

Greater Glasgow NHS Board

Board Meeting

Tuesday 12th October 2004

Board Paper No. 2004/59

Director of Planning and Community Care

Adult Mental Health Services - Outcome of Consultation on Integration

Recommendation:

- **The Board confirms its support for the proposed organisational arrangements for adult mental health services and the suggested implementation arrangements.**

A. BACKGROUND AND PURPOSE

- 1.1 Glasgow City Council and Greater Glasgow NHS Board concluded in 2003 that a process should be put in place to explore whether the integration of NHS and Social Work mental health care could improve services and benefit users. This work was led by an Integration Steering Group which commissioned the Sainsbury Centre for Mental Health to run a major consultation exercise with staff and professional interests, the voluntary sector and users. The outcome of that consultation was that there was overwhelming support to move to integrated services as representing a way forward to deliver better care. The service benefits identified at that time included:
- the design and management of the single mental health and social care network will follow the patient and their care consistently through primary, secondary and tertiary levels;
 - services within the network can be delivered appropriately in practices, patients homes and in hospital or community mental health premises;
 - clinicians and practitioners can work within the managed system without artificial organisational boundaries;
 - resources within the system can be managed to meet clinical and other needs;
 - those commissioning services can agree service provision and have the mental health system account for that service delivery across the whole system to meet local and service wide needs.
- 1.2 Based on this positive commitment we therefore concluded we should move to develop formal proposals. We took the view that we should have an inclusive approach to the development of those proposals for the integrated organisation which we recognised needed to support the shared ambition to integrate mental health services in a way which meets the requirement to have services locally managed and horizontally integrated with other health and social care services but also to ensure an effective whole system of mental health care.

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- 1.3 The Sainsbury Centre for Mental Health were further commissioned to review and develop options for the organisational arrangements. Staff from each of the Local Authorities were involved in this process to ensure the perspective and concerns of their Authority could be taken account of in the process. Subsequently this work has been further refined to locate itself firmly within the emerging proposals for the development of CHPs, coterminous with local authority boundaries. The essence of the challenge has been to ensure coherence of service delivery at local, area and Greater Glasgow wide levels whilst exploiting the opportunities in the development of CHPs to strengthen local devolution and management of service delivery. The Sainsbury Centre reported their proposals for the organisational structure in the spring of this year. Those proposals formed the basis of the attached consultation paper.
- 1.4 These consultation proposals set out organisation arrangements with four key components:
- a Mental Health Partnership Board including Local Authority Councillors, NHS non Executives and CHP representatives;
 - an Executive Team led by a Director with responsibility for ensuring there is a whole system approach to the planning and delivery of mental health services;
 - mental health managers in each CHP accountable to the CHP Director and Board for the delivery of all local mental health services but working as an integral part of the Partnership Management Team to ensure there is a cohesive mental health system across the full range of services. Those local mental health services to include teams combining the functions of existing community and primary care mental health teams with social work teams;
 - three of the CHP mental health managers with wider responsibility for area services, including inpatient beds, and in particular the interface between CHP and pan CHP services, accounting to the Partnership Director for the management of area services.
- 1.5 A major objective in developing these arrangements was to deliver strong local accountability and connections, through the CHP, and to ensure there is a whole system coherence for mental health, between services provided locally and those provided on a more aggregated basis (including inpatient beds). It is also important the CHPs are at the heart of decisions about the provision of those more aggregated services which are critical to providing effective local services.
- 1.6 The purpose of this paper is to bring to the Board the outcome of the consultation.

B. CONSULTATION PROCESS

- 2.1 In addition to the extensive consultation about the principles of integration, which began this process, we have run a further, specific consultation on these organisational proposals. That consultation has included Local Authorities, staff interests and patients. The themes which have emerged from that consultation are summarised below:
- proposals broadly welcomed - should bring significant benefits for patients and staff;
 - more detailed information required on accountability, structures, financial responsibilities, governance arrangements and management and professional leadership roles;

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- concern that proposals may threaten the existing integration between adult mental health and other mental health specialisms such as older people, forensic and adolescent services;
 - partnership board too heavy with general managers - not enough clinical representation;
 - need to retain existing good practice and effective working;
 - need for effective professional leadership arrangements at all levels;
 - risk that funds for severe and enduring mental illness could be diluted.
- 2.2 In essence, there continues to be broad support for integration and its potential benefits to patients. There are, of course, concerns that the process of integration, particularly in relation to staff, is well managed, also that we do not compromise the delivery of services during a time of change and a number of detailed points which need to be addressed in the final arrangements.

C. NEXT STEPS

- 3.1 Following the conclusion of the consultation we are now seeking the approval of the NHS Board and Local Authority Committee structures to move to deliver the fully integrated mental health organisation which all of our work has concluded will improve the care we offer to patients.
- 3.2 Subject to that approval we intend to begin the implementation by appointing a Director Designate for the Mental Health Partnership with full Local Authority involvement.
- 3.3 The Director Designate will have a number of important tasks in advance of the full establishment of the Partnership including to:
- provide interim operational management of the separate Greater Glasgow NHS services and Glasgow City Council social care mental health services, pending the establishment of the full organisation and structural arrangements of the Mental Health Partnership and CHPs;
 - establish the Partnership Board and management structure;
 - work with CHPs, particularly agreeing the detailed roles of CHP mental health managers with each Local Authority and establishing those posts including those with area responsibilities;
 - develop accountability and governance arrangements into the NHS and local government;
 - put in place migration arrangements for the present adult mental health services provided by Social Work and the NHS into this new structure and migration arrangements for other mental health service areas into the Mental Health Partnership, or into CHP or other partnership arrangements, subject to the outcome of the separate processes in relation to Older People's Mental Health and Child and Adolescent Mental Health.
- 3.4 When this work is completed the full Partnership arrangement can be put in place. Our aim would be to achieve shadow operation of the Partnership by April 2005 and to have implemented the full organisational Partnership arrangements, including the recruitment and assimilation of all staff, by April 2006. The detailed timing of the development of the "shadow" Partnership arrangements will need to be flexed to reflect the actual timing of the implementation of CHPs.

EMBARGOED UNTIL MEETING

- 3.5 Mental health service integration will be a core element of work to establish CHPs with other Local Authorities. This paragraph briefly summarises our proposed approach.

The arrangements for East Dunbartonshire Council, which is wholly coterminous with GGNHSB, can proceed as part of the CHP implementation along a similar basis to the proposals for Glasgow City Council.

The arrangements for East Renfrewshire Council and West Dunbartonshire Council are more complex as both authorities are split between two service providers and two NHS Boards (Greater Glasgow and Argyll and Clyde NHS Board). The National Guidelines relating to CHPs, mental health and integration require that Boards delegate to a single mental health services for a Local Authority area within the context of development of CHPs. These discussions have commenced in both West Dunbartonshire and East Renfrewshire to explore the implications and feasibility of such arrangements, taking account of pace of change issues given the currently underdeveloped state of Argyll and Clyde services and the need to avoid any detriment to the services received by GGNHSB population in these areas.

In South Lanarkshire the detailed arrangements for Rutherglen and Cambuslang will necessarily follow and mirror the arrangements for the wider discussion about implementation of CHP arrangements for this area.

D. OTHER ISSUES

- 4.1 Our consultation proposal was that the Partnership would manage adult mental health services. Since that proposal was made, our thinking on the impact on structures of the implementation of CHPs and single system NHS working has continued to evolve. Over the next few months we will want to consider whether the integrated management teams we have established for learning disability and addictions services should also migrate into this partnership arrangement, as similar principles of ensuring local management and accountability, within the context of effective operation of the whole service system through both horizontal and vertical implementation, apply also to these services.
- 4.2 In addition, we need to conclude what are the best management arrangements for older people's mental health with the imperative of ensuring that as well as achieving the integration of local services within the CHPs and protecting the integrity of existing vertical integration we also need to consider what organisational arrangements can best deliver a unified approach to the care of older people.

**CONSULTATION ON PROPOSED ORGANISATIONAL ARRANGEMENTS
FOR INTEGRATED ADULT MENTAL
HEALTH SERVICES**

Introduction

The purpose of this paper is to consult on the proposals for the organisational arrangements for Integrated Adult Mental Health Services, to further develop seamless, coordinated and person centred care, which ensures that people receive appropriate support at the level they require.

The proposed changes will build on the existing provision of effective, efficient and quality city-wide mental health services within the NHS and Local Government organisational arrangements but use the developing Community Health Partnership framework to integrate Health and Social Care within a coherent city-wide mental health integrated system. The assumption in these proposals is that CHPs will have delegated authority for NHS and Local Authority adult mental health services, as part of the whole mental health network system.

The proposals seek to ensure robust arrangements for the safe delivery of services and to exploit the opportunities in the development of CHPs to strengthen local devolution and management of service delivery. The content of these proposals detailed below, focus on providing a clear system of care which takes account of the need for vertical and horizontal integration of services so as to deliver professional and operational supports for staff presently working in Health and Social Work organisations. A fundamental requirement of the proposed arrangements is that accountability for the respective statutory arrangements must be to the respective organisations. Further consideration to define the exact mechanisms for this will be required.

The focus is on adult mental health services; however it is recognised that relationships with other related mental health services will continue to be developed.

Background

The Sainsbury Centre for Mental Health (SCMH) was commissioned by Glasgow City Council, Greater Glasgow Health Board and Greater Glasgow Primary Care Trust to review a range of organisational options to manage Integrated Mental Health Services. Our objective in developing these options was to arrive at an organisational structure, which reflected the importance of whole system working for people with mental health problems, but also

recognised the importance of local decision-making. We have referred to this as the challenge of achieving horizontal and vertical integration.

The options were:

- A. A Greater Glasgow wide Mental Health Organisation
- B. Clusters of Community Health Partnerships (CHP) equivalent to an existing Mental Health Sector
- C. Individual CHP's managing all Community Adult Mental Health services for their populations

The SCMH carried out their work in an inclusive way by engaging with key individuals and groups of stakeholders to test out the options and to inform their report. The proposals however have been developed to take account of the involvement of Community Health Partnerships

Proposals

The Sainsbury Report recommends an amalgam of the 3 options that they were commissioned to review, they propose:

The establishment of an integrated Greater Glasgow Adult Mental Health Partnership (GGAMHP) that will be supported by the following organisational arrangements:

- Area Mental Health Services
- CHP Mental Health Services
- Local Mental Health Teams

The Greater Glasgow Adult Mental Health Partnership

It is proposed that a Greater Glasgow Mental Health Partnership is established between all Greater Glasgow Local Authorities and the NHS in Greater Glasgow to balance the effective management of both locally based CHP services and the whole Mental Health system interests and imperatives. The core functions of the GGMHP are, in partnership with the CHP's to

- To ensure a whole system approach to the planning and delivery of Mental Health Services
- To ensure clear and consistent implementation of performance management arrangements, reflecting all aspects of health and Local Authority governance requirements

- To provide effective managerial and professional leadership, at all levels of the Partnership
- To provide robust and safe arrangements for the management of Mental Health Services with particular focus on balancing the risk to individuals to that of the community

A Joint General Manager will lead the Partnership. CHPs will be the primary constituents of the Partnership, CHP Mental Health Managers will be full members of the Partnership Management Team and CHP's will be fully represented on the Board of the GGMHP, which will have an executive team consisting of:

- Joint General Manager
- CHP Managers (3 with area service responsibilities)
- Medical lead
- Nursing lead
- Social Work Lead

We want to give a clear structure that recognises the whole system nature of mental health services but also recognises the criticality of the connections and accountability at local level within the emerging constructs of CHPs. The next three sections on CHP services and wider area services describe how we propose to address that reality

CHP Mental Health Services

It is proposed that there is maximum devolvement of service delivery to CHP based Mental Health Services, which should:

- Operate on behalf of the Greater Glasgow Mental Health Partnership
- Include Mental Health Services operating in Primary, Secondary and Social Care

Within a CHP Mental Health Service would be:

- CHP Intermediate Services
- Local Mental Health Teams (see below)
- Specialist Social Care Services

The CHP would also have access to a range of mental health support services. These include:

- Day care
- Employment services
- Supported Accommodation

- Residential and nursing home care

In line with the CHP proposals, 8 Joint Managers of CHP Mental Health Services will be established, three of whom will also assume the role of Area Mental Health Services Manager.

The CHP Mental Health Manager is responsible for Health and Social Care services and accountable to both the Chief Officer of the CHP, the Joint General Manager of the Mental Health Partnership and for aspects of service through the Area Mental Health Services Manager (see below.)

Local Mental Health Teams

Within the Community Health Partnership Mental Health Network there should be established a number of Local Mental Health Teams comprising the current Community Adult Mental Health Teams, the Primary Care Mental Health Teams and the Social Work and Social Care Services. Single points of entry, single shared assessments, integrated care management and unified care pathways as per Joint Future requirements will be established within these Teams.

It is proposed that a review of the boundaries of existing mental health services will be required to achieve coterminosity with the proposed CHP and Local Authority boundaries, but it will be critically important to ensure that appropriate patient flows are maintained.

A Joint Manager for the Local Mental Health Team will be established. Clinical and Service Governance arrangements for the joint teams will build on the current agency frameworks.

Area Mental Health Services

Some services will necessarily need to be provided and managed for populations greater than a CHP. e.g. inpatient beds including bed management; hospital and resource centre reprovision and maintenance, some intermediate services, elements of workforce planning and professional leadership. We are therefore proposing that three of the CHP mental health managers have responsibilities for wider area services. The additional responsibilities of these three posts would be:

- Jointly setting and monitoring service objectives and key result areas for the CHP Mental Health Services
- Ensuring sound service governance and operational practice across CHPs

- Ensuring that there are systems in place so that wider area services reflect in operational and development terms, the requirements of component CHP's while retaining the integrity of the whole mental health system
- Contributing to the delivery of a seamless integrated adult mental health service by working with CHP mental health leads and as an integral part of the mental health partnership

The Area Mental Health Services General Manager is answerable to both the Chief Officer of the CHP for services within the CHP for which they act as CHP mental health manager and the Joint General Manager of the Mental Health Partnership for their wider responsibilities. This will be further clarified by the relevant schemes of delegation and management in relation to clinical, financial and staff governance

Conclusion

We believe these proposals best represent an integrated structure which ensures strong local accountability within CHP structures but retains the integrity of the whole system of mental health across Greater Glasgow, through a partnership organisation within which CHP management teams and Boards are fully represented.

Lastly the principles of the NHS Organisational change policy will underpin the implementation of these proposals.

Comments on the proposals in this document should be sent by 28 June to either:

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