EMBARGOED UNTIL DATE OF MEETING

NHS Greater Glasgow and Clyde

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday 18th December 2007 **Board Paper No. 2007/58**

Director of Corporate Planning and Policy
Director - Mental Health Partnership

MODERNISING CLYDE MENTAL HEALTH SERVICES

Recommendation:

The Board is asked to:

- **endorse the proposed next steps to respond to the Independent Scrutiny Panel report and move to formal public consultation.**

1. BACKGROUND

The purpose of this paper is to:

- review the paper considered by the Board at its June meeting (Attachment 1) in the light of the Independent Scrutiny Panel report;
- respond to the outcome of the Independent Scrutiny Panel and propose next steps.

2. OUTCOME OF INDEPENDENT SCRUTINY AND NEXT STEPS

Paper 2007/53 sets out our detailed response to the Independent Scrutiny Panel's comments including those on mental health. The Panel's input and advice will enable us to develop the proposals in the June paper to meet their requirements. Our proposal is to prepare for public consultation towards the end of January - modifying and developing the proposals the Board previously considered to reflect the Panel's conclusions as follows:

- providing a detailed working paper, available as part of the public consultation material, summarising and referencing the evidence which underpins our strategy;
- concluding the quantified option appraisal which we have commenced in response to the Panel's advice - the outcome of that appraisal to be available as part of the consultation material;
- setting out in greater detail our proposed partnership provision for continuing care;
- ensuring our public consultation material is explicit about the engagement of stakeholder interests;

- including with the material available for public consultation further detail on inpatient site capacity, peak demand and levels of boarding out;

During the consultation process we will refine our intelligence on market rates for partnership beds to enhance our risk appraisal.

3. CONCLUSION

Consulting with these modifications will address the primary issues the Panel raised and improve the quality of the consultation process and materials

Publication: **The content of this Paper may be published following the meeting**

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ATTACHMENT 1
JUNE 2007 BOARD PAPER

MODERNISING MENTAL HEALTH SERVICES
ADULT AND OLDER PEOPLES MENTAL HEALTH SERVICES FOR INVERCLYDE, RENFREWSHIRE, WEST DUNBARTONSHIRE AND EAST RENFREWSHIRE

1. SUMMARY AND OVERVIEW

1.1 NHS Greater Glasgow & Clyde took responsibility for delivering health services across Clyde in April 2006. Since then, local joint health and local authority planning groups, involving service user representatives, have been working with frontline staff to review the way existing services are organised with a view to developing plans that will achieve service improvement and modernisation.

1.2 In particular, this work has looked at how best we can redesign current services to shift the balance of care more towards enhanced community services, which better meet individuals needs.

1.3 The strategy provides the outcome of that joint work and sets out:

- what a modern mental health service looks like;
- where we are now compared to such a service;
- how we would put in place the core elements of a modern mental health service through redesign of services and reinvestment of savings to fund service developments.

1.4 The strategy has six core building blocks:

1. Development of community services

2. Closure and reprovision of continuing care beds

3. Reconfiguration of inpatient services

4. Specialist services development

5. Investment of resources released from the redesign of acute and continuing care inpatient services to fund:

    - service developments;
    - achieving £2m savings as mental health's contribution to the GG&C NHS Board's corporate savings targets to contribute to addressing the inherited NHS Argyll and Clyde financial deficits.

6. Bridging funding to support the transition and service redesign to enable:

    - development of robust community services in advance of inpatient bed reductions;
    - bridging funding to support service redesign pending full release of site based savings.

1.5 A further summary of proposals in relation to each of these areas is provided overleaf:

Development of comprehensive community services

1.6 To ensure consistent access to core service elements of comprehensive services for all geographic areas of North and South Clyde through £3.5m investment to develop:

- primary care mental health supports;
- community crisis resolution responses accessible on extended day and weekend basis;
- expansion of community mental health teams.

Closure and reprovision of continuing care beds

1.7 Continuing care beds in N&S Clyde are currently provided at about 2.2 times the level of Greater Glasgow and other UK provision. This high level of provision reflects the use of continuing care beds as a default residential provision in the absence of a wider range of services not yet in place. Significant numbers of people currently cared for in continuing care beds would benefit from having their care safely provided in a community setting, from a range of care home or supported accommodation placements. For these individuals discharge from inpatient care would significantly enhance their quality of life and functioning.

1.8 The remaining continuing care provision would then be more appropriately focused on those with more complex medical care needs, and would require a lower overall number of beds. The current inpatient environment of continuing care is of variable and often low quality. Our proposal builds on the experience of Greater Glasgow arrangements, by reproviding older peoples mental health continuing care beds in community settings based on Partnership models of provision which secure new provision with higher quality environments of care, including single room accommodation.

1.9 The strategy proposes investment of £3.4m to develop a range of accommodation with supports for those who would benefit from discharge from inpatient care including:

- supported accommodation places;
- intensive community care support packages;
- group homes;
- care home places.

1.10 Additionally the strategy proposes reducing the overall number of continuing care beds and reproviding older peoples continuing care beds in higher quality community based Partnership provision, normally located in each local authority area.

Reconfiguration of inpatient beds

1.11 99% of people with mental health needs receive their care from community based supports in primary or secondary care.

1.12 Less than 1% of people with mental health needs require admission to inpatient beds.

1.13 Current provision of acute admission beds in Clyde is about 1.4 times higher than that in Greater Glasgow. With comprehensive community services in place the bed numbers in N&S Clyde can then be reduced to levels comparable to those in Greater Glasgow.

1.14 In terms of location of beds the strategy has sought to retain local access to beds where this is consistent with principles of clinical safety, cost effective service delivery, and feasibility and capacity to deliver good quality inpatient services on particular hospital sites:

1.15 The strategy proposes:

Inverclyde

- Retention of Inverclyde adult and older people's acute admission services on the IRH site.

- Closure of older peoples continuing care beds currently on the Ravenscraig site, and reprovision of 33 older peoples mental health continuing care beds in a community based Partnership arrangement within Inverclyde.

- Closure of adult continuing care beds currently on the Ravenscraig site, and reprovision of 9 adult mental health continuing care beds within Inverclyde.

Renfrewshire

- retention of 40 older peoples mental health acute admission beds on the RAH site as now.

- closure of older peoples mental health continuing care beds on the Dykebar site and reprovision of 59 continuing care beds in a community based Partnership arrangement within Renfrewshire.

- consolidating all adult acute admission mental health beds in the good quality accommodation on the Dykebar site (currently split between the Dykebar and RAH sites) within Renfrewshire.

- reducing the overall number of adult continuing care beds and reproviding 12 beds within the Dykebar site

East Renfrewshire: Levern Valley

- consolidate provision of adult mental health beds for all of East Renfrewshire from the Leverndale site already used by the majority population of East Renfrewshire covered by the former GG NHS Board (implemented during 2007)

- explore proposals to consolidate the small number of Older peoples mental health acute admission beds for all of East Renfrewshire on a single hospital site - either at the Leverndale Hospital or at the RAH

- closure of older peoples mental health continuing care beds on the Dykebar site and reprovision of continuing care beds in a community based Partnership arrangement – East Renfrewshire to access either Renfrewshire provision or Greater Glasgow provision based on whichever arrangement achieves the best fit between user need, local access and service availability

West Dunbartonshire: Dumbarton and Alexandria

The West Dunbartonshire population currently receives its acute admission inpatient services from 3 hospital sites:

- Vale of Leven for the Dumbarton and Alexandria catchment

- Gartnavel Royal for the Clydebank catchment

- Lochgilphead for Intensive Psychiatric Care beds

Our proposals are to:

- consolidate provision of all acute admission beds for WDC on the Gartnavel site and transfer the adult and elderly acute admission beds currently located on the Vale of Leven hospital site to the Gartnavel Royal

    - Transfer 24 acute admission beds (12 adult and 12 older peoples beds) for Dumbarton and Alexandria catchment to Gartnavel, in addition to the 24 beds (10 adult and 14 older people) already provided at Gartnavel for the Clydebank catchment population

- relocate IPCU beds from Lochgilphead Hospital to an additional 2 beds in Gartnavel Royal

- reprovide 12 Continuing care older peoples bed within WDC area using Partnership model (to serve the population of West Dunbartonshire and Helensburgh/Lochside)

The rationale for the consolidation of all West Dunbartonshire inpatient services (i.e. acute admission, IPCU and intensive rehabilitation beds) on the Gartnavel site includes:

- achieving preferred resident junior psychiatric medical cover arrangements

- achieving the benefits of consolidation on a site with enhanced hospital infrastructure of specialist management of inpatient service, practice development resources and bed management resources

- retaining the planned high quality inpatient single room accommodation benefits of the new Gartnavel hospital accommodation for the Clydebank catchment

- providing ground floor accommodation and safe access to garden space for inpatient ward accommodation

- achieving continuity of care between users of both acute admission and specialist mental health services on the same hospital site

Helensburgh/Lochside

Services to this population are funded and commissioned by the Highland NHS Board and provided through a service agreement with the GG&C NHS Board. The Highland NHS Board has indicated it recognises the desirability of the Helensburgh /Lochside population continuing to access the same inpatient services as available to the Dumbarton and Alexandria population, notwithstanding the proposed transfer of inpatient services from the Vale of Leven hospital to the Gartnavel hospital.

Specialist services for the South Clyde catchment (Inverclyde/Renfrewshire/East Renfrewshire Levern Valley)

1.16 The following specialist inpatient services are already provided to a South Clyde catchment:

- specialist addictions beds

- IPCU Beds

1.17 Specialist addictions beds for South Clyde are currently provided from the 11 bedded Gryffe Unit at the Ravenscraig Hospital. It is proposed that specialist addictions beds for South Clyde are reprovided as part of a consolidated South Clyde and South & West Greater Glasgow service to be developed at the Southern General Hospital. The consolidation of 7 South Clyde beds with the 8 South & West Glasgow beds enables the service quality benefits of critical mass to be achieved in a small highly specialist service. The Ravenscraig site closure, by 2010, will occur in advance of the developments on the Southern General Hospital (SGH) site timetabled for 2012 to 2015. Pending the SGH developments a temporary interim location will be developed.

1.18 The IPCU is currently located at Dykebar and it is proposed this retains its South Clyde catchment, but is relocated to the IRH.

1.19 Intensive rehabilitation beds are not currently provided in Clyde services, but their development would enable specialist management of a challenging behaviour group of patients generally requiring such support for 1-4 years, best provided in separate accommodation from the acute admission environment of care. It is proposed to develop 8 such beds for South Clyde on the Dykebar site.

1.20 Early onset psychosis services are currently provided from a specialist service for the South Glasgow population. The funding of this service will be increased to enable an expansion of the catchment to include the South Clyde population.

1.21 East Renfrewshire currently uses specialist services in both South Clyde and in Greater Glasgow. It is proposed to consolidate the specialist services patient flows for the whole East Renfrewshire population (IPCU and Intensive Rehabilitation beds)

with the services already used by the Eastwood population, which are located on the Leverndale site.

Specialist services for the North Clyde catchment (Dumbarton and Alexandria)

1.22 Historically the Dumbarton and Alexandria population has had limited access to specialist services, which have been provided either from Lochgilphead or from services South of the Clyde.

1.23 It is proposed to improve local access to such services by extending the access already available to the Clydebank population to the whole of the West Dunbartonshire (WDC) population, including the Dumbarton and Alexandria population:

- transferring IPCU beds from Lochgilphead to an additional 2 beds for WDC in the Gartnavel Royal IPCU
- access to the intensive rehabilitation beds at Gartnavel Royal
- WDC wide access to specialist co-morbidity beds currently provided only to the Clydebank population, at the Stobhill site

1.24 Early onset psychosis services are currently provided from a specialist service for the North Glasgow population. The funding of this service will be increased to enable an expansion of the catchment to include the Dumbarton and Alexandria population.

Development of Highly Specialist services: GG&C or Regional services

1.25 Prior to the establishment of NHS Greater Glasgow and Clyde Health Board, plans for Regional Medium secure specialist forensic services were based on separate development of specialist services on the Dykebar site for the West of Scotland catchment, and on the Stobhill site for the Greater Glasgow catchment.

1.26 It is proposed to consolidate medium secure services formerly planned (but not yet provided) on the Dykebar site, within the new 74 bed Rowanbank Unit (opening in July 2007) at the Stobhill Hospital in North Glasgow. This will include provision of 7 new medium secure beds for Clyde services.

1.27 The retention of low secure beds on the Leverndale site enables the absorption of additional medium secure activity at the Stobhill Rowanbank unit within existing bed capacity at the Rowanbank unit, without compromising previously agreed bed provision for the Greater Glasgow population.

1.28 Low secure adult mental health services for both Clyde (previously no planned provision) and Greater Glasgow will be consolidated as a single service based on the Leverndale site, providing 8 new beds for North and South Clyde.

1.29 Low secure services for learning disabilities are currently provided in separate services in the Dykebar 8 bed unit for the West of Scotland catchment (5 beds for Clyde, 3 beds for NHS Lanarkshire, NHS Ayrshire & Arran and NHS Fife), and Leverndale for the Greater Glasgow catchment. The proposal is to consolidate both services on the Leverndale site.

1.30 In general terms the consolidation of small highly specialist services, typically provided on a regional basis, achieves significant service quality and financial benefits since:

- larger specialist services can sustain dedicated access to scarce specialist multi disciplinary supports
- larger services prove more attractive in terms of recruitment and retention of scarce and highly specialist staff who see larger services as offering enhanced opportunities for professional and career development
- larger specialist services provide significant economies of scale and prove more cost effective to provide

1.31 To secure provision of these additional 15 medium and low secure specialist forensic beds to the Clyde population is a prerequisite legal obligation under the Mental Health Act, and requires new investment of £1.7m.

Reinvestment of funding to support the planned service developments

1.32 The planned service developments summarized above would cost £9.5m. However it is recognised by NHS GG&C that a specific allocation of £1.7m funds is required to meet the costs of the forensic services, leaving £7.8m to be released from service redesign for reinvestment.

1.33 Additionally mental health services in Clyde are required to deliver £2m savings to the GG&C Board as part of addressing the inherited Clyde deficit.

1.34 Therefore a total of £9.8m needs to be released from service redesign.

This will be achieved by:

- releasing the site infrastructure costs of Ravenscraig through the previously agreed closure and disposal of the site
- maximising the use of good quality accommodation on the Dykebar hospital site, vacation of all other accommodation and disposing of a large part of the site
- taken together the reduced expenditure on site infrastructure releases £3.0m

1.35 Reducing expenditure on continuing care and acute admission beds, following development of comprehensive community services and reduced provision of beds at equivalent levels to Greater Glasgow, releases £6.8m

1.36 Together these changes generate the £9.8m required to fund the rebalancing of services including the development of comprehensive community services;

reprovision of Partnership continuing care beds in higher quality accommodation, and contribute £2m to the overall NHS GG&C Clyde Financial Recovery Plan.

Access Issues

1.37 The strategy proposes substantial development of locally based community services thereby improving access to services for the 99% of people whose mental health needs are met in community settings. The proposals for the closure and reprovision of continuing care beds also see reprovision within local areas.

1.38 The strategy proposes significant geographic changes to a small number of inpatient services for about 15% of current admission and specialist beds used by about 560 people per year as follows:

- 24 beds transferred from the Vale of Leven to Gartnavel Royal used by c230 people per year
- 8 IPCU beds for Inverclyde and Renfrewshire transferred from Dykebar to the IRH used by c46 people per year
- 11 addictions beds transferred from Ravenscraig hospital to the Southern General used by c280 people per year
- 8 learning disabilities low secure beds from Dykebar hospital to the nearby Leverndale used by c8 people per year

Bridging funding to support the transition and service redesign

1.39 It is widely accepted that the process of rebalancing services requires robust community services to be in place in advance of changes to inpatient services.

1.40 In order to cover the double running costs of development of community services and wider service redesign in advance of releasing the full ward and site based costs, the GG&C Board will provide non recurrent transitional funding of up to £3m per year for the period until March 2010.

Workforce issues

1.41 The strategy has proposed a substantial shift in the balance of care between inpatient and community services. Whilst this will create significant opportunities for the broadening and development of the skills of staff, the proposals may require a range of individuals to work in different service, or in a limited number of cases different geographic settings.

1.42 NHS Greater Glasgow and Clyde has a significant track record in redeploying staff taking account of individuals' skills and personal circumstances. Redeployment will be the first consideration with the aim of securing alternative employment for displaced staff. The detailed principles for the operation of these policies are set out in Section 17 of the Strategy.

Developing Clyde Services with no detriment to Greater Glasgow services

1.43 The GG&C NHS Board has previously committed itself to the principle that the development of Clyde services should be achieved without detriment to existing planned and agreed levels of provision for the Greater Glasgow population. The service and financial framework for the Clyde strategy has therefore ensured this principle is reflected in the detailed arrangements for service development and reconfiguration.

2. INTRODUCTION

2.1 In April 2006 the Greater Glasgow and Clyde NHS Health Board was created following the dissolution of the Argyll and Clyde Health Board.

2.2 The Greater Glasgow and Clyde Health Board committed to build on the strengths of the previous NHS Argyll and Clyde plans, whilst reviewing them in the context of experience of developing comprehensive mental health services, both within the Greater Glasgow and Clyde area, and also throughout the UK.

2.3 This Strategy summarises the outcome of that joint work with our partner agencies and services users, and in particular sets out:

- what a modern comprehensive mental health service "looks like"
- "where we are now" within Inverclyde, Renfrewshire, East Renfrewshire, and West Dumbarton
- proposals to develop services to achieve the functions required of modern comprehensive services.

2.4 The scope of the Strategy includes:

- adult mental health services
- older peoples mental health services
- addictions inpatient services
- forensic services

2.5 A Clyde Mental Health Strategy Group was commissioned to progress the overall development of the strategy.

2.6 The group works on a partnership basis with membership drawn from the NHS GG&C Mental Health Partnership, NHS staff side representation, Acumen representing user interests, the four local authorities of Inverclyde, Renfrewshire, East Renfrewshire and West Dunbartonshire, and local Community Health Partnerships covering the same areas.

2.7 The strategy is based on a framework and principles applicable across the whole of the Greater Glasgow and Clyde area.

2.8 However the approach has deliberately ensured that local planning groups are responsible for the application of those principles, in ways which are rooted in the local context and reflect the varied stage of service development for each of the four local authority areas.

2.9 In this way the service specification is the same for each area, but the detailed service models have been designed and adapted to the varying contexts and needs of each of the four local authority geographies.

2.10 This approach is reflected in this strategy document which sets out the overarching framework applicable to North and South Clyde, and then subsequent appendices set out the application of those principles for each of the four local areas.

3. VISION

3.1 Our vision is that service users should:

- receive supports which anticipate and prevent the development of illness
- receive the care and treatment supports they require
- receive care in local community settings where possible
- receive care which maximises recovery and minimises the disabling impact of their illness
- receive care on a timely basis in good quality services which are acceptable to service users and their carers
- be supported to live well in the presence or absence of illness

3.2 Beyond care and treatment supports our vision is that social attitudes evolve to become more socially inclusive, tolerant and supportive by:

- reducing stigma
- improving the recovery and “life chances” of people with mental distress through access to:
  - somewhere to live
  - income
  - work or meaningful occupation
  - things to do/leisure activities
  - support networks

3.3 Whilst the vision for service and treatment supports is primarily addressed to providers of specialist mental health services, the vision for wider social inclusion is one which can only be influenced through specialist mental health services working with the wider range of public, voluntary sector and private agencies.

4. MODERN COMPREHENSIVE MENTAL HEALTH SERVICES

4.1 Modern comprehensive Community Mental Health services need to be organised to deliver the following service functions which were set out in The Scottish Framework for Mental Health (1999):

- access and information
- needs for individual planning
- meeting needs in crisis
- needs for treatment and support with mental distress
- needs for ordinary living and long term support
- services to promote personal growth and development

4.2 There is now widespread consensus within the UK, informed by international experience, that comprehensive services should comprise a range of core service building blocks as summarised overleaf (albeit the detailed organisation and service models may vary between areas):

5. WHAT A MODERN MENTAL HEALTH SERVICE LOOKS LIKE

Services provided in local community settings or in peoples own homes • **Primary care supports for people with more common and less complex mental health needs used by c25% of the general population** • **Secondary care supports for people with complex and enduring needs and used by c5% of the general population**	
Primary care supports	Identification and access to effective treatments for common mental health problems
Integrated Community Mental Health Team	Community teams based in local Resource Centres providing treatment and care for those with more complex and enduring needs
Crisis resolution and access to treatment out of hours (extended day or 24/7)	Rapid and urgent community response providing intensive treatment support to people experiencing a mental health crisis who might otherwise require inpatient admission

Assertive outreach supports	Structured assertive support to maintain contact with a small group of service users whose chaotic life styles might otherwise lead to disengagement from services and relapse
Personal growth and recovery supports for ordinary living	Range of supports including: • accommodation with supports • meaningful daytime activities • support to get and keep a job • access to a range of social care supports for practical daily living • access to support networks to reduce isolation • advocacy supports
Early Intervention first onset psychosis	Rapid assessment and age related treatment at an early stage of someone's first development of psychosis • 14-30 age group • early intervention is crucial to support users and carers coping capacity at the early stage of illness
Continuing care beds	For people with complex medical needs who require long term or life long support in an inpatient setting. Older peoples continuing care services may best be provided in community settings whereas adult continuing care services may best be provided on hospital sites.

Services provided in hospitals

- **Inpatient services used by less than 1% of the population**

Acute admission beds	Assessment and Treatment of acute mental illness
Intensive psychiatric care beds	Assessment and Treatment of acute mental illness in a more secure setting to manage high risks of self harm or risk to others during the acute episode of illness

Specialist services provided on a North or South Clyde/GG&C or regional basis

- **Highly specialist community services managing very complex needs and providing liaison consultation support to general services**
- **Highly specialist inpatient services provided on a North or South Clyde/GG&C or West of Scotland basis**
- **Services used by 0.02% of the population**

Intensive rehabilitation beds	For a small number of people who need a sustained period of inpatient care for up to 5 years to ensure rehabilitation to a level of functioning consistent with discharge to community supports. Often a small inpatient group with high levels of challenging behaviours requiring a highly structured inpatient environment
Inpatient specialist addictions beds	The majority of detoxification is managed in residential or community settings. Where inpatient admission is required for people who have a primary mental health problem coupled with a secondary addiction problem this is normally managed in psychiatric beds (c40% of inpatient admissions). However a very small number of people with major addictions problems and other secondary physical health or mental health needs require care in more specialist settings with staff groups skilled in addictions problems which may coexist with secondary physical health or mental health problems Community addiction services are normally provided to local authority populations as part of local services, albeit where these are small populations they may be provided to a larger population base
Community eating disorders service and access to specialist beds	Specialist community services assess and treat the most complex presentations of eating disorders and assist generic community mental health teams in the care and treatment of less complex presentations. The specialist community eating disorders service is actively involved in pre-admission and post-discharge care for people accessing specialist inpatient provision.
Perinatal community service and inpatient beds for mothers and babies	Perinatal inpatient provision enables a safe and specialist environment for a baby to remain with its mother during her inpatient assessment and treatment episode. Care in mainstream inpatient beds is an unacceptable and unsafe environment for mothers and babies. Specialist community services assess and treat mothers with complex mental health needs in their home setting. For some people, this support will mean that admission to inpatient beds can be avoided. For people who require admission, the community service provides pre-admission and post-discharge support.

Forensic community service and inpatient services at varying levels of security	A very small proportion of people with a mental health problem may be at significant risk of committing a criminal offence whilst their judgment is impaired due to their illness. Care of these individuals takes place in environments of additional security by virtue of both physical security of the inpatient environment and specialist staff skilled in the management of forensic patients. Inpatient services are provided at varying levels of security from the state hospital providing a national high secure service, to regional medium secure inpatient services, and local services providing low secure inpatient services and specialist community services for those presenting lower degrees of risk.

5.1 In a modern service such as that summarised above each CHP/local authority area would have:

- A range of primary care supports and psychological interventions available through GP practices for people with the more common mental health problems
- Resource Centres from which community mental health teams co-ordinate and provide a range of care and treatment supports including:
  - ordinary living and long term supports
  - management of complex care needs
  - assertive outreach supports
  - access to extended hours crisis resolution

5.2 About 95% of all care, treatment and support services are provided through the primary care supports and the community based Mental Health Resource Centres.

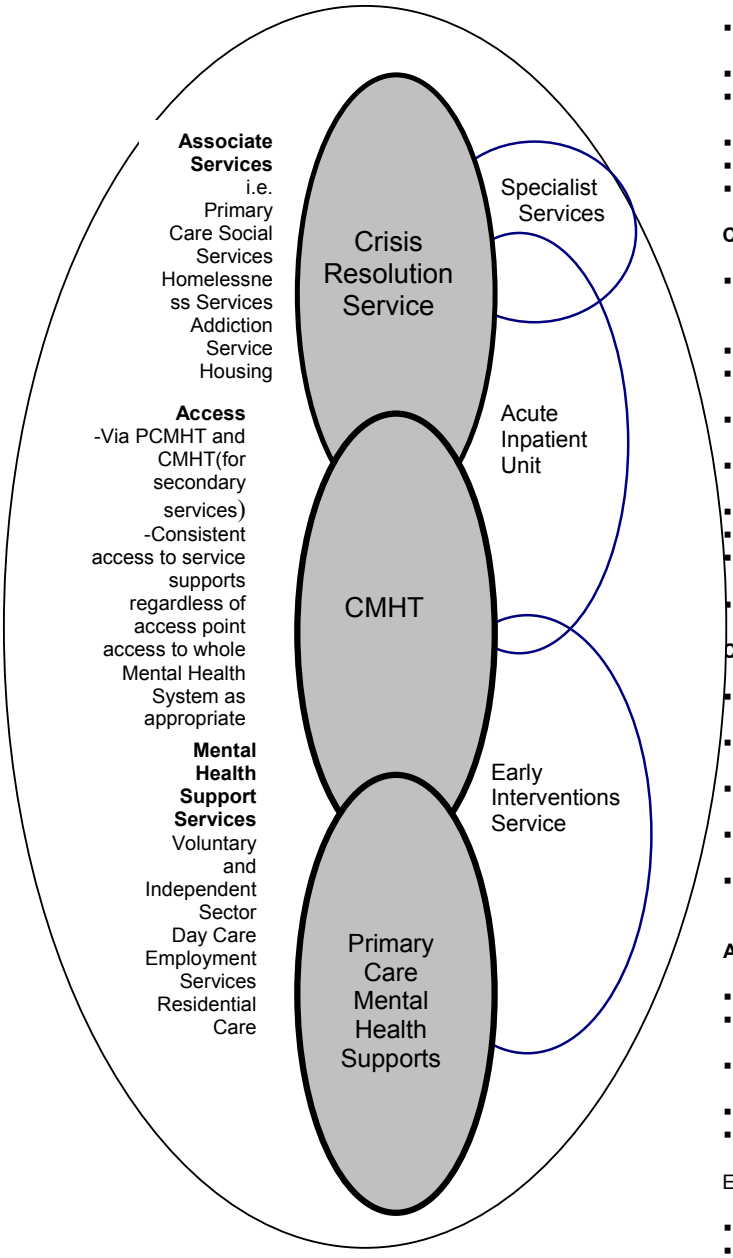
5.3 The community services are the core of the local mental health network and provide support for as short or as long is required, including long term ongoing support lasting months or years.

5.4 Such community services are underpinned by access to inpatient services for the small proportion of service users whose care is best provided in an inpatient environment.

5.5 Typically only c5% of mental health needs are cared for by secondary care services (including inpatient services); and less than 1% of mental health needs require service users to be admitted to inpatient beds, usually for a time limited period normally lasting no longer than 4-6 weeks.

5.6 This modern service is summarised in the diagram overleaf:

A CHP VIEW OF A MODERN MENTAL HEALTH SERVICE



Services directly provided within a CHP

Services generally provided to larger populations on a South Clyde basis, GG&C or WoS basis (albeit exceptionally acute inpatient units may be provided for CHP populations)

Broadly for CHP shaded service bubbles the ordering of the service bubbles reflects complexity of need with most complex needs at top of diagram,

Primary Care Mental Health Supports

- Identification/management of common MH problems
- Community bridge building/social supports
- Develop knowledge and facilitate access to full range of local resources
- Counselling and Brief therapeutic interventions
- Shared care of more complex needs with CMHT
- Health improvement and health promotion

Community Mental Health Teams

- CMHTs are the core of the Mental Health System, acts as gateway to full range of Specialist Mental Health System Services
- Providing treatment and care:
- specialist interventions with discharge back to Primary Care
- Substantial minority, ongoing treatment and care for people with complex and enduring needs
- Assessment and case/care management and access to specialist treatment
- 'Care Management' function re purchase of care packages
- Advice, guidance and direct support to primary care
- Develop knowledge and facilitate access of a full range of local resources
- Provide assertive outreach function

Crisis Resolution Supports

- Extended day or 24/7 service, access via CHP teams or specialist crisis service providing intensive care at home
- To help prevent admissions to hospital and speed discharge
- Expert support to CMHT's re management of acute relapse in hospital or community settings
- Short term case management during period of acute relapse
- Remain involved until crisis resolved and user linked to ongoing care of CMHT

Acute Inpatient Care

- Assessment and Treatment of acute mental illness
- Focused admissions with emphasis on planning appropriate discharge
- Emphasis on active use of time, maximising access to talking therapies
- Active engagement with meaningful day time activity
- Dedicated beds for each CMHT

Early Interventions First Onset of Psychosis

- Early diagnosis and treatment for severe mental illness
- 14 to 30 age group
- Early detection through links with youth services etc
- Rapid assessment and responsive age related treatment
- Bridge into Primary Care and Child and Adolescent services

Specialist Services inc.

- Forensic Services
- Eating Disorder Services
- Perinatal Services
- Liaison Psychiatry Service

6. NATIONAL POLICY CONTEXT

6.1 Any local strategy needs to ensure it takes account of the National legislative and policy framework.

6.2 The two main areas of significance are:

"The Scottish Mental Health Care and Treatment Act (2003)" which:

- requires services to be provided at the least level of restriction consistent with meeting service user needs
- requires provision of age appropriate services
- requires Health Boards to ensure access to specialist/tertiary services
- requires the NHS and local authorities to provide trained Mental Health Officers and Approved Medical Practitioners to implement the act, and in particular powers of compulsory treatment
- provides a balance of rights and responsibilities for service users, including the right to appeal to a mental health tribunal against care in excessive levels of security

"The Scottish Mental Health Delivery Plan" whose focus is:

- improving patient and carer experience of mental health services
- responding better to depression, anxiety and stress
- improving the physical health of people with mental illness
- better management of long-term mental health conditions
- early detection and intervention in self-harm and suicide prevention
- manage better admission to, and discharge from, hospital
- child and adolescent mental health services
- enhancing specialist services

The Mental Health Delivery Plan has three immediate performance targets to:

1. Reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10.
   - relates to appropriate prescribing of anti depressant drugs
2. Reduce Suicides in Scotland by 20% by 2013

3. Reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% by the end of December 2009

   - relates to ensuring effective post discharge community support reduces vulnerability to rapid relapse and inpatient readmission

7. LOCAL CONTEXT

7.1 NHS GG&C became responsible for Clyde Mental Health services in April 2006.

Challenges

7.2 THE GG&C NHS Board faces the following challenges:

- achieving recurrent financial balance by April 2010 – effectively requiring savings of £2m from mental health services
- limited access to capital expenditure
- developing a *service driven* strategy which delivers:
  - a shift in the balance of care from hospital based care to community based care supported by access to inpatient admission when necessary
  - substantial development of comprehensive community services to support and sustain such a rebalanced service
  - a closure and reprovision programme which provides high quality community settings for those people who have traditionally received care in inpatient NHS continuing care wards, but whose quality of life would be improved by discharge to community settings
  - improvement of the therapeutic environment of inpatient care
  - ensuring the ongoing sustainability of medical cover arrangements in the more challenging context of the National introduction of the Modernising Medical Careers arrangements for medical training and medical cover arrangements
  - local delivery of the high priority targets of the Mental Health Delivery plan
  - achieving sustainable financial balance, whilst minimising overall reductions to effective spending on direct services.

Opportunities

7.3 Notwithstanding the challenges summarised above the GG&C Board also has a number of opportunities and in particular:

- high degree of shared vision and values between the Partner NHS and Social Care agencies, and flexibility of joint approaches to enable practical and tangible progress

- substantial experience of delivering rebalanced mental health services to achieve the radical service rebalancing required

- substantial experience of operating such rebalanced services on a sustainable basis providing confidence in the practical sustainability, as well as the logic, of such service redesign

- experience that comprehensive community services can ensure sound care whilst requiring bed use at c60% of inherited Argyll and Clyde provision

- access to a range of financial and service benchmarking tools to enable the design and costing of such a rebalanced service

- opportunities for shared use of Greater Glasgow service capacity to support the Clyde developments both locally, and for GG&C wide developments

- access to transitional funding to provide the necessary time limited investment to underpin the service redesign during the transitional period to 2010.

8. WHERE ARE WE NOW?

8.1 The table below repeats the earlier table summarising the service building blocks of comprehensive community centred mental health services, and compares this to the current position in N&S Clyde

Services provided in local community settings or in peoples own homes • **Primary care supports to c25% of the general population** • **Secondary care supports for people with complex and enduring needs and c5% of the general population**	
Primary care supports	Some areas have no specialist support/some areas have limited access; requires rolling out across N&S Clyde
Integrated Community Mental Health Team	Some areas have minimal or no CMHT staffing; no area has full geographic coverage at sufficient staffing capacity
Crisis resolution and access to treatment out of hours (extended day or 24/7)	No service provision for extended day/24/7 access to treatment support for mental health crisis in community settings; some areas have access to social care supports for those in life crisis and with a mental health problem
Assertive outreach supports	No service provision consistent with full implementation of assertive outreach programme responses

Personal growth and recovery supports for ordinary living	Wide range of practical supports, including creative partnerships with voluntary providers. Further work is required to assess the balance and degree of comprehensiveness of such supports
Continuing care beds	Substantial numbers of patients who would benefit from community placements currently cared for in lower quality environment of life long NHS continuing care beds Continuing Care bed use at about 220% of Greater Glasgow level

Services provided in hospitals

- **Inpatient services used by less than 1% of the population**

Acute admission beds	Overall acute bed provision at c140% of Greater Glasgow levels; varying ward sizes with a number of wards operating at greater than good practice norm of 20 bed ward size
Intensive psychiatric care beds	In place though throughput appears low suggesting sub optimal use of such beds

Specialist services provided on a North or South Clyde/GG&C or regional basis

- **Highly specialist community services managing very complex needs and providing liaison consultation support to general services**
- **Highly specialist inpatient services provided on a West of Scotland basis**
- **Used by less than c0.02% of the population**

Intensive rehabilitation beds	No specialist provision, sub group managed in general inpatient settings with consequential disruption to general inpatient therapeutic environment; small numbers mean specialist provision is only viable on a South Clyde basis.
Early Intervention first onset psychosis	No access to such services in North or South Clyde
Specialist co-morbidity addictions beds	Currently provided in Ravenscraig and requires relocation. Community addictions services underdeveloped
Community eating disorders service and access to specialist beds	No access to community eating disorder services and historic high use of inpatient extra contractual referrals

Perinatal community service and inpatient beds for mothers and babies	No access to community service; access to beds as part of WoS agreement
Forensic inpatient services at varying levels of security	Low secure learning disability services provided separately at both Dykebar (for West of Scotland) and Leverndale for Greater Glasgow services Planned development of Dykebar secure unit but no current provision for medium and low secure services; interim provision of Stobhill secure unit providing medium secure beds for West of Scotland including Greater Glasgow and Clyde; Leverndale providing low secure services to GG&C

8.2 When compared with the service building blocks of a comprehensive mental health service the table above suggests a picture of an incomplete and unbalanced service characterised by:

- under developed community services
  - postcode variations in access and response
  - comparatively low spend per head on community services
  - under developed primary care services
  - under developed community services
  - very limited urgent access to community treatment supports out of hours and weekends
- disproportionate reliance on hospital based responses
  - comparatively high levels of bed provision and use
  - variable quality of environment of hospital estate
  - high spend on hospital estate
- poor quality long stay care in inpatient settings
  - high numbers of patients inappropriately cared for in inpatient rather than community settings
  - variable quality of inpatient environment
- limited access to specialist services

9. THEMES FROM PRE ENGAGEMENT FEEDBACK

9.1 Pre-engagement events were held during the strategy development process to enable early sharing of the emerging direction of travel and provide an opportunity to shape the subsequent development of the strategy. The main themes from the pre-engagement events included:

- importance of retaining local service provision
- need to focus on recovery and rehabilitation
- welcomed investment in primary and community services (though concerned the deficit position doesn't deflect this)
- concerned to ensure quality of care standards for continuing care and concerns as to how this is achieved in the proposed Partnership bed models
- the need to develop and formalise the networks of collaborative partnership between not for profit organisations and NHS and social care
- need to strengthen primary care supports beyond postcode variation
- need for a focus on good quality admission and discharge arrangements
- the need to take transport links into account to ensure good access to inpatient care locations
- concerns over potential relocation of some services from their current locality and in particular that consolidation of adult acute services for Renfrewshire, at RAH, would reduce the standard of accommodation compared with the Dykebar admission wards
- the need to bring a stronger service user focus to the formal consultation process, with a suggestion of targeted events for specific client groups.

9.2 The first round of community engagement events gave a strong indication of the general support for the rebalancing of services in favour of more developed community services. This was therefore consistent with the Clyde Mental Health Strategy Group's thinking, as set out in the significant community service development proposals in this consultation document.

9.3 The priority that local service users and community groups placed on good local access to inpatient services was also a key theme. The Clyde strategy group therefore applied a guiding principle to support local inpatient provision, except where this compromised the quality, cost effectiveness or clinical robustness of inpatient services.

9.4 This principle was reflected in the follow-up engagement events that focused on emerging options for inpatient provision, which advocated the retention of local acute admission services for older people and adults in each of the localities (except West Dunbartonshire where the challenges of retaining more local provision were outweighed by the advantages of consolidation of all WDC activity on the Gartnavel

Royal site), as well as suggesting NHS commissioned 'partnership' beds may offer the best way of securing good, modern and local accommodation for older people's continuing care services.

9.5 As with current practice, there are smaller specialist inpatient services (for Addictions, Intensive Psychiatric Care, and Forensics) where critical mass and sustainability suggest they should continue to offer a service across locality boundaries.

9.6 The feedback received at the follow-up events, in the main reaffirmed the Clyde Strategy Group's thinking around its work on options for the future location of inpatient services.

9.7 However, the option to consolidate Renfrewshire adult acute admission beds at RAH saw opinion divided. Some saw the logic and clinical benefits of collocation and consolidation on the RAH site as a high priority; whilst other stakeholder feedback expressed concern that location at the RAH was unlikely to achieve the high standard of current purpose built accommodation at the Dykebar site, which had been hard fought to secure and was now highly valued.

9.8 Concurrently further work has explored the capital costs of providing single-room accommodation at refurbished RAH wards for this client group, to try and attain a standard of internal accommodation similar to that offered at Dykebar. Having further explored these issues it is clear that the costs of bringing the RAH wards to a similar environment and standard to those at Dykebar appear to be substantial, and difficult to justify at this point in time, given the good quality accommodation available at Dykebar.

9.9 We have therefore revised the original proposal to locate adult beds at the RAH, to a proposal to consolidate all adult mental health admission beds for Renfrewshire in the existing good quality Acute Assessment Unit accommodation at the Dykebar Hospital.

9.10 The proposals to consolidate all WDC admission activity at the Gartnavel site saw opinion more divided with concern at the potential loss of this local service to the Dumbarton and Alexandria population. The strategy proposes that the challenges of retaining the service at the Vale of Leven are outweighed by the benefits of consolidation of all WDC inpatient activity at the Gartnavel Royal site. The detail of this rationale is further considered in para 14.22 onwards.

10. ACHIEVING A MODERN COMPREHENSIVE MENTAL HEALTH SERVICE: HOW WILL WE GET THERE?

10.1 The strategy has 6 main components:

1. Substantial development of comprehensive community services to support a rebalanced comprehensive community based mental health service

2. Closure and reprovision of continuing care beds in higher quality environments in community settings (older people) or hospital settings (adults)

3. Reconfiguration and development of inpatient services to lower benchmark levels of provision consistent with a sustainable rebalanced service

4. Development of access to specialist services for the Clyde population

5. Investment of resources released from the redesign of inpatient and continuing care services to:

   - Fund the service developments set out above

   - Achieve financial balance whilst minimising impact on direct service delivery

6. Bridging funding to support the transition and service redesign to enable

   - Development of robust community services in advance of inpatient bed reductions

   - Bridging funding to support service redesign pending full release of site based savings

10.2 A brief explanation of the rationale informing each of these components is summarised in the following sections 12-16.

10.3 A summary of the service and financial changes associated with these 6 components is provided in the following sections 12 – 16.

11. BENCHMARKING THE REQUIRED LEVELS OF COMMUNITY AND INPATIENT SERVICES

Benchmarking the levels of community services

11.2 The Sainsbury Centre for Mental Health/Department of Health (England) has produced guidance on the scale of staffing for the main adult community service teams:

- Community Mental Health Teams (CMHT's)

- Crisis Resolution and assertive outreach supports

- Early Intervention first onset psychosis services

11.3 This guidance has been applied into the context of the varying deprivation levels of GG&C areas, to model the outstanding required scale of additional staffing net of existing community staffing resources.

11.4 There is no similar clarity of required levels of primary care mental health supports, and the benchmark has therefore extrapolated from existing Greater Glasgow levels of provision.

11.5 No similarly developed benchmarking tools are available for use to model the required scale of older people's community mental health services, and the approach has therefore been more reliant on local judgement.

Benchmarking the levels of inpatient services

11.6 The Greater Glasgow Modernising Mental Health Strategy (1999) planned the levels of Greater Glasgow bed provision using a variety of approaches including:

- Epidemiological research indicating service norms
- Benchmarking against a range of UK inner city mental health services
- Local judgement on how to position Glasgow within the ranges of bed levels suggested by the approaches above.

11.7 Greater Glasgow services have, for some years, operated a rebalanced service with enhanced community services and reduced levels of inpatient beds. In the light of that experience Greater Glasgow has subsequently further revised downwards its assessment of required inpatient bed levels subject to comprehensive community services being in place.

11.8 Crisis resolution services have been developed throughout the UK. This experience has demonstrated Crisis resolution services can be expected to have a significant impact on the balance of care, achieving a 20% shift from inpatient to community care for adult admission beds. The Greater Glasgow beds have already achieved a 10% reduction in acute admission beds, and can be expected to achieve the remaining 10% following the further development of crisis and assertive outreach services in Greater Glasgow.

11.9 The benchmarking for inpatient beds has therefore extrapolated from Greater Glasgow levels to determine the required bed levels for the North and South Clyde areas.

11.10 There is clear evidence that higher levels of service provision are associated with more deprived areas, and the bed benchmarking has incorporated a deprivation weighting to reflect this. The deprivation weighting tools have been applied and used by Greater Glasgow services for 8 years with a broad consensus on the validity of the approach.

11.11 This benchmarking has then been refined by exception, based on local judgement, and final bed levels adjusted to reflect the modest adjustments required to take account of actual ward sizes.

11.12 The subsequent sections have provided tables which have used the benchmarking methodology to compare:

- current levels of provision in North and South Clyde
- Benchmarked required levels of provision
- Comparative levels of provision between Clyde services and Glasgow services
- Proposed levels of provision

11.13 This approach has been applied to:

- Continuing care beds
- Acute admission beds
- N&S Clyde Specialist beds
- Highly specialist beds provided on a GG&C or Regional basis

12. DEVELOPMENT OF COMMUNITY SERVICES

12.1 We have used service benchmarking tools to assess the scale of the services required to provide comprehensive CMHT's, Crisis and assertive outreach supports, and primary care supports. This has then enabled us to assess the deficit levels and funding required to respond to such deficits.

12.2 Provision of robust community services is a prerequisite of service rebalancing in which higher levels of more intensive community services sees a lowering of the required levels of inpatient services required. This has been the experience of services within both Greater Glasgow and throughout the UK. Services within Greater Glasgow have been operating on this basis for some years and demonstrated the practical sustainability of such a rebalanced service.

12.3 The proposed expansion of community services will provide consistent access to community services supports throughout the North and South Clyde area as set out in the GG&C service specification for community services

12.4 The strategy has proposed investments of £3.5m to:

- develop primary care services to ensure all GP practices have ready access to staff skilled in the care and treatment of patients with mild to moderate mental health needs
- enhance community based mental health teams to increase their capacity to support people with more severe and enduring mental illness in the community
- develop crisis services to provide community responses to people in an acute mental health crisis and to provide more intensive input to patients who may otherwise be admitted to hospital, and support the discharge of patients
- provide assertive outreach supports to sustain contact and maintain the functioning of a small group of chaotic service users prone to relapse following disengagement from services

13. CLOSURE AND REPROVISION OF CONTINUING CARE BEDS

13.1 The NHS Management executive letter MEL 1996(22) sets out that NHS Continuing In Patient Care should be provided where someone requires ongoing and regular specialist clinical supervision on account of :

- the complexity of their medical, nursing or other clinical needs taken together *or*
- the need for frequent not easily predictable clinical interventions *or*
- the need for, or routine use of, specialist healthcare or treatments requiring specialist NHS staff supervision
- a rapid degenerating or unstable condition which requires support from specialist medical or nursing supervision

13.2 It is clear that the current use of continuing care beds is far wider than the more focussed use summarised above and has often defaulted to become the long stay residence for a wide range of needs for which more appropriate services are not yet in place.

13.3 It is also clear that current arrangements for provision of continuing care take place in hospital environments of:

- variable and often poor quality
- few wards with single room accommodation
- an absence of space for visitors
- limited space for therapeutic activities

13.4 The provision of continuing care within the Clyde area is about 2.2 times higher than provision within Glasgow, reflecting an unmodernised service used as default long stay accommodation, for a wide range of needs which do not require long term care in an inpatient setting.

13.5 This means that a number of people are currently cared for in continuing care beds, whose quality of life would be substantially enhanced by placement in community based accommodation with a range of supports. This has been our experience in Greater Glasgow where we have already implemented substantial closure and reprovision programmes, reprovided alternative care in community rather than inpatient continuing care settings, and experienced marked improvements in the quality of life and functioning of individuals.

13.6 With continuing care inpatient beds used for more focussed requirements the level of continuing care beds required will reduce substantially. Based on experience of such closure and reprovision programmes within Greater Glasgow, and elsewhere in the UK, we have benchmarked the requirements for continuing care within N&S Clyde.

13.7 Current levels of continuing care provision in Clyde services are about 220% higher than provision in Greater Glasgow and other areas of the UK.

Current and proposed bed levels showing comparison of Clyde bed levels to Greater Glasgow bed levels

Continuing Care beds

	Inverclyde	Renfrewshire	ERC (Clyde pop)	Total South Clyde	WDC (Clyde pop)	Total N&S Clyde	Helensburgh/ Lochside (provided from GG&C hospital sites)
Current bed levels N&S Clyde							
Continuing care							
Adult	31	108	15	154	3	157	1
Elderly	80	59	7	146	8	154	4
total	**111**	**167**	**22**	**300**	**11**	**311**	**5**
Benchmark extrapolated from Greater Glasgow							
Continuing care							
Adult	9	15	2	26	5	31	1
Elderly	33	52	7	92	16	108	5
total	**42**	**67**	**9**	**118**	**21**	**139**	**6**
Comparative % current N&S Clyde to Greater Glasgow levels	%	%	%	%	%	%	%
Continuing care							
Adult	344	720	750	592	60	506	100
Elderly	242	113	100	159	50	143	80
total	**264**	**249**	**244**	**254**	**100**	**224**	**83**
Proposed bed levels (benchmark adjusted to reflect local judgement and best fit to ward sizes)							
Continuing care							
Adult	9	12	2	23	3	26	1
Elderly	33	52	7	92	8	100	4
total	**42**	**64**	**9**	**115**	**11**	**126**	**5**

13.8 There are currently 300 continuing care beds in South Clyde with 261 people using these beds. We propose to reprovide 115 beds for South Clyde supplemented by a range of community placements in:

- supported accommodation
- group homes
- extra care housing
- registered care homes

13.9 In Dumbarton and Alexandria there are 12 older peoples' beds providing a service to the Dumbarton and Alexandria and Helensburgh/Lochside populations. It is proposed to reprovide these beds within WDC through Partnership arrangements. Four adult continuing care beds are provided at Lochgilphead hospital and as the current cohort of users changes, we would transfer these beds to more local provision in Gartnavel Royal.

Arrangements for provision of continuing care beds

13.10 Within the Greater Glasgow area we have had substantial experience in reproviding continuing care beds into higher quality settings using a Partnership model of care, in which the levels of NHS medical and nursing staff are higher for complex needs and lower for less complex needs. This approach has enabled the provision of high quality living environments, in community rather than hospital locations, whilst enabling good control of medical and nursing standards, and overall quality of provision for a vulnerable patient group.

Adult continuing care

13.11 It is proposed that adult continuing care is provided from either an NHS facility based on an existing psychiatric hospital site or a Partnership model of care, located in a community setting.

13.12 The detailed arrangements will depend on the combination of needs in the current long stay cohort. Where the balance of needs is associated with very high levels of intractable and significant challenging behaviours it is likely such provision would be provided in specialist beds located on an NHS hospital site, as this can provide access to wider back up and support. Where the balance of needs is less complex, albeit still requiring inpatient care, our experience is that such needs can be met in Partnership bed arrangements located outwith acute hospital sites.

13.13 The detailed service model arrangements will be further developed based on the detailed outcomes of individual needs assessments. Pending that detail the strategy has proposed provision of adult continuing care beds in NHS provision on the Dykebar Hospital site.

Older peoples continuing care

13.14 For older peoples mental health continuing care it is proposed that:

- provision should enable separate spaces for functional and organic patients
- single room accommodation is generally preferable, albeit a mix of accommodation should be provided to allow reflection of individual choice of accommodation, as a small number of people may prefer shared accommodation
- location in community settings outwith inpatient sites, with access to the range of community networks and facilities
- provision based on Partnership models of care

14. RECONFIGURATION AND DEVELOPMENT OF INPATIENT BEDS

The number of inpatient beds

14.1 Throughout the UK Mental Health services have strengthened their community services and found this has enabled a rebalancing of services from an inpatient dominated service, to a community based service supported by access to briefer periods of inpatient care when required.

14.2 In considering issues of number and location of inpatient beds there is a tendency to emphasise the significance of local access to the provision of inpatient services, whilst underplaying the need for local access to comprehensive community services delivered in local areas. In terms of care and support for people with mental health problems:

- 95% of mental health problems are managed in primary care
- 5% of mental health problems are managed in secondary care community and inpatient services
- less than 1% of mental health problems are managed in inpatient settings where a hospital admission is required

14.3 In the above context the overwhelming priority is the development of locally accessible community resources, for the 99% of mental health problems managed in primary and community settings.

14.4 The current provision of acute admission beds for the Clyde area is about 1.4 times per head higher than that of the Greater Glasgow levels.

14.5 Greater Glasgow's experience has demonstrated the long term sustainability of operating at lower levels of inpatient bed use where this is underpinned by provision of comprehensive community services.

14.6 Our proposal is therefore to provide inpatient bed levels consistent with those of Greater Glasgow. The tables below summarise the current and future bed proposals for acute admission and specialist beds based on:

- the application of the benchmarking methodology
- further refinements to reflect local judgements
- achieving a "best fit" between benchmarking requirements and individual ward capacity.

ATTACHMENT 1
JUNE 2007 BOARD PAPER

Current and proposed bed levels showing comparison of Clyde bed levels to Greater Glasgow bed levels

Acute admission beds

	Inverclyde	Renfrewshire	ERC (Clyde pop)	Total South Clyde	WDC (Clyde pop)	Total N&S Clyde	Helensburgh/ Lochside (provided from GG&C hospital sites)
Current bed levels N&S Clyde							
Acute admission							
Acute Adult	45	66	9	120	18	138	6
Acute Elderly	20	35	5	60	8	68	4
sub total	**65**	**101**	**14**	**180**	**26**	**206**	**10**
Benchmark extrapolated from Greater Glasgow							
Acute admission							
Acute Adult	25	42	6	73	14	87	4
Acute Elderly	17	26	3	46	8	54	2
total	**42**	**68**	**9**	**119**	**22**	**141**	**6**
Comparative % current N&S Clyde to Greater Glasgow levels							
	%	%	%	%	%	%	%
Acute admission							
Acute Adult	180	157	150	164	129	159	150
Acute Elderly	118	135	167	130	100	126	200
total	**155**	**149**	**156**	**151**	**108**	**146**	**167**
Proposed bed levels **(benchmark adjusted to reflect local judgement and best fit to ward sizes)**							
Acute admission							
Acute Adult	20	42	6	68	12	80	4
Acute Elderly	20	35	5	60	12	72	6
total	**40**	**77**	**11**	**128**	**24**	**152**	**10**

Notes to the table:

1. The figures for ERC and WDC relate to the catchment populations served by the previous Argyll and Clyde Health Board and don't include the full local authority catchments

2. The provision of beds for older peoples mental health acute admission beds in Renfrewshire is being led by the Renfrewshire Older Peoples Planning, Performance and Implementation Group. The application of the standard benchmarking methodology would see proposed bed provision at 26 beds. The Renfrewshire Older Peoples Planning, Performance and Implementation Group will further review the proposed level of

provision at between 26 beds per the benchmark and 40 beds (the current level of provision) to determine the balance of care between inpatient and community services.

3. Helensburgh and Lochside services are commissioned by the Highland Health Board. The table above reflects the services to that population provided from the Vale of Leven site, which would be affected by the proposals in this report. The figures for Helensburgh/Lochside in the proposed bed requirements are based on the standard Benchmarking for services with developed community services, supplemented by local judgement. The Highland Health Board has indicated it would wish to ensure the Helensburgh/Lochside population continued to access the services also accessed by the Dumbarton and Alexandria population.

Guiding principles on the location and configuration of beds: service and clinical robustness issues

14.7 The following *service and clinical robustness principles* have informed proposals on the location of acute admission and related specialist beds:

- provision of inpatient mental health services can be provided on either a stand alone psychiatric hospital site or collocated with physical health beds on an acute medical admissions hospital site (a District General Hospital). Both forms of provision currently exist within the GG&C area and throughout the UK.

- the preferred location for inpatient mental health beds is collocation on an acute admission site as this has the benefits of:

  - access to physical and diagnostic investigations

  - opportunity to integrate both physical and mental health care, particularly for older people

  - proximity and support to Accident and Emergency units where significant numbers of people with mental health problems may present, particularly out of hours

- acute admission beds should be located on a site with medical cover arrangements which ensure acceptable levels of clinical safety (see further detail below)

- specialist addictions beds to be collocated :

  - at a minimum with a site with acute mental health admissions to ensure access to similar expertise and back up from medical and nursing support

  - preferably on a site with both acute mental health and physical health admissions – i.e. a DGH with Mental Health beds on site

- IPCU to be collocated with:

  - adult acute mental health admissions to ensure access to psychiatric medical expertise and nursing support

- forensic medium and low secure beds should be:

  - located on a site with acute adult admission beds to ensure access to wider specialist medical and nursing expertise and support

- ward spaces should enable:
  - beds for patients with organic and functional needs to be located in discrete areas to enable separate management of these distinct patient groups

  - provision of age appropriate services

Medical cover issues

14.8 The national process of Modernising Medical Careers will see changes to the arrangements for training and provision of medical cover, particularly by junior doctors. The cumulative impact of these changes is likely to see:

- c20% reduction in allocation of junior doctor training posts between now and 2013 full implementation date, albeit local variations linked to nationally determined junior doctor training allocations

- reduced direct patient contact time as part of junior doctor training

14.9 The cumulative effect of these changes is likely to make the long term sustainability of current models of medical cover significantly more challenging, particularly for sites covering smaller catchment populations.

14.10 In terms of medical cover arrangements for acute admission units the following principles are applicable to ensure clinically safe levels of medical cover:

14.11 Preferred arrangements:

- resident junior psychiatric medical cover on site supported by access to on call Consultant Psychiatrist support

14.12 Where this preferred arrangement is not feasible the minimum acceptable arrangement would be:

- integration of arrangements for Mental Health junior doctor cover with resident site based general medical cover arrangements for the hospital site

- resident junior medical cover on site, involving both non psychiatric and psychiatric junior medical cover, with access to on call Consultant Psychiatrist support

Guiding principles on the location and configuration of beds: cost effectiveness and feasibility issues

14.13 In addition to the *service and clinical robustness* principles summarised above a number of further principles were considered to inform the detail of proposed location of beds. These *cost effectiveness and feasibility* principles are summarised below:

- the need to maximise site infrastructure savings to fund community service developments

- the need to ensure the feasibility of specific site options in terms of :

- ward and space capacity available for mental health use
- achievement of acceptable quality therapeutic environments for inpatient and continuing care
- compliance with the service and clinical robustness principles summarised above
- capacity to provide sustainable provision of medical cover consistent with the preferred or minimum cover principles
- capacity to provide economic medical cover
- capacity to provide cost effective provision taking account of size/critical mass issues (i.e. local/South Clyde/GG&C or Regional provision varies with bed numbers and degree of specialism)

- capacity to achieve the site configuration within the capital allocations available

14.14 In general terms c85% of all mental health hospital site infrastructure costs are associated with the Dykebar and Ravenscraig psychiatric hospital sites. The site infrastructure costs of mental health provision on the RAH, IRH and Vale of Leven sites amount to only c15% of total infrastructure costs as the majority of such site costs relate to acute DGH use of these sites.

14.15 Maximising release of site costs on the Dykebar and Ravenscraig sites is therefore critical to funding the range of service developments set out in this strategy.

14.16 Location on DGH/ACAD sites rather than “stand alone” psychiatric sites is normally the clinically preferred option.

14.17 Broadly speaking this sees a congruence between the clinically preferred service location imperatives and the maximisation of financial savings. In general terms the approach has therefore been to:

- release the site infrastructure costs of the Ravenscraig hospital closure and disposal of the site
- maximise the use of good quality accommodation on the Dykebar hospital site, vacation of all other accommodation and disposing of a large part of the site
- maximise the use of DGH sites where this is consistent with cost effectiveness, service quality, clinical robustness and feasibility
- use of Partnership models of provision for older peoples mental health continuing care to achieve both environmental improvements and maximise release of hospital site infrastructure savings

14.18 Finally we have sought to reflect the strong local desire for local provision of inpatient services wherever this can be achieved without compromising:

- the service and clinical robustness principles
- the cost effectiveness and feasibility principles

14.19 Applying the above service, clinical safety, economic, and feasibility principles, and the benchmarked capacity requirements referenced earlier in the paper, the proposed provision of beds would see:

- acute admission and continuing care beds provided at a more local level
- specialist beds provided on a South or North Clyde basis
- highly specialist beds provided on a GG&C wide or Regional basis

14.20 Based on the application of these principles the detailed proposals and rationale is summarised in below:

Inverclyde

- retention of Inverclyde adult and older peoples acute admission services on the IRH site :
  - 20 adult and 20 older people's beds
- closure of older peoples continuing care beds currently on the Ravenscraig site, and reprovision of 33 older peoples mental health continuing care beds in a community based Partnership arrangement
- closure of adult continuing care beds currently on the Ravenscraig site, and reprovision of 9 adult continuing care beds with local flexibility about the detailed arrangements to reflect the need to balance the advantages between access to specialist provision located for a South Clyde catchment at Dykebar and more local location of less specialist provision

Renfrewshire

- retention of 40 older peoples mental health admission beds on the RAH site as now
- closure of older peoples mental health continuing care beds on the Dykebar site and reprovision of 59 continuing care beds in a community based Partnership arrangement
- consolidation of 42 adult acute admission beds in the good quality accommodation on the Dykebar site (currently split between the Dykebar and RAH sites)
- reprovision of 12 adult continuing care beds in higher quality accommodation on the Dykebar site

14.21 Our preferred proposal would have seen adult mental health beds located on the RAH site, however this would involve substantial capital and revenue costs which could not be prioritised given the alternative option of location of adult acute admission beds within the existing high quality accommodation on the Dykebar site.

East Renfrewshire: Levern Valley

- consolidate provision of adult mental health beds for all of East Renfrewshire on the Leverndale site already used by the majority population of ERC covered by the former GG NHS Board (6 beds already transferred during 2007)

- consider consolidation of the small number of Older peoples mental health acute admission beds for all of ERC on a single hospital site - either at the Leverndale Hospital or at the RAH

  - 5 Clyde beds currently at RAH

  - 12 beds currently provided at Leverndale Hospital

- closure of older peoples mental health continuing care beds on the Dykebar site and reprovision of continuing care beds in a community based Partnership arrangement

  - ERC to access either Renfrewshire provision or Greater Glasgow provision based on whichever arrangement achieves the best fit between user need, local access and service availability

West Dunbartonshire: Dumbarton and Alexandria

- consolidate provision of all acute admission beds for WDC on the Gartnavel Royal site and transfer the adult and elderly acute admission beds currently located on the Vale of Leven hospital site to the Gartnavel Royal

  - transfers 24 acute admission beds (12 adult and 12 older peoples beds) for Dumbarton and Alexandria catchment to Gartnavel, in addition to the 24 beds (10 adult and 14 older people) already provided at Gartnavel for the Clydebank catchment population

- IPCU beds relocated from Lochgilphead to 2 beds in Gartnavel Royal

- 12 Continuing care older peoples beds redeveloped within WDC area using Partnership model

14.22 The rationale for the proposed transfer of acute and older people's mental health admissions beds to the Gartnavel site is based on the following factors which are not achieved by continuation of the current arrangements on the Vale of Leven site:

- WDC is currently supported by 3 hospital sites (The Vale of Leven, Gartnavel Royal and Lochgilphead) – consolidating all WDC beds on a single site has significant advantages for the integration of inpatient and community services

- whilst a single WDC inpatient site could be achieved by placing all WDC activity on the Vale site it would not achieve the benefits summarised below

14.23 Consolidation of acute admission beds on the Gartnavel Royal site:

- supports integration of all WDC inpatient activity on a single site with continuity of care advantages for service users transferred between these beds:

  - acute admission beds

- IPCU beds provided to West Glasgow and WDC
- Intensive rehabilitation beds provided to West Glasgow and WDC

- retains the benefits of high quality of inpatient accommodation planned for the Clydebank population as part of the new Gartnavel hospital development
- provides ground floor accommodation and safe garden access
- achieves preferred medical cover arrangements with advantage of resident junior psychiatric medical cover on site
- reflects already established pattern of patient flows for Clydebank population which has already achieved good integration between inpatient and community services, whilst extending the catchment population to include the Dumbarton & Alexandria population. Whilst this does mean greater distance in terms of access there are nevertheless good public transport links to Gartnavel
- the larger Gartnavel Royal mental health inpatient service has the benefits of more developed hospital infrastructure able to provide dedicated:
  - specialist management of inpatient service
  - practice development supports
  - bed management supports
  - collocation on a DGH site

Helensburgh/Lochside

14.24 Services to this population are funded and commissioned by the Highland NHS Board and provided through a service agreement with the GG&C NHS Board.

14.25 The Highland NHS Board has indicated its recognition of the desirability of the Helensburgh /Lochside population continuing to access the same inpatient services as available to the Dumbarton and Alexandria population, notwithstanding the proposed transfer of inpatient services from the Vale of Leven hospital to the Gartnavel hospital.

15. SPECIALIST SERVICE DEVELOPMENT

15.1 For a range of more specialist services the numbers of beds are so low that it is only feasible to provide such services to either a South Clyde, GG&C wide or Regional population. The table below sets out the current and proposed bed levels for Specialist Services.

Current and proposed bed levels showing comparison of Clyde bed levels to Greater Glasgow bed levels

Specialist beds N&S Clyde	Total South Clyde	WDC (Clyde pop)	Total N&S Clyde
Current bed levels N&S Clyde			
Specialist beds N&S Clyde			
Intensive Rehab	0	0	0
IPCU	8	3	11
Addictions	11		11
ARBD	0		0
total	**19**	**3**	**22**
Benchmark extrapolated from Greater Glasgow			
Specialist beds N&S Clyde			
Intensive Rehab	8	2	10
IPCU	10	2	12
Addictions	7	1	8
ARBD	2	0	2
total	**27**	**5**	**32**
Comparative % current N&S Clyde to Greater Glasgow levels	**%**		**%**
Specialist beds N&S Clyde			
Intensive Rehab	0		0
IPCU	80		92
Addictions	157		138
ARBD	0		0
total	**70**		**229**
Proposed bed levels **(benchmark adjusted to reflect local judgement and best fit to ward sizes)**			
Specialist beds N&S Clyde			
Intensive Rehab	9	2	11
IPCU	11	2	13
Addictions	7	1	8
ARBD			1
total	**38**		**33**

Specialist services covering a South Clyde catchment (Renfrewshire and Inverclyde)

15.2 The following specialist inpatient services are already provided to a South Clyde catchment:

- IPCU beds
- specialist addictions beds

IPCU

15.3 Eight IPCU beds are currently provided on a South Clyde basis and the proposal is that this continues albeit with a change of location from Dykebar to a 10 bedded unit at the IRH.

15.4 The rationale for the change of location of beds is to optimise the use of inpatient capacity between the Dykebar and IRH sites whilst ensuring compliance with the service clinical robustness principles set out in para 14.7.

IPCU services are generally provided to catchment populations of 200,000 to 300,000 and therefore will always entail access issues beyond purely local service provision. It is recognised however that whereas the current location at Dykebar provided better access to the Renfrewshire population and more problematic access to the Inverclyde population, the strategy proposals would reverse this in favour of the smaller Inverclyde population.

Addictions

15.5 Eleven specialist addictions beds are currently provided at the Gryffe unit on the Ravenscraig site serving the South Clyde catchment population. No provision has historically been available for the North Clyde population. The specialist addiction beds provide an inpatient service for people whose primary problem is a complex addiction problem – albeit individuals who may also have other secondary physical or mental health problems in addition to their addiction needs.

15.6 Within the Greater Glasgow area one unit at Stobhill provides 15 beds to the population of the North and East Greater Glasgow catchment, and a second unit is planned to provide 8 beds to the South and West of the Greater Glasgow catchment. The beds are provided to meet the needs of people with a major addiction whose management is particularly complex by virtue of coexisting mental health or physical health needs.

15.7 In addition people whose primary problem is an acute mental health problem, and additionally have an addiction problem, are cared for within general psychiatry beds and may typically constitute c40% of the inpatient population

15.8 The specialist addiction beds in the Gryffe Unit will need to be relocated to facilitate the closure of the Ravenscraig site. Therefore these beds require relocation to another inpatient site. In considering the reprovision of these beds we considered either reproviding them as a smaller 7 -11 bedded South Clyde service, or as a larger unit providing a service to the South Clyde and South Glasgow area.

15.9 Our proposal is to consolidate the provision of 7 South Clyde and 8 South and West Glasgow beds as part of a larger 15 bed unit serving the South Clyde and South and West Glasgow population. Additionally the planned Greater Glasgow 8 ARBD beds may benefit from collocation with the addictions beds and our proposal is to provide an additional ARBD bed for the Clyde area. This would increase the size of the unit to 24 beds. The rationale for this consolidation proposal is:

- quality services require access to a range of specialist disciplines to provide multi disciplinary supports required for the delivery of tier 4 services to the most complex range of addictions problems

- units of less than 15 beds cannot sustain dedicated or economic access to such specialist supports (e.g. OT and psychology)

- a larger 24 bed unit is likely to prove more attractive in terms of recruitment and retention of specialist staff who would see a larger unit as providing greater opportunity for their professional development, supervision and support

- a larger 24 bed unit is likely to provide more cost effective provision at lower unit costs

15.10 The proposed location for a consolidated specialist addictions inpatient service is on the Southern General site as part of the site redevelopment. This location enables full compliance with both the minimum and preferred clinical location principles set out in para 13.7, whilst providing reasonable centrality to enable access for the South and West Glasgow and South Clyde catchment. We considered the option of location of the beds at a range of other sites including Leverndale/RAH/or Dykebar. However at this stage either no capacity to accommodate the beds has been identified on these sites, or in the case of Leverndale and Dykebar the sites would meet the minimum rather than the preferred collocation criteria of location on a DGH site.

15.11 The timing of the closure and disposal of the Ravenscraig site will require relocation of specialist addictions beds by 2010. However the broader SGH site developments are likely to mean the specialist addictions beds would become operational between 2012 and 2015. There will therefore need to be a transitional location for these beds between the closure of the Ravenscraig site and the development of the beds on the SGH site.

15.12 At this stage it is acknowledged that the Clyde Mental Health Strategy has necessarily dealt with the development of the addictions beds in the absence of a clear community and inpatient service addictions services strategy, or funding sources with which to generate the development of community services.

15.13 In particular the movement of the addictions inpatient beds will have implications for the viability of existing community and day services collocated with the Gryffe unit. The issues of broader service strategy and the implications for the community and day services will need to be more fully developed in advance of any move of the inpatient services – given the pace of redevelopment of the Ravenscraig site it is likely this move will occur over the next 2-3 years.

15.14 We will therefore establish a Clyde wide addictions planning process to resolve these outstanding issues and also to confirm the transitional location of the specialist addictions beds, in advance of the final location on the Southern General site.

15.15 The proposed reduction from an 11 bed to a 7 bed provision for South Clyde reflects:

- comparable levels of provision to Greater Glasgow

- the bed provision of 9 beds comprising of 7 beds for South Clyde, 1 bed for North Clyde and 1 ARBD bed

Intensive rehabilitation

15.16 Intensive rehabilitation beds are not currently provided in Clyde services, but their development would enable specialist management of a challenging behaviour group of

patients generally requiring such support for 1-4 years beyond their acute admission, best provided in separate accommodation from the acute admission environment of care. It is proposed to develop 8 such beds for South Clyde on the Dykebar site.

Early onset psychosis

15.17 Early onset psychosis services are currently provided from a specialist service for the South Glasgow population. The funding of this service will be increased to enable an expansion of the catchment to include the South Clyde population.

Specialist services for the North Clyde catchment (Dumbarton and Alexandria)

15.18 Historically the Dumbarton and Alexandria population has had limited access to specialist services, provided either from Lochgilphead or from services South of the Clyde.

15.19 It is proposed to improve local access to such services by extending the access already available to the Clydebank population to the whole of the WDC population including the Dumbarton and Alexandria population:

- transferring IPCU beds from Lochgilphead to an additional 2 beds for WDC in the Gartnavel Royal IPCU
- access to intensive rehabilitation beds at Gartnavel Royal
- WDC wide access to specialist co-morbidity beds currently provided only to the Clydebank population at the Stobhill site

15.20 Early onset psychosis services are currently provided from a specialist service for the North Glasgow population. The funding of this service will be increased to enable an expansion of the catchment to include the Dumbarton and Alexandria population.

Highly Specialist services for a GG&C or Regional Catchment

15.21 The table below summarises the current and proposed provision for highly specialist services provided to a GG&C or Regional catchment.

Current and proposed bed levels showing comparison of Clyde bed levels to Greater Glasgow bed levels

Highly Specialist beds GG&C/Regional Services	**Total N&S Clyde**
Current bed levels N&S Clyde	
GG&C /Regional provision for Clyde popn	
Low secure adult mental health	0
Low secure adult learning disabilities	5
Medium secure adult mental health	0
Total	**5**

Benchmark extrapolated from Greater Glasgow	
GG&C /Regional provision for Clyde popn	
Low secure adult mental health	8
Low secure adult learning disabilities	3
Medium secure adult mental health	7
Total	**18**

Comparative % current N&S Clyde to Greater Glasgow levels	%
GG&C /Regional provision	
Low secure adult mental health	0
Low secure adult learning disabilities	167
Medium secure adult mental health	0
Total	**28**

Proposed bed levels **(benchmark adjusted to reflect local judgement and best fit to ward sizes)**	
GG&C /Regional provision	
Low secure adult mental health	8
Low secure adult learning disabilities	5
Medium secure adult mental health	7
Total	**20**

Forensic medium and low secure services

15.22 The Argyll and Clyde plans had proposed development of a 30 bed medium secure unit to be located on the Dykebar site to service a West of Scotland catchment excluding Greater Glasgow. Greater Glasgow has developed a 74 place medium and low secure unit on the Stobhill site in North Glasgow originally developed to serve a Greater Glasgow catchment population. The Stobhill site is a new purpose built unit which opened in July 2007.

Consolidation of medium secure services

15.23 It is clear that consolidation of medium secure services on a single site has a number of advantages compared to a 2 site option in terms of:

- lower capital and associated revenue costs
- reduced duplication of provision of infrastructure supports (e.g. recreational and other communal facilities)
- improved access to specialist dedicated multi disciplinary supports which are difficult to sustain in smaller 30 place units
- increased ability to recruit and retain specialist staff as larger units provide more opportunity for professional and career development

- lower revenue costs associated with reduced duplication of infrastructure supports and economies of scale

- higher quality of service provision linked to opportunity to recruit and retain dedicated specialist multi disciplinary supports

- improved flexibility in the matching of clinical space use to changing needs and changing patient populations through a pooled use of a higher number of ward spaces not available to the previously planned 2 ward 30 bed Dykebar unit

15.24 Pending the development of the Dykebar forensic unit the Stobhill unit is already the interim provider of medium secure beds to the West of Scotland, including the GG&C catchment.

15.25 It is therefore proposed to make this interim proposal permanent by consolidating medium secure services on the Stobhill site for GG&C and the West of Scotland and withdrawing the previous proposal to develop medium secure beds on the Dykebar site.

15.26 This proposal would provide 7 new medium secure beds requiring investment of £900k

Consolidation of adult low secure services

15.27 The Argyll and Clyde Board had made no provision for adult low secure services for its catchment. However the Mental Health Act requires that service users are cared for in the least restrictive environment consistent with their needs. It is therefore proposed to invest £800k to develop 8 low secure beds for the N&S Clyde catchment to be located on the Leverndale site.

Consolidation of low secure learning disability services

15.28 Additionally 8 specialist low secure beds for people with learning disabilities are located at the Dykebar site serving a West of Scotland catchment, and 8 similar beds for the Greater Glasgow catchment are provided on the Leverndale hospital site.

15.29 The logic of consolidation of small highly specialist services into a larger single service applies to the consolidation of the two separate low secure learning disability services into a single service on the Leverndale site. Broadly the rationale would echo that summarised above for the medium secure service.

Perinatal and Eating Disorder Services

15.30 The North and South Clyde catchments already have access to the 2 Regional perinatal beds located at the Southern General Hospital and this will continue.

15.31 Specialist Eating Disorder beds are currently provided through the Priory hospital located on the Southside of Glasgow and there are no current plans for GG&C to change these arrangements, as they already provide local access to a highly specialist regional service.

15.32 Within Greater Glasgow specialist community teams have been developed for both eating disorder services and for perinatal services. These specialist community teams provide a liaison and consultation service to support mainstream services to develop their capacity in the management of such specialist needs.

15.33 The specialist teams also provide direct case management of the most complex patient needs including pre and post admission arrangements.

15.34 In the long term an extension of the geographic coverage of the Greater Glasgow specialist community teams to cover the N&S Clyde catchment is required to provide appropriate service responses and ensure a community oriented service rather than an inpatient dominated service. However this catchment extension can only be achieved when the Clyde services can fund such developments which are beyond the scope of the current financial constraints.

15.35 In the interim the role of the teams will be more modestly extended to provide a liaison and consultation advice resource to mainstream services in the N&S Clyde area.

16. ACCESS

16.1 The strategy proposes the substantial development of community services thereby improving access to these supports for the 99% of mental health service users whose needs are managed in community settings. Additionally the closure and reprovision of continuing care beds has also sought to enable the retention of NHS continuing care services in each of the Clyde localities.

16.2 The strategy also proposes a range of changes to the location of inpatient services used by 1% of mental health service users whose needs are managed in inpatient settings. These more significant geographic changes affect c15% of current admission and specialist beds used by about 560 people per year. The access implications of the inpatient service changes are summarised below.

Acute admission

16.3 Wherever practical and feasible, we have sought to retain non-specialist inpatient services within each of the Clyde localities. This has been achieved in respect of the proposals for adult and older peoples' acute admission services for Inverclyde and Renfrewshire.

16.4 The proposed transfer of adult and older people's acute admission services from Vale of Leven Hospital to Gartnavel Royal Hospital will mean some residents of West Dunbartonshire travelling longer to receive inpatient care, or for those visiting. About 230 people per year use the Vale acute admission beds. For the reasons outlined in the strategy, it is considered that the benefits of consolidating these services for all of West Dunbartonshire on a single site at Gartnavel outweigh additional travelling issues.

16.5 Nevertheless, we will work with local bus operators to explore whether the existing transport provision is adequate and if not, explore the scope to improve the frequency or availability of buses. For those able to travel by train, a regular service currently operates between both areas. By car, the 16 mile one-way journey between Vale of Leven and Gartnavel is estimated to take in the region of 20 minutes.

Addictions

16.6 Inpatient specialist provision for addictions is currently provided on a pan-locality basis. In the case of addictions, the Gryffe unit at Ravenscraig Hospital currently offers a service to the Clyde localities of Inverclyde, Renfrewshire, and East Renfrewshire and no current service provision to West Dunbartonshire. The consolidation of addictions

services across Greater Glasgow & Clyde offers significant benefits, in terms of access to a wider pool of multi-disciplinary supports for patients (South Glasgow & Clyde inpatient services proposed for Southern General Hospital and North Glasgow & Clyde inpatient services proposed for Stobhill Hospital).

16.7 About 280 people each year use the addictions beds. In overall terms the proposals will improve access to such services for the various populations within the North and South Clyde area. However it is acknowledged that access issues impact differently for the different sub geographies. For Renfrewshire, East Renfrewshire and West Dunbartonshire localities the proposals will improve accessibility to addictions inpatient care. For Inverclyde, the proposals have a detrimental impact on accessibility. Again, we will work with local bus operators to explore whether the existing transport provision is adequate and if not, explore the scope to improve the frequency or availability of buses. By car, the distance between Ravenscraig Hospital and Southern General is approximately 23 miles, one way, with an estimated travelling time of 30 minutes.

16.8 Inpatient specialist provision for Intensive Psychiatric Inpatient Care (IPCU) is currently provided from Lochgilphead for West Dunbartonshire residents and at Dykebar Hospital for Renfrewshire, East Renfrewshire and Inverclyde. The proposed transfer of IPCU services from Lochgilphead to Gartnavel Royal will significantly improve local access. The close proximity of Dykebar and Leverndale Hospital (under 3 miles) is not anticipated to offer difficulties in the transfer of East Renfrewshire's Levern Valley IPCU provision to Leverndale.

IPCU

16.9 The proposed transfer of the 10 bed remaining South Clyde IPCU provision from Dykebar to Inverclyde Royal Hospital will have positive access implications for Inverclyde and negative access implications for Renfrewshire. Currently about 46 people per year use the service. Any patient requiring to travel to an IPCU for admission will do so under the supervision and responsibility of the NHS. The period of time that a patient is expected to be cared for within IPCU should be relatively short and therefore any inconvenience for visitors should only be for a relatively short period of time. In terms of transport links, IRH is well served by a train connection that can be accessed from the Paisley Gilmour Street station. By car, the journey time is approximately 20 miles one-way, with an estimated travel time of 30 minutes.

Forensic services

16.10 Again, the close proximity of Dykebar and Leverndale Hospital is not anticipated to cause any notable difficulties for the proposal to transfer low secure learning disability beds from Dykebar to Leverndale. About 8 people per year use this service.

Intensive Rehabilitation

16.11 The proposal to develop specialist adult intensive rehabilitation beds, adult low secure forensic beds and forensic medium secure beds are effectively all new services. From that perspective, they neither have a positive or negative impact for existing patients. Escorting patients for admission to these services will be under the supervision and responsibility of the NHS

WORKFORCE ISSUES

16.12 Throughout the implementation of the changes proposed, work will continue with staff and their representatives to manage the impact of change. This will be done within the context of the national and local organisational change policies, which are based on the principle of "no detriment".

16.13 Once staff directly affected by the changes proposed are identified, in addition to meetings with the trade unions, one to one meetings/individual redeployment interviews will be held. NHS Greater Glasgow and Clyde has a successful track record in redeploying staff taking into account individual's skills and personal circumstances. Redeployment will be the first consideration with the aim of securing alternative employment for displaced staff as a result of service change. Based on this detailed redeployment principles will be agreed and a process of vacancy management will be put in place to secure alternative employment in alternative departments and locations.

16.14 Deployment may be to a post at a lower grade and in these circumstances protection of earnings will apply. Redeployment will also be supported by a training and development plan, which will include induction and orientation programmes, and retraining/skills updating where necessary.

16.15 Regular briefing sessions will be held with staff throughout the period of implementation.

16.16 About 145 staff are directly affected by the proposed geographic changes to inpatient locations which would move staff outwith their current local authority/CHP area:

- IPCU 30
- Addictions beds 25
- Vale of Leven 60
- Learning disabilities 30

16.17 Beyond the services specifically summarised above the wider service redesign proposals and rebalancing of inpatient and community services would see a reduction in overall bed provision and an increase in community service provision.

16.18 For all of these staff groups the principles set out in paragraphs 17.1 to 17.4 above would be applied.

17. FINANCING THE CLYDE STRATEGY

17.1 Contrary to popular belief there does not appear to be a major inequity of spend per head on mental health services between the Greater Glasgow area and the Clyde area.

17.2 Rather the pattern and outputs of such expenditure are differently balanced with Clyde services spending:

- 1.5 times as much per head on inpatient services compared to Greater Glasgow
- half the spend per head on community services compared to Greater Glasgow
- high levels of spend on site infrastructure costs of services located on multiple hospital sites deflecting from spend on direct services

17.3 This pattern of expenditure is a function of:

- comparatively high levels of inpatient provision
- comparatively high levels of expenditure on inpatient hospital estate and the revenue costs of sustaining such a multiple site infrastructure
- comparatively low levels of expenditure on underdeveloped community services

17.4 The Clyde strategy is required to:

- bring existing deficit budgets into recurrent balance = £0.2m
- fund the development of comprehensive community services = £3.5m
- fund the retraction and reprovision programme = £3.4m
- fund the development of specialist services = £1.7m
- contribute to the GGC&C corporate recovery plan to contribute to the overall deficit reduction inherited from the Argyll and Clyde Health Board = £2.0m

17.5 Achieving the expenditure requirements summarised above requires achieving savings through:

- releasing site infrastructure costs by rationalisation of the number of hospital sites from which services are provided by:
  - releasing the site infrastructure costs of the Ravenscraig site through closure of the hospital and disposal of the site
  - maximising the use of good quality accommodation on the Dykebar hospital site, vacation of all other accommodation and disposing of a large part of the site
- reducing expenditure on inpatient services resultant from providing fewer beds, consistent with the reduced requirements associated with more comprehensively developed community services
- unit cost savings from provision of a range of community based accommodation with supports in place of more expensive continuing care bed provision

17.6 The table overleaf summarises these major financial changes to underpin the implementation of the Clyde Strategy.

Table of service change and financial investment

SERVICE CHANGE **Expenditure commitments on service developments**	**FINANCIAL COMMITMENT** **£'m**
Development of community services	
a. Primary care supports/psychological interventions	0.7
b. Community mental health team expansion adults / Crisis services development/ Early intervention first onset psychosis	2.3
c. Community mental health team expansion older people	0.5
Total development of community services	**£3.5m**
Closure and reprovision of continuing care beds and development of range of community placements Develop a range of community placements • supported accommodation placements • residential and nursing home placements • Enhanced community care packages	
Total retraction and reprovision of continuing care beds	**£3.4m**
Specialist services development • 8 forensic medium secure places and 7 low secure places • access to specialist liaison consultation advice	
Total specialist service developments	**£1.7m**
Contribution to GG&C Corporate recovery plan	**£2.0m**
Revenue consequences of capital commitments	**£0.7m**
Sustainable baseline budget adjustments	**£0.2m**
TOTAL ALL SERVICE DEVELOPMENTS	**£11.5m**

SERVICE CHANGE **Funds released to underpin expenditure commitments**	**FINANCIAL COMMITMENT** **£'m**
Reduction in acute and continuing care beds to benchmark levels • reduction of 54 acute admission beds and 185 continuing care beds	**£6.8m**
Reduction in site infrastructure costs	**£3.0m**
Investment in forensic service developments	**£1.7m**
TOTAL ALL SOURCES OF FUNDS TO INVEST IN SERVICE DEVELOPMENTS	**£11.5m**

Bridging funding to support the transition and service redesign

17.7 It is widely accepted that the process of rebalancing services requires robust community services to be in place in advance of inpatient bed closures.

17.8 In order to cover the double running costs of development of community services and wider service redesign, in advance of releasing the full ward and site based costs, the GG&C Board will provide non recurrent transitional funding of up to £3m per year for the period until March 2010.

Developing Clyde Services with no detriment to Greater Glasgow services

17.9 The GG&C NHS Board has previously committed itself to the principle that the development of Clyde services should be achieved without detriment to existing planned and agreed levels of provision for the Greater Glasgow population. The service and financial framework for the Clyde strategy has therefore ensured this principle is reflected in the detailed arrangements for service development and reconfiguration.

18. SUMMARY OF BENEFITS AND LIMITATIONS OF THE CLYDE STRATEGY

Reflection of pre-engagement feedback within the Strategy

18.1 The pre-engagement and local planning groups have signalled a range of issues. The summary below has both reflected these issues and also the way in which the strategy has responded to such issues.

- the need to develop primary and community services and end geographic variations in access to support
  - *reflected in strategy proposals for development of comprehensive community services on extended day/24/7 basis*
- the need to strengthen service responses to people in a mental health crisis
  - *reflected in strategy proposals to develop crisis services*
- the desire to keep non specialist inpatient and continuing care beds locally provided
  - *reflected in proposals to retain local inpatient and continuing care beds for Inverclyde and Renfrewshire, whilst acknowledging the wider benefits of consolidating West Dunbartonshire adult and older peoples' acute admission beds on one hospital campus at Gartnavel Royal Hospital.*
- the need to improve the quality of the inpatient environment and ensure the changes have no adverse effect on this
  - *reflected in proposals to develop continuing care beds through Partnership bed arrangements to achieve substantial improvements to quality of care environment*

- *reflected in retention of use of adult acute admission beds at Dykebar given higher quality of inpatient environment*:

- the need to develop more formalised partnership networks of collaboration and care between the not for profit providers and the NHS and social care services

  - *The development of more formalised collaborative networks between partner agencies will be given increased emphasis and mainstreamed as part of the ongoing implementation of the strategy.*

- the need to improve the management of admission and discharge to inpatient care

  - *Expansion of Integrated CMHT's, and the development of crisis resolution services will enhance the capacity to more proactively manage the process of admissions and discharges. Community health and social work staff will work closely through joint assessment and care planning processes to identify the needs of the individual and to ensure the appropriate services are in place to support the person's discharge at the earliest opportunity.*

- the need to ensure any Partnership models of care have robust quality assurance arrangements to maintain standards of care

  - *The detailed implementation of Partnership models of care will be based on the development of service specifications and contractual arrangements which ensure robust arrangements are reflected in the detailed models and contractual arrangements for Partnership beds*

- the need to ensure financial deficits don't deflect from expenditure on community services

  - *The financial framework for the strategy has retained planned levels of investment in community services*

Benefits and limits of the Strategy

18.2 The Strategy has addressed the most pressing needs to:

- rebalance services and establish sustainable comprehensive community services with the major service building blocks in place

- provide a sustainable financial framework to underpin service development

- deliver £2m net savings to meet the mental health contribution of £2m to the GG&C Clyde financial recovery plan,

18.3 However the strategy has identified other areas of shortfall which we have not been able to address at this stage given the financial constraints, including:

- achievement of full benchmark staffing levels for community services albeit current proposals achieve the majority of this ambition

- development of specialist community services for eating disorders, perinatal services – pending such developments we will nevertheless provide some support

to local services by providing access to liaison advice and support functions (but not case management or treatment) from the equivalent Greater Glasgow services

- more radical development and improvements to the quality of the inpatient environments of care

- further developments of the range of personal growth and recovery supports for ordinary living

- release of funds to support the development of community addictions services

18.4 In this context the strategy should be seen as a major and ambitious further phase of service development, rather than a complete response to all service deficits identified through the strategy process.

18.5 It should also be recognised that the experience of mental health services as they go through this development cycle, is that once they have operated such a rebalanced service there will doubtless be further flexing and refinements of views about bed numbers and models of care – all the more so as services become more flexible in working with new cohorts of service users and less dominated by the needs of the historic long stay cohorts.

18.6 In this sense the strategy should be seen as a 3-5 year "route map" rather than an inflexible and unchangeable pattern of provision for a period beyond 3-5 years.

19. CONSULTATION

19.1 Pre-consultation community engagement events were held in March and May for each of the Clyde localities. These events were organised to help shape the strategy development and to gauge stakeholder's views on emerging options around service configuration. Discussion at these events covered the breadth of services within the strategy. In addition, the Scottish Health Council has been liaising with NHS Greater Glasgow & Clyde to offer advice and validate our engagement process.

19.2 NHS Greater Glasgow & Clyde will conduct a public consultation around the significant service change proposals set out within this mental health strategy document.

19.3 In addition, a summary of these proposals will be included in a community newsletter-style document which will take full advantage of design format and language to ensure it is accessible and as clear as possible. This summary will cover all current Clyde service proposals (i.e. beyond mental health) and will be widely distributed via the Involving People and CH(C)P databases, GP surgeries, waiting areas, primary care providers and Local Authority facilities. In addition to Clyde community interest groups and stakeholders, mental health forensic service proposals will also be shared with communities surrounding Rowanbank Clinic and Leverndale Hospital.

19.4 The consultation document and summary will carry references in other languages and in large print to the availability of translated, Braille and audio disc format materials.

19.5 Consultation events will be structured around presentations and workshops

- three public events will be staged covering all proposals (including mental health) specifically affecting West Dunbartonshire and the Lochside

- mental health specific events will be held in Inverclyde and Renfrewshire/East Renfrewshire

19.6 Adverts providing summarised headline proposals and contact points for additional information will be used to launch the consultation period and draw attention to public meeting dates. These will appear in the local newspapers - Greenock Telegraph, Paisley Daily Express, Dumbarton and Vale of Leven Reporter Helensburgh Advertiser and Lennox Herald.

19.7 All material will be made available on the NHSGGC website and specific consultation response pages will be created.