human Resources and Finance functions for the Mental Health Partnership and Glasgow City CHP. These arrangements will be subject to separate reviews with a view to rationalising responsibilities. This means that the posts of Heads of Organisational Development, Heads of Human Resources and Heads of Finance will be affected by these future reviews.

7.10 Proposed Management Structure



**Anne Hawkins,
Director Glasgow City CHP
28th February 2011**

Engagement Process

- **Professional Local and Area Advisory Committees**
- **Area Partnership Forum**
- **Mental Health Staff Partnership Forum**
- **Glasgow City CHP Staff Partnership Forum**
- **Mental Health Network**
- **Acumen**
- **Mental Health Partnership Committee**
- **CH(C)P Directors**
- **Mental Health Partnership SMT**
- **Glasgow City CHP Clinical Governance Forum**
- **Mental Health Partnership Clinical Governance Committee**
- **Paper to NHS Board – April 2011**