

Tuesday, 18<sup>th</sup> August, 2009

Director of Acute Services Strategy Implementation and Planning      Board Paper No. 09/45

## Vision for the Vale of Leven Hospital: Update and Next Steps

### Recommendation

The Board is asked to:

- Note the Cabinet Secretary's decision on NHSGGC's proposals for the future of the Vale of Leven Hospital
- Note progress being made to establish a Monitoring Group in line with the Cabinet Secretary's requirements
- Note an outline of work and timescales required to initiate implementation of the proposals

### 1. Background

On 24<sup>th</sup> February 2009, Board Members approved the recommendations contained in Board Paper No. 09/01 (*Vision for the Vale of Leven Hospital: Outcome of Consultation*). These followed public consultation undertaken between 31<sup>st</sup> October 2008 and 30<sup>th</sup> January 2009. The recommendations as approved included:

- Introduction of a Consultant-led, GP supported model to deliver unscheduled medical care in order to maintain at least 70% of current activity;
- Sustaining the Vale's Minor Injuries Unit;
- Continued delivery of rehabilitation services;
- Retention of elderly acute Mental Health services at the Vale and transfer of continuing care Mental Health services to there from Dumbarton Joint Hospital;
- The closure of inpatient adult Mental Health services in the Vale's Christie Ward with remaining beds transferred to Gartnavel Royal Hospital (subject to review and following the introduction of local, community-based alternatives);
- Repatriation of planned care services to the Vale from Glasgow and Paisley;
- A new, purpose-built Medical Centre.

The recommendations were subsequently forwarded to the Cabinet Secretary for Health and Wellbeing for her formal consideration in March 2009.

### 2. Cabinet Secretary's Decision

The Cabinet Secretary publicly announced the outcome of her deliberations on 16<sup>th</sup> July. This was encapsulated in a letter sent to the Chairman dated 15<sup>th</sup> July and attached at **Appendix One**.

The Cabinet Secretary's key decisions are to:

- Approve the Board's main proposals;
- Reserve final decision on the future of the Christie Ward pending a further report from NHSGGC confirming levels of admission in 12 – 18 months' time;
- Appoint a Monitoring Group to oversee development and delivery of the service change plans;
- Require NHSGGC to carry out promotion of current and future services provided from the Vale.

### **3. Monitoring Group Progress**

The Cabinet Secretary's office has now confirmed the Monitoring Group's remit as follows:

- The Vale Monitoring Group is charged with overseeing the development and delivery of the 'Vision for the Vale' plans, in co-operation with NHS Greater Glasgow and Clyde and NHS Highland. The Group is:
  - (i) to be kept apprised of the development of the Vale capital investment plan;
  - (ii) to be fully involved in the Board's promotion exercise of the current and new services to be provided from the Vale, ensuring that local people know what services are and will be available, and how these can be accessed;
  - (iii) to include representatives of local mental health users and carers; and that they should be fully involved in the preparation of the additional report on demand for adult inpatient mental health services currently provided at the Christie Ward.

The Cabinet Secretary has also agreed that the most straightforward way of assembling the Monitoring Group is to reconstitute and expand the existing Helensburgh and Lomond Planning Group. The Monitoring Group will meet bi-monthly and the current planning group Chair, Mr Bill Brackenridge, will chair it. Secretariat support for the Group will be provided jointly by NHS Highland and NHSGGC.

The proposed Monitoring Group membership is listed in **Appendix Two**.

Liaison is underway with NHS Highland with a view to convening the first meeting of the Monitoring Group in September.

### **4. Workplan and Timescales**

As was previously indicated to Board Members, it will take approximately nine months from the date of the Cabinet Secretary's approval to implement the specified service changes. The implementation process will begin with detailed preparation in relation to the following issues:

- Finalisation of capital and revenue costs;
- Agreement with clinical staff on arrangements to introduce the new model of unscheduled medical care and completion of associated staff recruitment, induction and training;
- Completion of discussion with the Scottish Ambulance Service over patient transfer arrangements;

- Finalisation of arrangements to introduce the revised model of Rehabilitation Services;
- Taking forward detailed planning and scoping out timescales for the repatriation of specified planned care services to the Vale;
- Setting out review arrangements to monitor Mental Health inpatient admissions to the Christie Ward;
- Taking forward new staffing arrangements and environmental changes for elderly mental health services;
- Engaging with staff through the course of the change process;
- Beginning to scope out 'promotional' options to be discussed with the Monitoring Group.

An early requirement is for letters to be sent to all individuals and groups who responded to the consultation confirming the Cabinet Secretary's decision and the forthcoming actions.

### **Recommendation**

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- Note an outline of work and timescales required to initiate implementation of the proposals

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7<sup>th</sup> August 2009

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15 July 2009

Dear Andrew

I am writing in response to your submission of 20 March 2009 setting out your proposals to develop and improve services at the Vale of Leven Hospital in Alexandria.

I have carefully considered your *Vision for the Vale* proposals which were approved by the Board of NHS Greater Glasgow and Clyde on 24 February 2009. In doing so, I had to be convinced that the plans are in the best interests of patients; that key local services would be safeguarded and improved; that the Board had credible and viable plans for the hospital's future; and that the proposals are consistent with national policy, frameworks and guidance.

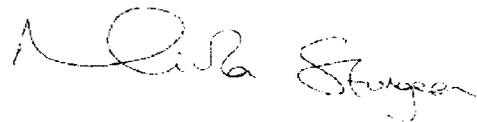
Having carefully considered all the available information, I am content to approve the Board's proposals (as outlined on pages 1-2 of your 20 March covering letter) that: whilst independent experts have concluded that anaesthetics cover is not sustainable at the hospital, a new consultant-led unscheduled care model will ensure that at least 70 per cent of unscheduled care services will be retained; that alternative arrangements be made for the provision of local rehabilitation services; that elderly acute mental health services be retained at the Vale and integrated with continuing care services from Dumbarton Joint Hospital; and that some 18,350 planned care attendances be repatriated to the Vale alongside the future development of a palliative care service. In all these cases, I am content that the proposed changes are consistent with national policy and will provide a modern, fit-for-purpose service for the benefit of patients.

With respect to the Board's proposal to close the Vale's Christie Ward and transfer adult inpatient mental health services to Gartnavel Hospital, I have noted the Board's prediction that – given the additional provision and uptake of community-based services locally – demand for bed numbers at the Christie Ward will reduce to 12 beds or less in the next year or so. I agree that this position would mean it was not possible for the Board to maintain a high quality, efficient service. However, you will appreciate that I want to be sure of the position before formally agreeing the Board's proposal.

As such, I intend to reconsider your proposal in 12-18 months' time – or sooner, should the demand for beds fall more rapidly - informed by a further report on the actual levels and trends in demand that are experienced. My officials will work with the Board to agree the key questions which this report will need to address. I expect the monitoring group, mentioned below, to play a full part in this process.

I recognise that the Board's approach to this review of services, and the associated consultation process, took full account of the previous Clyde Independent Scrutiny Panel commentary, and has been endorsed by the Scottish Health Council. In making my decision on the *Vision for the Vale* proposals, I also wish to ensure that the Health Council's two specific recommendations are implemented: that the Board carries out a promotion exercise of the current and new services to be provided from the Vale, ensuring that local people know what services are and will be available, and how these can be accessed; and that a monitoring group be established, including representation from the local public, to oversee the development and delivery of the service change plans. This group should be kept apprised of the development of the Vale capital investment plan; should include representatives of local mental health users and carers; and should be involved in the preparation of the additional report on demand for adult inpatient mental health services. The Scottish Government will provide a remit and working criteria for the group, and will work with the Board to ensure that the membership of the group reflects the interests of local stakeholders as far as possible.

I am grateful to the Board for the considerable efforts that have been made to put an end to the uncertainty which has surrounded the Vale of Leven Hospital for a decade; and to assure local people that the hospital site has a significant part to play in the delivery of local healthcare services in the long-term future. I know the Board will appreciate the need to ensure that local people continue to be kept fully informed and involved in the future development and delivery of these services.



**NICOLA STURGEON**

## Appendix Two

### Proposed Membership of the Monitoring Group

Please note that discussions are ongoing to identify elected and community/patient representatives from West Dunbartonshire.

Chair: Bill Brackenridge, Chairman, Argyll and Bute Community Health Partnership

#### Elected Representatives:

Scottish Parliament	Jackie Baillie MSP
Argyll and Bute Council	Councillor Al Reay Councillor George Freeman Councillor Vivien Dance
West Dunbartonshire Council	Councillors x 3 to be confirmed

#### Patient Representatives:

Mental Health Service Users	Representative of ACUMEN to be confirmed Representative of West Dunbartonshire Mental Health Forum to be confirmed
Public Partnership Forum	Jim Proctor Mairi Harvey
Helensburgh and Lomond Patients Group	David Bruce

Community Representatives: Representative of Hospitalwatch to be confirmed  
Representative of United Campaigns Group to be confirmed

NHS Greater Glasgow and Clyde: Jane Grant, Chief Operating Officer, Acute Services Division  
Helen Byrne, Director of Acute Services Strategy, Implementation and Planning  
Keith Redpath, Director, West Dunbartonshire Community Health Partnership

NHS Highland: Derek Leslie, General Manager, Argyll and Bute Community Health Partnership  
Dr Michael Hall, Clinical Director, Argyll and Bute Community Health Partnership  
Anne Helstrip, Locality Manager, Helensburgh and Lomond