

# NHS Greater Glasgow and Clyde

Board Meeting  
18th October 2011

Board Paper No. 11/49

## DIRECTOR GLASGOW CITY COMMUNITY HEALTH PARTNERSHIP

### Modernising and Improving Mental Health Services in West Dunbartonshire.

#### Compliance with the Cabinet Secretary's preconditions for final consideration of the proposal to permanently transfer 12 inpatient beds from the Vale of Leven hospital to Gartnavel Royal hospital

## 1. Recommendations

Board Members are asked to :

- note that the provision of adult acute inpatient services for the catchment of the former Christie ward has been temporarily in place at Gartnavel Royal hospital for more than a year since July 2010
- note that throughout that period since inpatient beds were temporarily transferred to Gartnavel Royal:
  - the Cabinet Secretary's preconditions for final consideration of the future arrangements for the provision of adult acute inpatient services have been met
  - average daily bed use for the 12 month period to 31<sup>st</sup> Aug 2011 has been 10 beds
- agree to seek the Cabinet Secretary's approval to the permanent transfer of mental health adult acute inpatient services formerly provided at the Vale of Leven hospital to Gartnavel hospital

## 2. Summary timeline

2.1. This section provides a summary overview of the timeline and sequence of the main actions in relation to the proposals to close the mental health adult acute inpatient beds at the Vale of Leven hospital and transfer them to 12 beds at the Gartnavel Royal hospital. The Board will wish to note the detail of these actions and the concerns of the Vale Monitoring Group.

Aug 2009	NHS GG&C Board endorsed submission of service change proposals relating to the South Clyde Modernising Mental Health Strategy
Feb 2009	Following outcome of the Vale Vision consultation process the NHS GG&C Board endorsed the submission to the Cabinet Secretary seeking agreement to close Christie ward and to transfer beds to Gartnavel hospital over a 12 -18 month period by which time it was expected bed use would have reduced to a future projected required level of 12 beds.
July 2009	Cabinet Secretary responds to NHS GG&C Board: <ul style="list-style-type: none"><li>• confirming that ongoing provision at a level of 12 beds would not be clinically sustainable</li><li>• deferring any final decision for a further 12-18 months informed by a report on the actual trends in demand that are experienced</li><li>• requiring the establishment of the Vale Monitoring Group to oversee the development and delivery of the proposed service change plans and to be involved in the preparation of the additional report on demand for adult inpatient services.</li></ul>
Nov 2009	The Vale Monitoring Group commences to meet

Jan 2010	The Vale Monitoring Group receives the first Mental Health Activity Monitoring Report based on a content and format agreed through the monitoring group. Updated Monitoring reports covering similar content have subsequently been provided to every meeting of the Vale Monitoring Group.
June 2010	The NHS GG&C Board indicated to the Vale Monitoring Group that the inpatient activity trends were now at or below 12 beds and that it was intending to take a report to the Oct 2010 Board meeting to consider a submission to seek Cabinet Secretary support for the long term transfer of inpatient activity of 12 beds from the Vale of Leven hospital to the Gartnavel hospital
11 <sup>th</sup> July 2010	A fire at Christie Ward was started by a patient making the ward unusable. Patients were transferred to Gartnavel hospital on an interim basis with the nominal 12 beds of patient activity absorbed within existing ward capacity at Gartnavel hospital.
July 2010	The Chair of the Vale Monitoring Group writes to the Cabinet Secretary on behalf of the lay members of the Monitoring Group seeking her agreement to set aside the previous decisions and parameters previously set out, so that the approach to the management of inpatient beds could be fully revisited
Aug 2010	The Cabinet Secretary responds to the Chair of the Vale Monitoring Group confirming that she is not agreeable to revisiting the Boards mental health strategy, noting that the monitoring reports of inpatient activity suggested this to be at around the 12 bed level and proposing a further 8-10 months extension of the period of monitoring to allow a longer monitoring period to identify a more meaningful trend prior to any final consideration of the issue.
Aug 2010	A special meeting of the Vale Monitoring Group to consider the issues of the provision of inpatient beds following the fire at Christie ward necessitating the temporary transfer of beds to Gartnavel hospital, following which the Chair of the monitoring group wrote to the Cabinet Secretary and members of the NHS GG&C Board seeking support for the necessary capital to ensure rapid reinstatement of the inpatient beds at the Vale of Leven hospital pending any final decision on their long term future.
Oct 2010	The NHS GG&C Board considers a detailed report setting out the costings and feasibility issues of a range of options for reinstatement of the beds at the Vale of Leven hospital and agrees to retain the temporary transfer of beds at GRH and consider a further report on activity trends in demand for inpatient care in 8-10 months time. The NHS Board took account of a range of issues in making its final decision noting: <ul style="list-style-type: none"> <li>• the Vale Monitoring Groups strong view that capital should be allocated to secure rapid reinstatement of the beds at the Vale of Leven</li> <li>• the Cabinet Secretaries expressed view that repatriation would not be in patients or carers best interests</li> <li>• that bed usage was running at around 12 beds – i.e. at the projected future bed requirement level at which the Cabinet Secretary had previously acknowledged it would not be clinically sustainable to provide beds at that level of provision on an ongoing basis</li> <li>• the high quality of accommodation at Gartnavel hospital</li> <li>• the significant gap in the Boards capital plan for 2010/11 and the following year</li> <li>• arrangements had been put in place to ensure continuity of care for patients notwithstanding the change in location of the hospital providing acute inpatient services</li> </ul>
Oct 2010 to Sept 2011	The Vale Monitoring Group has continued to meet and monitoring reports have continued to be provided to each meeting setting out the activity trends for the recent period and how these compare to baseline historic activity levels against the indicators previously agreed with the Vale Monitoring Group. A range of further reports have been provided on request where the Vale Monitoring Group have sought additional information.

### 3. Detailed Account of activity relating to the proposals for the provision of inpatient services for the populations of Helensburgh & Lochside and Dumbarton & Alexander

#### Background to Clyde Mental Health Strategy

- 3.1. In August 2008 the Board as a consequence of a full consultation exercise on Clyde Mental Health Services endorsed a series of significant service change proposals relating to South Clyde for submission to the Cabinet Secretary.
- 3.2. In light of the feedback received from the West Dumbarton, Helensburgh and Lochside areas the Board agreed to consult on a vision for the future of the Vale of Leven and to include Mental Health Services in that process.
- 3.3. In February 2009 the Board considered the outcome of this further round of consultation on Mental Health Services and agreed to approve the closure of Christie Ward with the transfer of this service to Gartnavel Royal Hospital. A timescale of 12-18 months was identified for this move and it was agreed that there would be careful monitoring of the impact of community and primary mental health services during this period. The Board also agreed that the reports on impact should be circulated to the Clyde Modernising Mental Health Programme Board and the Mental Health Partnership Committee.
- 3.4. On 15<sup>th</sup> July the Cabinet Secretary responded to the Board's submission of 20<sup>th</sup> March 2009 which set out the Board's proposals to develop and improve services at the Vale of Leven Hospital. The Cabinet Secretary in her letter noted "the Board's prediction that given the additional provision and uptake of community based services locally – demand for bed numbers at Christie Ward will reduce to 12 beds or less in the next year or so". She went on to say "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 month's 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".
- 3.5. The Cabinet Secretary also stated that a Monitoring Group was to be established to oversee the development and delivery of the service change plans. The Monitoring Group was to be "involved in the preparation of the additional report on demand for adult inpatient mental health services".

#### 4. The Vale Monitoring Group

- 4.1. The Vale Monitoring Group met for the first time on 23<sup>rd</sup> November 2009. Its remit and membership is given at **Appendix 1**. The Group is chaired by Bill Brackenridge, Chair of the Argyll and Bute CHP.
- 4.2. The Group has subsequently met on 13 occasions and at each meeting has received a report on mental health activity. In addition to the standard monitoring report detailed reports have been provided on:-
  - Investment in Community Services
  - The Shape of Community Services
  - The Organisation and Delivery of Inpatient Care
  - Sustainability of Service's
  - The Evidence Base for Community Service Models.

- 4.3. At the meeting of the Vale Monitoring Group held on 7<sup>th</sup> June 2010, it was identified that bed usage at Christie Ward was dropping steadily and that it was anticipated that a report would be submitted to the October 2010 Health Board Meeting indicating that 12 or less beds were being utilised and that a report should be submitted to the Cabinet Secretary supporting closure and transfer of the beds to Gartnavel Royal Hospital.
- 4.4. The July meeting of the Vale Monitoring Group took place on 26<sup>th</sup> July 2010. Prior to this on 11<sup>th</sup> July 2010 a patient set fire to their room in Christie Ward causing extensive damage to the ward. This necessitated the rapid movement of all patients who were temporarily accommodated that night at the Vale of Leven. On Monday 12<sup>th</sup> July 2010, 12 patients were moved to Gartnavel Royal Hospital. One patient went to the IPCU at Stobhill Hospital.
- 4.5. At their July 2010 meeting the Monitoring Group received a monitoring report and an initial report on the consequences of the fire. It was agreed at the meeting that the Chair would write to the Cabinet Secretary. Members of the Monitoring Group, reflecting the concerns of the lay members of the group, identified the following:-
  - 4.5.1. The Board in taking a decision on Christie Ward options take account of the views of the Monitoring Group on all options, and that the group be given the opportunity to propose further options.
  - 4.5.2. The Monitoring Group had come to the conclusion that the whole issue of the provision of inpatient mental health beds needed to be re-visited, and suggested "that the elements of the vision relating to mental health inpatient provision be set aside and that your [The Cabinet Secretary's] qualified approval for the closure of Christie Ward be set aside".
- 4.6. The Cabinet Secretary responded on 16<sup>th</sup> August 2010 to the Chair's letter. In this letter she states:-
  - 4.6.1 That the Board has been sharing data on local demand for inpatient mental health services with the Monitoring Group since its inception.
  - 4.6.2 That in recent months this has been around 12 beds, which she had previously acknowledged as being clinically unsustainable in the longer term.
  - 4.6.3 She was not minded to ask the Board to revisit the Mental Health Strategy.
  - 4.6.4 That the local demand for inpatient beds should be monitored for a longer period to identify a meaningful trend.
  - 4.6.5 A period of 8-10 months is suggested for this further monitoring.
  - 4.6.6 The Cabinet Secretary also expresses the view that "having carefully considered the clinical, financial and logistical impediments involved, I am of the view that interim repatriation of the service is not in patients' or local people's interest".
- 4.7. A special meeting of the Vale Monitoring Group was held on 30<sup>th</sup> August 2010 to consider two issues:-
  - 4.7.1. The detailed monitoring information on inpatient activity trends.
  - 4.7.2. The implications of the fire in Christie Ward on 11<sup>th</sup> July 2010 which had necessitated the move of all patients who were accommodated in Gartnavel Royal Hospital.

- 4.8. Papers on the following were submitted to the meeting on 30<sup>th</sup> August 2010
  - 4.8.1. An overview report
  - 4.8.2. Bed Modelling, the basis for projecting bed requirements and the evidence base underpinning the strategic approach
  - 4.8.3. Christie Ward Fire Damage and Implications for provision of Adult Acute Assessment beds at the Vale of Leven
  - 4.8.4. Activity Monitoring Report
  - 4.8.5. West Dunbartonshire Mental Health Development
  - 4.8.6. Staff deployment and staff survey findings
  - 4.8.7. Sustainability and Risk issues
- 4.9. The discussion at the meeting was extensive and a range of further information was requested of officers as a consequence of the detailed debate. The most significant issues were:-
  - 4.9.1. Conflicting views were expressed regarding bed usage and subsequently Argyll and Bute Councillor V. Dance and MHP Medical Director, Dr L. Watt, met to clarify the acute bed usage at Gartnavel Royal Hospital.
  - 4.9.2. Concerns had been expressed about the sustainability of services over the longer term. The initial thinking on sustainability measures was discussed and it was agreed that officers would consider how this might be populated.
  - 4.9.3. After debate it was agreed that officers would endeavour to create a simpler monitoring report for a subsequent meeting.
- 4.10. The Vale Monitoring Group met next on Friday 1<sup>st</sup> October 2010. The following papers were presented to the group which devoted most of the meeting to these papers.
  - 4.10.1. The organisation and delivery of inpatient care
  - 4.10.2. Reconciling inpatient activity at Gartnavel Royal Hospital
  - 4.10.3. Bed capacity at Gartnavel Royal Hospital
  - 4.10.4. Daily Inpatient activity summary
  - 4.10.5. Changes in bed use over time
  - 4.10.6. Expenditure on service developments
  - 4.10.7. Development and refinement of the Monitoring Framework
  - 4.10.8. Adult Mental Health Inpatient and Community Activity Trends (regular monitoring report)
  - 4.10.9. Board paper 10/24 – Proposed Capital Plan 2010/11 – 2012/13
- 4.11. Once again the discussion at the meeting was wide ranging and detailed. A significant proportion of the group's time was devoted to the consequences of the fire in Christie which is dealt with later in this paper. In relation to activity monitoring the group wished to see the following:-
  - 4.11.1. The outcome of the review of crisis services which is part of the Mental Health Partnership Savings Plan for 2010/11. It is envisaged that this will have no impact on day to day provision of crisis services since the aim of the review is to protect existing levels of service activity to users whilst reducing the overall cost by reconfiguring teams to cover larger geographical areas. This will enable a saving to be made in staffing costs.

4.11.2. Information regarding the boarding of patients from Gartnavel Royal Hospital to other parts of Greater Glasgow and Clyde. The Monitoring Group have expressed concerns since their inception about the possibility of boarding across Greater Glasgow and Clyde as a consequence of absorbing 12 beds from Christie into Gartnavel Royal Hospital. It was agreed that a detailed report on this would be presented to the next meeting and it was also noted that boarding across Greater Glasgow and Clyde from other Boards to Greater Glasgow and Clyde and vice versa had always been a factor in the provision of Mental Health Services. Levels of boarding for Vale patients are currently lower than their historic levels since 2007.

4.11.3. The discussion about the consequences of the fire concluded with the lay members of the Monitoring Group agreeing a motion for submission to the NHS Board, this being:

“Considering the role of the group to ensure the implementation of the Vision for the Vale, and specifically for the benefit of patients and their families, the Vale of Leven Monitoring Group recommends the reinstatement of the Christie Ward and/or equivalent at Vale of Leven Hospital, with funding allocated and work commencing in the current financial year.”

4.11.4. Following on from the meeting on 30<sup>th</sup> August the chair wrote to the Cabinet Secretary advising her of this motion.

4.12. A special meeting of the Vale Monitoring Group was held on 11<sup>th</sup> October to review the draft of the Oct 2010 Board paper. The Director of the Mental Health Partnership fed back to the Monitoring Group on the presentation she had made to the recent Board Seminar on the implications of the Christie fire. Members of the Monitoring Group expressed considerable concerns about the recommendation in the draft report that the beds remain at Gartnavel Royal and continue to be monitored. A strong view was expressed that capital should be allocated immediately to allow reinstatement of Christie Ward to commence as quickly as possible. It was agreed that a letter be sent to all Board members to this effect and this letter was attached as appendix 6 of the Oct 2010 NHS GG&C Board report.

#### **4.13. Christie Ward – Fire Implications**

4.13.1. A paper was presented to the meeting of the Vale Monitoring Group on 30<sup>th</sup> August 2010 on the implications of the fire in Christie. Subsequently that paper was included in the report to the Board of Oct 2010.

4.13.2. The detail of the options, patient and staff views, and clinical arrangements and conclusions set out in that paper are set out below in full:-

##### **Option 1**

North Wing Reinstatement	£344k+VAT
East and West Wing cleaning and minor repairs	

##### **Option 2**

Utilising East and West wings only – 7 beds (with balance of beds provided elsewhere)	£119k+VAT
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##### **Option 3**

Utilise bed space in Katrine (Elderly Ward)	No longer a feasible option
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##### **Option 4**

Occupy the vacant ward in Care of Elderly Block	£1.5m+VAT
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(Ward 16)

**Option 5**

Reoccupy with limited refurbishment East and West wings and complete refurbishment of North wing £996k+VAT

**Option 6**

New build on Vale of Leven site £3.1m+VAT

- 4.13.3. All options have a capital implication from a do minimum option (1) of £119k+VAT to a new build option on Vale of Leven site at an indicative cost of £3.1m+VAT. The Board's current Capital Plan is over committed by £17.9m in the current year and further slippage of £31.8m anticipated in the 2011/12 indicative plan to achieve balance. The Board has been asked by the Health Department to review all schemes not legally committed in this year pending the outcome of the Spending Review. This review may signal a further reduction in the Board's capital allocation for 2011/12. The Board has still to confirm how it will achieve the full amount of slippage of £17.9m in the current year. It should also be noted that each option will have a lead time for delivery. For example option 1 would require tendering and with lead in and reinstatement works it is anticipated that it would take 6 to 7 months to deliver.
- 4.13.4. The Board will also wish to note that one member of the Monitoring Group suggested that the revenue saved from the current closure of Christie Ward could be utilised to offset the costs of implementing option 1. The Mental Health Partnership is currently working on cost savings proposals for 2011/12. At this stage it has been assumed that the revenue savings from Christie will be required in full to contribute to the delivery of the Board's financial plan for 2011/12.

**4.14. Patients and Staff Views**

- 4.14.1. An initial survey of patient and carers' views of their experience of inpatient services was undertaken after the fire and before the Monitoring Group met on 30<sup>th</sup> August 2010. Generally patients were comfortable with their care, both with the linkages to local Community Mental Health Services and with the facilities at Gartnavel Royal Hospital. All acute mental health inpatients at Gartnavel Royal Hospital have single room ground floor ensuite accommodation, garden access and extensive recreation/therapies facilities. Whilst relatives were happy with the facilities provided, some found the journey to Gartnavel Royal Hospital more difficult than to the Vale of Leven. Carers have been provided with information on transport. Inevitably journeys do take longer.
- 4.14.2. A further patient and carer survey of their experience of inpatient services was undertaken in November 2010 and the findings were reported in full to the June 2011 Vale Monitoring Group. Generally patient experience of care within Gartnavel hospital was in the main very positive. The facilities of the hospital were viewed as a significant improvement on previous experiences. Seven relatives/carers responded to the questionnaire and echoed the positive experience of patients, however 4 people expressed concern that they had to travel further to visit family members.

- 4.14.3. Additionally in response to a request for information about the quality of community services the results and detailed findings of a range of surveys relating to service users and carers views of their use of the Crisis Home Intervention Team and Helensburgh Community Mental Health Teams were reported to the July 2011 meeting of the Vale Monitoring Group. The main findings of these surveys in relation to the Crisis Home Intervention team users and carers surveys were:
- *Information Provision* : the majority of service users reported positively in relation to provision of information which was understandable and helpful and felt positively involved in decisions about their care. Similarly the majority of carers reported similar findings albeit around a third of carer responses were negative on those areas in contrast to 10-15% of service user responses which made negative responses
  - *Ways in which the crisis services supported people* : the responses were positive indicating that the crisis service had supported them in a range of ways such as providing an alternative to admission, reducing length of stay in hospital, increasing ability to cope and resolve problems. Only one negative response was received on any area of the survey questions relating to support with one respondent indicating they did not feel they had received the right level of response
- 4.14.4 The survey of the Helensburgh Community Mental Health Teams users and carers covered areas such as information provision and involvement in decision making, being understood, support received, work with family and carers. Whilst there was some variation between topic areas responses were broadly 90-95% positive and 5-10% negative for service users. The questions in the carer's survey covered broadly similar but not identical areas and if anything saw lower levels of negative responses. A survey of referrers to the CMHT covered areas such as the referral process, communication and accessibility of the team and overall impression of the team. In general terms referrers felt the team was doing fairly well whilst seeking some improvements in terms of responsiveness to referrals and communication.
- 4.14.6 It should be noted that the summary above cannot do justice to the full detail of responses and beyond the %'s the more qualitative comments captured from service users show both a clear valuing of the support received whilst raising issues and areas for potential further improvement.
- 4.14.7 Staff have been accommodated at both Gartnavel Royal Hospital and Vale of Leven Hospital as part of an initial staff deployment exercise. Most of the untrained staff were accommodated locally. An exercise will take place shortly in partnership with Trade Union Representatives to interview all staff and formally redeploy them to substantive roles with the proviso that should these beds be reinstated on the Vale of Leven site then all staff who worked in Christie on 12<sup>th</sup> July 2010 can move to Vale of Leven if this is their preference at that time.
- 4.14.8 Staff were given the opportunity to express views on the options paper submitted to the Monitoring Group. As of 7<sup>th</sup> October 2010 only one member of staff had formally expressed a view on the move of patients to Gartnavel Royal Hospital and the bed options. Their view was that West Dunbartonshire patients deserve the highest standard of accommodation currently available in Greater Glasgow and Clyde and any less solution would be detrimental to their care. For most individuals inpatient care is a rare though important occurrence.

#### **4.15 Comments and issues from the Vale Monitoring Group for the October 2011 NHS GG&C Board Report**

- 4.15.1 The report has summarised the previous longstanding and strongly held concerns of the monitoring group in sections 2, 3 & 4 above.
- 4.15.2 A draft of this report to the October 2011 NHS GG&C Board was made available to the Monitoring Group on 18<sup>th</sup> August 2011, with a commitment to incorporate any comments from the Monitoring Group within this section of the report or for them to submit a separate written submission to the NHS Board.
- 4.15.3 The Vale Monitoring Group has received a report at each meeting since January 2010 on Mental health activity for West Dunbartonshire. A range of reports have been received providing details on community investment and services, together with feedback from patients, carers and staff.
- 4.15.4 The Lay Members of the group have at every meeting expressed concerns about the sustainability and clinical effectiveness of the service and have not accepted the Board's view that an average of 12 acute admission beds will meet the needs of this population.
- 4.15.5 On Wednesday 21<sup>st</sup> September all but 3 of the Lay Members of the Vale Monitoring Group resigned. Their statement is attached at **Appendix 2**.
- 4.15.6 Those Lay Members who resigned, and Argyll and Bute Councillors Dance and Reay who have not resigned, are completely opposed to the closure of the Christie Ward and do not believe that the case has been made for the removal of the local inpatient service from Vale of Leven.
- 4.15.7 There were 2 Lay Members present at the Vale monitoring Group Meeting on 30<sup>th</sup> September where the draft of this Board paper was discussed.
- 4.15.8 Further concerns were expressed about the patient activity trends. Admissions rose in August to 13 and over the most recent three months period to 31<sup>st</sup> August admissions have increased from 7 to 12 per month. The Lay Members were of the view that this sharp increase in activity might be indicative of the impact of the recession on Mental Health Services. They felt that the previous downward trend may now reverse and that a further period of monitoring should be considered by the Board before any final decision is made regarding the permanent relocation of Christie.
- 4.15.9 Concerns were also expressed about the withdrawal of a local services from the Vale of Leven Hospital. This was felt by the Lay Members to be contrary to Scottish Government commitments to keep services local.

#### **4.16 Clinical Arrangements**

- 4.16.1 Current services and inpatients have retained their links with local staff in West Dunbarton/Helensburgh. Existing medical staff continue to manage patients' care whilst they are in Gartnavel Royal Hospital. All clinical staff have adjusted to a new way of working which has maintained continuity of care for patients and their carers. First assessments continue to be made by the local teams.

#### **4.17 Conclusions Reflected in the previous October 2010 NHS GG&C Board Report**

- 4.17.1 In reaching a decision on the way forward regarding adult acute inpatient services for West Dumbarton, Helensburgh and the Lochside the Board will wish to take account of the following:-
- 4.17.2 The very strong views expressed by the Monitoring Group that capital should be made available in this financial year to allow the reopening of Christie Ward.
- 4.17.3 The views expressed by the Cabinet Secretary. She requests a further period of monitoring and expresses her view that repatriation of patients back to the Vale of Leven would not be in their or their carers' best interests.
- 4.17.4 The fact that bed usage for this area was running at around 12 on average, a level which is considered to be clinically unsustainable.
- 4.17.5 The high quality of accommodation and facilities provided at Gartnavel Royal Hospital.
- 4.17.6 The significant gap in the Board's Capital Plan for this year and next.
- 4.17.7 The arrangements which have been made to ensure continuity of clinical care for patients.
- 4.17.8 In conclusion Board members are asked to:-
- Receive a further report in 8 to 10 months detailing the impact of community services on acute bed usage for the West Dumbarton/Helensburgh/Lochside area.
  - Agree that, for the time being, beds for this area be provided from Gartnavel Royal Hospital.
- 4.17.9 The Board meeting of Oct 2010 agreed the recommendations as above.

#### **5 Compliance with Cabinet Secretary Preconditions and submission of a further report to the Cabinet Secretary**

##### **Cabinet Secretary Conditions and criteria for final consideration of the long term location for inpatient beds**

- 5.1 The Cabinet Secretary has set out the preconditions and parameters for her final consideration and decision in the correspondence to date summarised in sections 2-5 above.
- 5.2 In summary these are:
1. A recognition that the NHS Board projected an ongoing future bed requirement of c12 beds & that ongoing provision of 12 beds of inpatient activity at the Vale of Leven hospital is not clinically sustainable in the longer term
  2. Requiring the establishment of the Vale Monitoring Group to oversee the development and delivery of the proposed service change plans and to be involved in the preparation of the additional report on demand for adult inpatient services.
  3. That the local demand for inpatient beds should be monitored for a longer period to identify a meaningful trend.
  4. A period of 8-10 months is suggested for this further monitoring. – taking the timing of any further reporting to the Cabinet Secretary to around June 2011.

## Compliance with Cabinet Secretary Conditions

5.3 In relation to the role of the Vale Monitoring Group:

- The Group was established and agreed its terms of reference in Nov 2010.
- The group agreed the core content and reporting framework for a report on mental health activity monitoring which would be the core reporting framework for monitoring the degree to which long term bed use of 12 beds was achieved and sustainable and was associated with Boarding and readmission levels which were no worse than the baseline levels pre the 2009 service developments. The group received its first report in January 2010. A copy of the standard report for the period to 30<sup>th</sup> Jun is attached as appendix 5.
- The monitoring group have also requested and been provided with a wide range of supplemental reports as set out earlier in this report.
- The monitoring group have routinely provided input to Board reports via the option of their concerns and issues being incorporated and reflected fully within Board reports, or via the option of making separate written representations to Board meetings. This process is in place for the preparation of this report to the October 2011 NHS Board meeting.

5.4 In relation to the monitoring of activity over a longer period and reporting back to the Cabinet Secretary cJune 2011- this monitoring has routinely been provided to the Vale monitoring group covering the content and format agreed with the Monitoring Group. A further section below summarises :

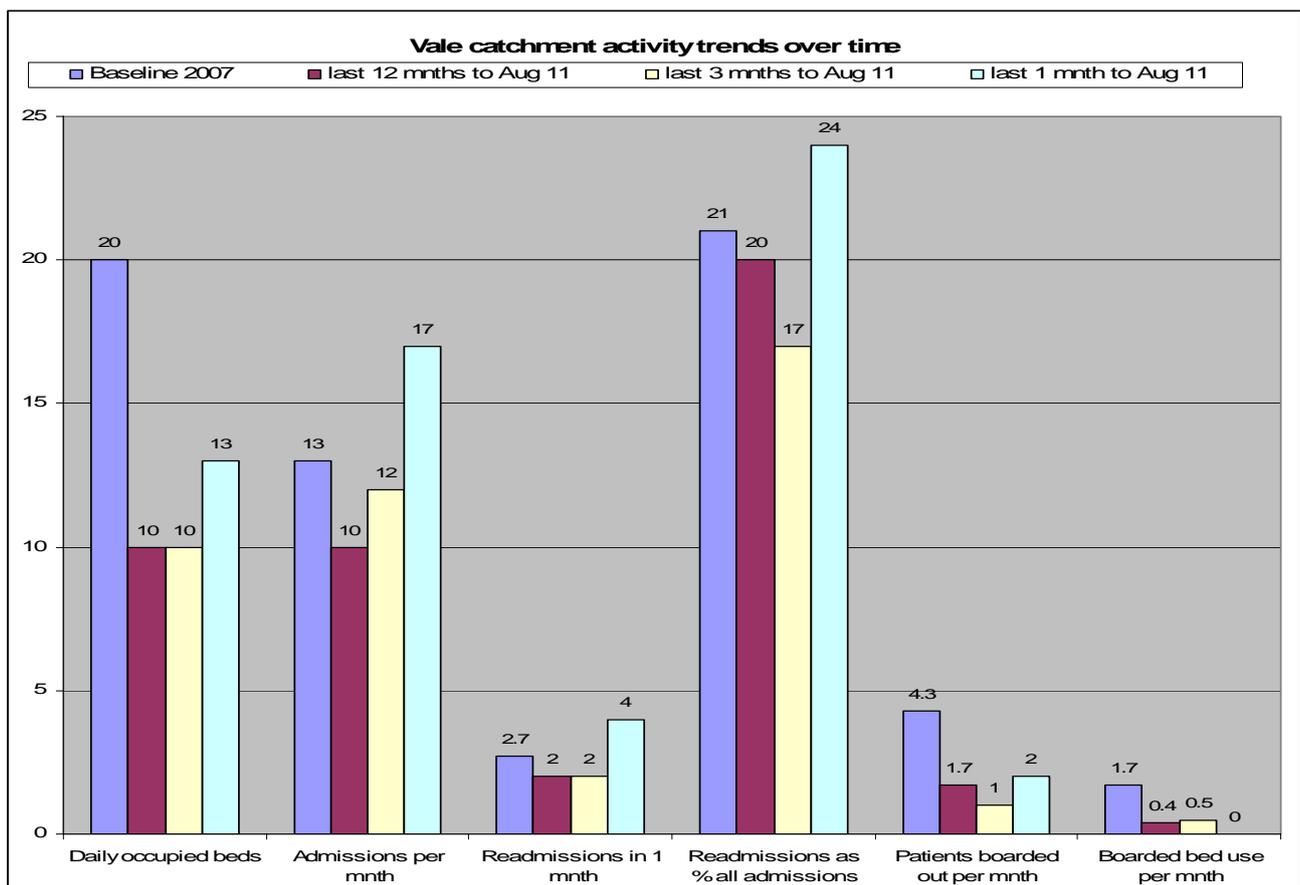
- The most recent position for the 3 month period to Aug 31st 2011
- the last 12 month period to Aug 31st 2011.
- comparison of the current position to the baseline 2007 position on each of the indicators.

5.5 The information is presented in the standard content and format routinely provided to the monitoring group in full in **appendix 3**. In addition the first section has sought to provide a graphical visual overview of the trends, whilst the following section provides a text based summary in the format normally provided to the Vale Monitoring group. Part of that report summarises the changes in inpatient activity compared to the baseline period which taken together indicate that average bed use levels of c12 beds or less have been consistently in place since May 2010; and that this has been achieved at the same time as reductions in readmissions ( i.e. reduced relapse rates), in boarding out ( i.e. better quality of patient experience), in lengths of stay ( more timely discharge), in length of stay 6 mnths+ ( less use of long stays in an acute bed by default) and increased levels of crisis and primary care community service activity. The detailed extract is provided below.

## 6. CURRENT AND HISTORIC TRENDS COMPARED : A VISUAL OVERVIEW

	Inpatient Services ( Vale/Christie catchment activity)									
	Admsns	Occpd Beds Vale **	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	bed s wte			
Baseline period 12 months to Oct 07	13	18	20	0	2.7	4.3	1.7	n/a	44	21%
Last 12 months to 31/08/2011	10	10	10	0	2.0	1.8	0.3	0	27	20%
Last 3 months to 31/08/2011	12	10	11	0	2.0	1.0	0.1	0	31	17%
Last one month to 31/08/2011	17	13	13	0	4.0	2.0	0.0	0	22	24%

6.1 The table above compares the position for the most recent 12 month, 3 month and 1 month periods to the 31st Aug 2011 to the baseline position in 2007, prior to the further development of community services. The same information is presented in chart format below.

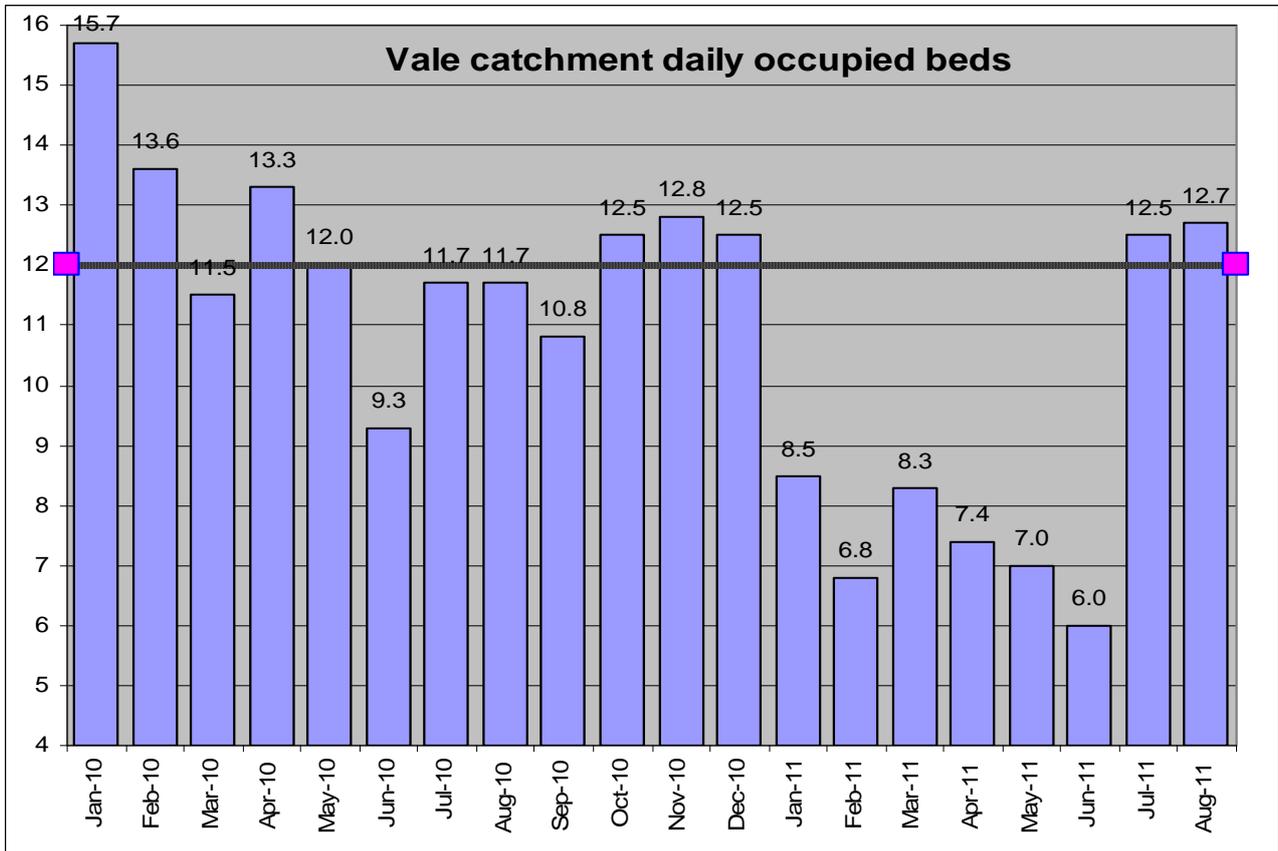


6.2 The 12 months and 3 months activity information reflect the overall sustainable position over the medium and longer term time periods. The 1 month figures have been included to provide the most recent information on the current position. However 1 month activity data needs to be interpreted with caution as month by month figures can be volatile, and small changes in activity on a small overall activity base can then appear disproportionate ( e.g. the readmissions and boarding figures).

6.3 Key points to note are that on all the indicators the medium and long term trends reflected in the 3 and 12 month figures are substantially lower than the 2007 baseline figures and reflect a durable and sustainable trend. In particular the long term trend on bed use is showing daily occupied beds ( including boarded activity ) of 10 beds i.e. below the Boards previous projected requirement of 12 beds. It is however the case that in the most recent monthly figures there has been a “spike” in activity with daily occupied bed use at an unusually high level of 12.7 beds. However even that unusually high level of daily occupied beds is still only 0.7 of a bed above the boards projected requirement of 12 beds. Since May 2010 the highest daily occupied bed levels for any month have never exceeded 12.8 beds . In essence this shows that the medium and long term trends show sustainable daily bed use of below 12 beds and even at the peaks of activity daily occupied bed use has not exceed 12.8 beds since May 2010.

6.4 It is clear that the one month activity trend for August 2011 does appear to reflect a “spike” in activity levels showing a somewhat different position to the long term trends. This issue has therefore been further explored in further detail in the charts below, for daily occupied beds and for admissions. The charts show the month by month position for the period of January 2010 to August 2011 i.e. the period for which monitoring reports have been provided to the Vale Monitoring Group.

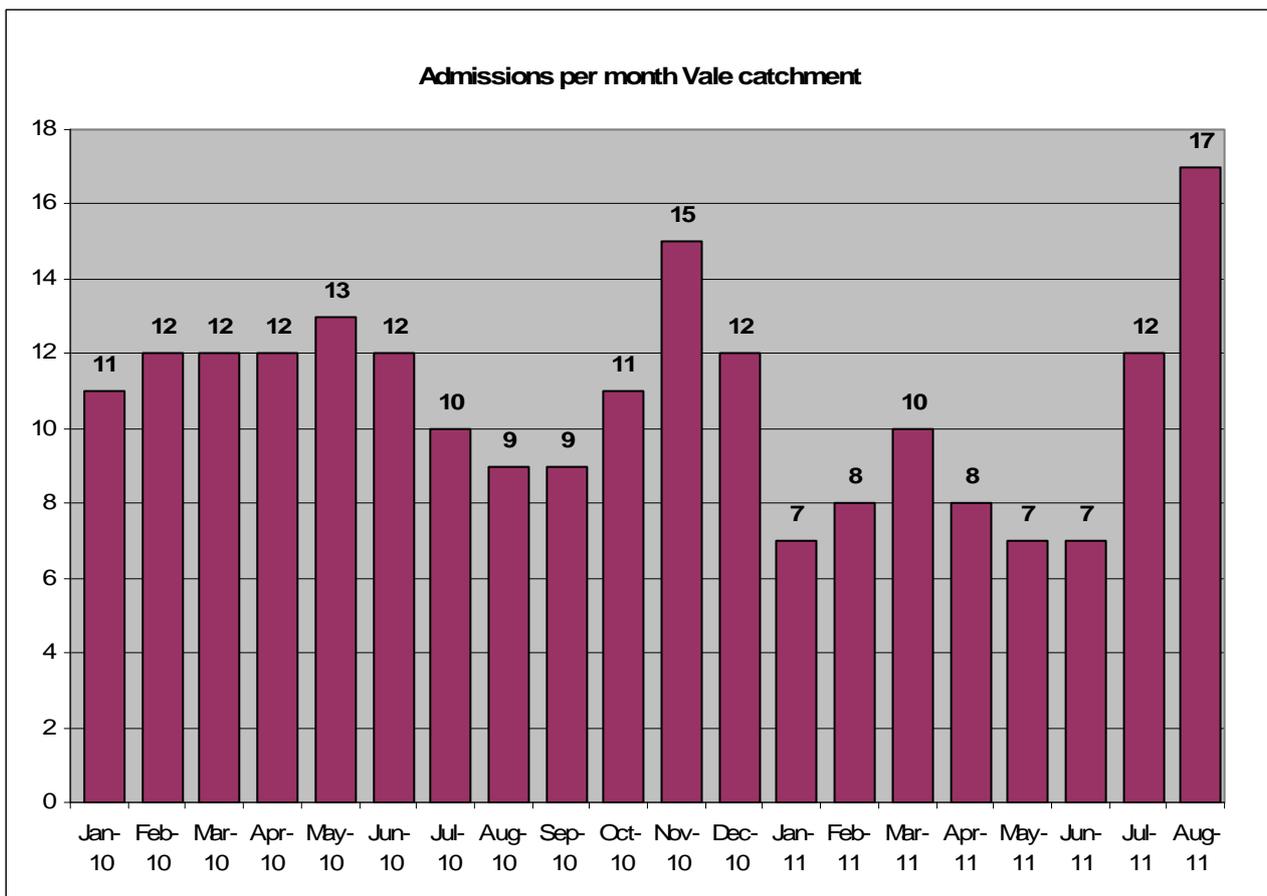
**Month by month daily occupied beds and admissions trends : Jan 2010 to Aug 2011**



6.5 The bar chart above shows the average daily occupied beds during the period Jan 2010 to Aug 2011, and the degree to which daily occupied bed use was above or below the Board's projected bed requirement of 12 beds. The graph shows that daily occupied beds have been lower than 13 beds for the duration of the period from May 2010 to Aug 2011. Whilst there are peaks and troughs of activity the peaks in activity have never taken monthly average daily bed use higher than 12.8 beds during the period from May 2010 to Aug 2011. Most months in 2011 show average daily bed use of 6-9 beds. However the most recent months of July and August 2011 show an increased activity level of up to 12.7 beds.

6.6 As can be seen from the graph month by month fluctuations in activity naturally occur.

6.7 A GG&C wide assessment of admissions and average daily bed use has continued to show lower levels in 2011 than 2010 (attached as **Appendix 4**). There appears to be no evidence of increased needs (e.g. associated with recession) being reflected in GG&C wide trends at this stage and the Vale catchment trends for July and August 2011 appear to be inconsistent with the GG&C wide trends. It is however our experience that changes in personnel within local services may see activity spikes for periods of time as new personnel become "bedded in" to the local systems and scrutiny processes. Such personnel changes have taken place recently for a number of posts in the WD CHP services and it is possible that this may potentially be a factor in the marked activity changes for July and August. As can be seen from the further graph below the increased daily bed use has been driven by unusually high levels of admissions during July and August.



6.8 The long term trend for admissions has been in the range of 7-12 admissions per month. In November 2010 admission activity was unusually high at 15 per month but admissions then stabilised in the range of 7-12 admissions per month for the next 8 months. In August 2011 there was another peak in admissions at 17 beds per month. At this stage it seems more likely that the unusual admission levels in August 2011 reflect a combination of fluctuations in month by month activity and possibly the impact of changes in a range of personnel within the service, rather than an indication of a fundamental change in the needs of the local population.

## **7 CURRENT AND HISTORIC TRENDS COMPARED : A TEXT BASED SUMMARY IN THE FORMAT REPORTED TO THE VALE MONITORING GROUP**

**7.1 Daily Occupied beds** ( including boarding ) in 2007 were 20. For the period to 31st Aug 2011 daily occupied beds were consistently lower than the projected requirement of 12 beds set out in the Vale Vision for the 3 & 12 month period. Unusually the one month position has peaked at 13 beds during the month of Aug 2011 reflecting that there can be occasions where peaks of activity may occur for short periods of time, notwithstanding the underlying trend of lower bed use

- 10 beds average bed use : last 12 months
- 11 beds per month : last 3 months
- 13 per month : last 1 month

The longer term reduction in daily occupied beds has been driven by reductions in admissions, lengths of stay, and reduction in the numbers of people with 6 month plus lengths of stay being cared for in a short stay acute ward setting . By contrast during the period of peak bed use in the one month period of Aug 2011 admissions were unusually high in that month reflecting the occasional peaks and troughs of activity, notwithstanding the underlying long term trends.

**7.2 Admissions per month** in 2007 were 13 per month. Admissions in the period to 31st Aug 2011 were:

- 10 per month last 12 months
- 12 per month last 3 months
- 17 per month last 1 month

**7.3 Lengths of stay** in 2007 averaged 44 days whereas lengths of stay in the period to 31st Aug 2011 were:

- 27 days over last 12 months
- 31 days over last 3 months
- 22 days over last 1 month ( nb on small numbers of discharges average lengths of stay in a one month period can be volatile and the longer periods of 3 & 12 months provide a more accurate picture of the long term trend )

**7.4 Numbers of people with lengths of stay 6 months plus** – information is not available for the baseline period of 2007. The first Vale monitoring group report showed an average 3 people with 6 month + lengths of stay for the one year period to Jan 2010.

By contrast the average no of patients over the 12 month , 3 month and 1 month period to 31st Aug2011 – was nil.

**7.5 Readmissions and levels of boarding out** are both measures which reflect the quality of the patient's experience of inpatient services:

**Readmission levels** in 2007 were 2.7 per month. In the period to 31st Aug 2011 they were at the lower level of 2 people per month for the 3 & 12 month period, but rose to 4 per month for the one month period of Aug 2011. Again the long term trend is lower than the baseline figures but the exceptional figures for the one month period of Aug 2011 reflect fluctuations in peaks and troughs of activity.

**Levels of boarding out** in 2007 were 4.3 patients per month using 1.7 beds. In the period to 31st Aug 2011 levels of boarding out were at lower levels:

- 1.8 patients per month using 0.3 beds over the last 12 months
- 1 patient per month over the last 3 months using 0.1 beds per month
- 2 patients in the last month using almost no bed days per month

**7.6 Community Services.** The logic of the balance of care shift is that the development of more robust community services, and in particular crisis services, would see a reduced reliance on inpatient admissions and an increased use of alternatives to admission and early discharge in community settings. For the 2007 baseline period there was no crisis service available for the Vale catchment with 2007 activity relating to the Clydebank catchment only. The position in relation to increased **crisis services activity** WDC wide is:

- Caseload of 7 and 14 people accepted to service per month in 2007
- Caseload of 13-16 people and 38-40 people accepted to service per month in 1,3 & 12 month periods to 31st Aug 2011.

**7.7** Likewise there was no **primary care mental health service** for the Dumbarton & Alexandria/Helensburgh Lomond catchment in 2007 but services for the Clydebank population were in place. The position in relation to accessing primary care advice clinics is :

- 36 people per month accessing advice clinics in 2007
- 71-74 people per month accessing advice clinics in the 3 & 12 month periods ending 31st Aug 2011
- Unusually high levels of activity for the one month period of August 2011 with 91 people accessing advice clinics

**7.8 Community Mental Health Team** caseloads have remained broadly unchanged over the period with a caseload of 1325 albeit information on caseloads for 2007 is not available with robust data available for the period from 2009 onwards.

**7.9** In summary the expected balance of care shifts appear to have taken place ( albeit more dramatically than previously projected) subsequent to the service developments as reflected in:

- Increased primary care and crisis activity
- Reduced levels of readmission (suggesting lower relapse rates notwithstanding reduced bed use and shorter lengths of stay)
- Reduced levels of boarding out ( suggesting the concerns of increased levels of boarding out diminishing the patients experience of care have not materialised in practice)
- Reduced levels of bed use
- Reduced levels of admission
- Reduced average lengths of stay
- Reduced use of acute beds for 6 mnth+ lengths of stay

**7.10** Levels of bed use averaged 12 beds over the 1 year period to Jan 31<sup>st</sup> 2011 and have reduced further to 10 beds for the one year period to 31st Aug 2011. Since May 2010 months average bed use levels have operated at 12 beds or less. Notwithstanding the long term underlying trends reported above there are nevertheless peaks and trough of activity which can take bed use over 12 beds for short periods of time, as reflected in the one month bed use figures for Aug 2011 which showed bed use of 12.7 beds, associated with unusually high levels of admissions during that month. However even such exceptional peaks of activity have only taken bed use up to 12.8 beds, i.e. only 0.8 beds above the 12 bed projected long term requirement.

**7.11** These long term patterns of bed use of 12 beds or less have now been consistently sustained over a significant period of time suggesting they are robust and sustainable. Additionally these patterns of bed use have been sustained notwithstanding the interim move to Gartnavel hospital on an unplanned basis in July 2010 – suggesting effective linkages between in patient and community services have remained in place.

**7.12** The numbers reflected in the monitoring framework have therefore demonstrated sustainable levels of bed use at or below 12 beds at the same time as reducing readmissions and therefore relapse rates, timely discharge, and reduced levels of boarding out.

## **8. Conclusion**

8.1 This report has set out:

- The Cabinet Secretary's criteria for final consideration of the proposal to permanently transfer the inpatient service for the Helensburgh & Lochside and Dumbarton & Alexandria catchments from the Vale of Leven hospital to Gartnavel hospital.
- The work undertaken to ensure compliance with the Cabinet Secretary's conditions and criteria for final consideration of any further proposal to transfer the beds permanently from the Vale of Leven hospital to Gartnavel hospital
- The work with the Vale Monitoring Group to ensure an agreed routinely reported monitoring framework and the contribution of the group to the Board report and Cabinet Secretary submission
- The trends in inpatient activity levels which have now achieved 12 beds or less average activity levels for a sustained period at the same time as improving the position on relapse, boarding out and timely discharge
- That the above trends have been in place for the duration of the period since July 2010 at which point the beds were temporarily transferred to the Gartnavel hospital
- The longstanding and continuing concerns of the lay members of the Vale monitoring group

## **9 Recommendations**

9.1 Board Members are asked to :

- note that the provision of adult acute inpatient services for the catchment of the former Christie ward has been temporarily in place at Gartnavel hospital for more than a year since July 2010
- note that throughout the period since inpatient beds were temporarily transferred to Gartnavel:
  - the Cabinet Secretary's preconditions for final consideration of the future arrangements for the provision of adult acute inpatient services have been met
  - average daily bed use for the 12 month period to 31st Aug 2011 has been 10 beds
- agree to seek the Cabinet Secretary's approval to the permanent transfer of adult acute inpatient services formerly provided at the Vale of Leven hospital to Gartnavel hospital.

## Appendix 1

### Membership – Vale Monitoring Group:

<b>Chairman</b>	Bill Brackenridge
<b>Argyll &amp; Bute CHP</b>	Derek Leslie Mike Hall Stephen Whiston Anne Helstrip
<b>West Dunbartonshire CHP</b>	Keith Redpath Alison Wilding
<b>NHSGG&amp;C</b>	Jane Grant
<b>NHSGG&amp;C Mental Health Partnership</b>	Anne Hawkins
<b>MSP</b>	Jackie Baillie
<b>Argyll &amp; Bute Council</b>	Al Reay George Freeman Vivien Dance
<b>West Dunbartonshire Council</b>	Ronnie McColl David McBride George Black
<b>Argyll &amp; Bute PPF</b>	Mairi Harvey Margaret Cameron
<b>West Dunbartonshire PPF</b>	Anne Ferguson Lily Kennedy
<b>Helensburgh &amp; Lomond Patients GP</b>	David Bruce
<b>Hospitalwatch</b>	To be confirmed
<b>United Campaigns Group</b>	Jackie Pollock
<b>West Dun Mental Health Forum</b>	Harry McCormack
<b>Acumen</b>	David Harrison

**Statement by the Lay Members of the Vale Monitoring Group**

*The Scottish Government has made a commitment to giving local people a greater say in the design and delivery of their local health services. Involving people as much as possible in the process has the potential to lead to enhanced credibility and a greater sense of openness and transparency when it comes to communicating the outcomes to the wider community. However, this potential will not be realised if people who participate feel that the process has been conducted poorly and that their participation has not been valued or meaningful.<sup>1</sup>*

Having served diligently on the Vale Monitoring Group since its inception, the lay members now feel obliged to state that:

- The presence of lay members on the VMG strongly suggested that community views would have a significant effect on the implementation of the Vision for the Vale. This is not the case. Indeed, the creation of a monitoring group including lay members gave the clear impression that patients' views would have weight. In fact, the stated remit made it clear that there was little, if any, scope for influencing decisions.<sup>2</sup>
- Prior to the establishment of the VMG, there was little evidence that the addition of the Argyll and Clyde population to that of Glasgow would in any way influence the strategy of Greater Glasgow NHS Board. In effect, this would leave no meaningful role for local public/patient consultation even though the Vision for the Vale was part of that strategy.
- Our perception is that in planning health services for the Vale of Leven Hospital catchment area 'Keeping the NHS Local' is not a priority for the Board. For example, in relation to mental health, the Report by the Independent Scrutiny Panel states that the Board's 'preferred option represents a clear intention to centralise psychiatric admission facilities for communities living north of the Clyde'.<sup>3</sup> While, generally, consultation procedures appear to have been conducted properly, many Board decisions appear to have been pre-determined.
- Accordingly, as lay members, we must now distance ourselves from the implementation and delivery of the Vision for the Vale. We do not wish to appear to be in support of any decisions which we believe may be detrimental to patient wellbeing. In particular we are completely opposed to the closure of the Christie Ward and do not believe that the case for removal of local in-patient services has been made. We have been willing to continue to be party to the VMG process but must now withdraw from it out of respect for those we represent and the wider patient population.

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<sup>1</sup> Scottish Health Council, Guidance Report, Involving Patients, Carers and the Public in Option Appraisal for Major Health Service Changes, March 2010 p.9

<sup>2</sup> Minute of first meeting of VMG, November 2009 pgs, 2-3

<sup>3</sup> Report by Independent Scrutiny panel on proposals for Health Service Changes in the Clyde Area. November 2007 pg 12

## APPENDIX 3

### ADULT MENTAL HEALTH PAPER 1 : Vale Monitoring Group 30/09/2011

#### VALE MONITORING GROUP: 30<sup>th</sup> Sept

### ADULT MENTAL HEALTH INPATIENT AND COMMUNITY ACTIVITY TRENDS

#### 1. BACKGROUND

- 1.1 The purpose of the monitoring framework is to demonstrate the degree to which patterns of inpatient and community activity are consistent with sustainable and ongoing bed use at the Boards projected required level of 12 beds, which when achieved would then trigger a further submission to the Cabinet Secretary to further review the proposal to transfer this adult mental health inpatient activity from Christie Ward at the Vale of Leven to Gartnavel Royal. The further correspondence from the Cabinet Secretary has now confirmed the period of monitoring is to last until circa June 2011 prior to any further reporting back to the Cabinet Secretary to review any decision relating to the long term position of Christie ward.
- 1.2 The activity trends provide transparent information for inpatient and community services which enable the Monitoring Group to consider:
- the level of inpatient bed use
  - the degree to which levels of bed use are consistent with the Vale Vision eventual projected bed use of 12 adult acute beds
  - the degree to which levels of boarding activity are no greater than historic levels
  - the level and robustness of community services to manage people in community settings with reduced reliance on admission to inpatient services
- 1.3 This summary report captures activity equivalent to that previously provided in Christie ward for the Vale catchment area. This activity equates to adult acute inpatient functions. The Monitoring group have requested a more focussed summary of the information which is reflected in the shortened format below based on tables 3 and 6 of the full monitoring report. The full monitoring report data is attached as an appendix.

#### 2. SUMMARY AND COMMENTARY ON TRENDS IN THE MONITORING FRAMEWORK DATA : Period 3 months 01/06/2011 to 31/08/2011

- 2.1 The full monitoring report is provided as appendix 1. This section has sought to draw out the salient points from the data in terms of the framework set out in paragraph 1.3.
- 2.2 In relation to the Christie ward catchment (D&A/H&L) the position is summarised in table 3 of the monitoring report reproduced overleaf. The table shows inpatient adult acute activity equivalent to that previously provided in the Christie ward. The most recent data for the period to 31/08/2011 and are shown in the **bolded lines** of the table.

**Table 3. Monthly patterns of service use compared over time**

	Inpatient Services ( Vale/Christie catchment activity)									
	Admsns	Occpd Beds Vale **	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	bed s wte			
Baseline period 12 months to Oct 07	13	18	20	0	2.7	4.3	1.7		44	21%
last 12 months to 31/12/2010	11	13	13	0	2.1	2.9	0.5	0	29	18%
Last 12 months to 31/01/2011	11	12	12	0	1.8	2.6	0.5	0	29	17%
Last 12 months to 30/04/2011	10	11	11	0	1.7	2.1	0.4	0	27	17%
Last 12 months to 30/05/2011	10	10	10	0	1.8	2.1	0.4	0	26	20%
Last 12 months to 30/06/2011	9	10	10	0	1.7	2.1	0.5	0	27	18%
<b>Last 12 months to 31/08/2011</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>2.0</b>	<b>1.8</b>	<b>0.3</b>	<b>0</b>	<b>27</b>	<b>20%</b>
3 months to 31/08/2010	10	11	12	0	1.0	3.0	0.8	1	34	10%
3 months to 31/10/2010	10	12	13	0	2.3	5.7	1.1	1	40	24%
Last 3 months to 31/12/2010	13	13	13	0	3.7	2.0	0.3	0	31	29%
Last 3 months to 31/01/2011	11	11	11	0	2.0	1.0	0.1	0	26	18%
Last 3 months to 30/04/2011	9	8	8	0	1.0	0.0	0.0	0	26	12%
Last 3 months to 31/05/2011	8	8	8	0	1.7	0.3	0.0	0	25	20%
Last 3 months to 30/06/2011	7	7	7	0	1.7	0.3	0.4	0	30	23%
<b>Last 3 months to 31/08/2011</b>	<b>12</b>	<b>10</b>	<b>11</b>	<b>0</b>	<b>2.0</b>	<b>1.0</b>	<b>0.1</b>	<b>0</b>	<b>31</b>	<b>17%</b>
<b>Last one month to 31/08/2011</b>	<b>17</b>	<b>13</b>	<b>13</b>	<b>0</b>	<b>4.0</b>	<b>2.0</b>	<b>0.0</b>	<b>0</b>	<b>22</b>	<b>24%</b>

Key points to note comparing the most recent 3 month period to 31<sup>st</sup> Aug to the previously reported 3 month period to 30<sup>th</sup> June are:

- admissions have increased from 7 to 12 per month
- occupied beds ( inc boarding ) have increased from 7 to 11 per month
- lengths of stay have increased from 30 to 31 days
- boarded admissions have from 0.3 to 1.0 admissions per month
- boarded bed use has reduced marginally from 0.4 to 0.1 beds per month
- readmissions have increased from 1.7 to 2 per month

Levels of bed use have increased from 7 to 11 beds, with levels of bed use in the most recent reported one month period of Aug 2011 of 13 beds.

The table below shows community activity for the whole West Dunbartonshire catchment.

	Community Services: (WD Catchment)						
	Crisis Services				Primary Care		CMHT
	Accepted to Service	Case-load	Admit via		Advice Clinics	1 to 1 Therapy	Case Load
			Crisis Team	Other Routes			
Baseline period 12 mnths to October 07	14*	7			36*	n/a	??
last 12 months to 31 <sup>st</sup> Jan 2011	41	13			68	n/a	1303
last 12 months to 30 <sup>th</sup> April 2011	42	14			70	n/a	1317
Last 12 months 30 <sup>th</sup> June	41	14			73	n/a	1324
<b>Last 12 months to 31<sup>st</sup> Aug</b>	<b>40</b>	<b>14</b>			<b>70</b>	<b>n/a</b>	<b>1330</b>
last 3 months to 31 <sup>st</sup> Aug 2010	44	12			78	n/a	1248
last 3 months to 31 <sup>st</sup> Oct 2010	39	11			80	n/a	1381
last 3 months to 31 <sup>st</sup> Dec 2010	35	12			60	n/a	1298
last 3 months to 31 <sup>st</sup> Jan 2011	40	13			56	n/a	1343
last 3 months to 30 <sup>th</sup> April 2011	39	15			72	n/a	1349
last 3 months to 31 <sup>st</sup> May 2011	40	16			81	n/a	1312
last 3 months to 30 <sup>th</sup> Jun 2011	40	14			72	n/a	1325
<b>last 3 months to 31<sup>st</sup> Aug 2011</b>	<b>38</b>	<b>13</b>			<b>74</b>	<b>n/a</b>	<b>1325</b>

Key points to note when comparing the last 3 months to 31/08/11 to the previous 3 month period to 30/06/11 for community activity are:

- modest reduction in levels of activity for Crisis services activity ,
- stable CMHT caseloads
- modest increase in primary care advice clinics
- levels of current community activity for crisis and primary care are significantly higher than historic levels

### 3. CURRENT AND HISTORIC TRENDS COMPARED

Table 3. Monthly patterns of service use compared over time										
	Inpatient Services ( Vale/Christie catchment activity)									
	Admsns	Occpd Beds Vale **	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	bed s wte			
Baseline period 12 months to Oct 07	13	18	20	0	2.7	4.3	1.7	n/a	44	21%
Last 12 months to 31/08/2011	10	10	10	0	2.0	1.8	0.3	0	27	20%
Last 3 months to 31/08/2011	12	10	11	0	2.0	1.0	0.1	0	31	17%
Last one month to 31/08/2011	17	13	13	0	4.0	2.0	0.0	0	22	24%

The table above compares the position for the most recent 12 month, 3 month and 1 month periods to the 31st Aug 2011 to the baseline position in 2007, prior to the further development of community services. Key points to note are:

**Daily Occupied beds** ( including boarding ) in 2007 were 20. For the period to 31st Aug 2011 daily occupied beds were consistently lower than the projected requirement of 12 beds set out in the Vale Vision for the 3 & 12 month period. Unusually the one month position has peaked at 13 beds during the month of Aug 2011 reflecting that there can be occasions where peaks of activity may occur for short periods of time, notwithstanding the underlying trend of lower bed use

- 10 beds average bed use : last 12 months
- 11 beds per month : last 3 months
- 13 per month : last 1 month

The longer term reduction in daily occupied beds has been driven by reductions in admissions, lengths of stay, and reduction in the numbers of people with 6 month plus lengths of stay being cared for in a short stay acute ward setting . By contrast during the period of peak bed use in the one month period of Aug 2011 admissions were unusually high in that month reflecting the occasional peaks and troughs of activity, notwithstanding the underlying long term trends.

**Admissions per month** in 2007 were 13 per month. Admissions in the period to 31st Aug 2011 were:

- 10 per month last 12 months
- 12 per month last 3 months
- 17 per month last 1 month

**Lengths of stay** in 2007 averaged 44 days whereas lengths of stay in the period to 31st Aug 2011 were:

- 27 days over last 12 months
- 31 days over last 3 months
- 22 days over last 1 month ( nb on small numbers of discharges average lengths of stay in a one month period can be volatile and the longer periods of 3 & 12 months provide a more accurate picture of the long term trend )

**Numbers of people with lengths of stay 6 months plus** – information is not available for the baseline period of 2007. The first Vale monitoring group report showed an average 3 people with 6 month + lengths of stay for the one year period to Jan 2010.

By contrast the average no of patients over the 12 month , 3 month and 1 month period to 31st Aug2011 – was nil.

**Readmissions and levels of boarding out** are both measures which reflect the quality of the patient's experience of inpatient services:

**Readmission levels** in 2007 were 2.7 per month. In the period to 31st Aug 2011 they were at the lower level of between 2 people per month for the 3 & 12 month period but rose to 4 per month for the one month period of Aug 2011. Again the long term trend is lower than the baseline figures but the exceptional figures for the one month period of Aug 2011 reflect fluctuations in peaks and troughs of activity.

**Levels of boarding out** in 2007 were 4.3 patients per month using 1.7 beds. In the period to 31st Aug 2011 levels of boarding out were at lower levels:

- 1.8 patients per month using 0.3 beds over the last 12 months
- 1 patient per month over the last 3 months using 0.1 beds per month
- 2 patients in the last month using almost no bed days per month

The logic of the balance of care shift is that the development of more robust community services, and in particular crisis services, would see a reduced reliance on inpatient admissions and an increased use of alternatives to admission and early discharge in community settings. For the 2007 baseline period there was no crisis service available for the Vale catchment with 2007 activity relating to the Clydebank catchment only. The position in relation to increased **crisis services activity** WDC wide is:

- Caseload of 7 and 14 people accepted to service per month in 2007
- Caseload of 13-16 people and 38-40 people accepted to service per month in 1,3 & 12 month periods to 31st Aug 2011.

Likewise there was no **primary care mental health service** for the Dumbarton & Alexandria/Helensburgh Lomond catchment in 2007 but services for the Clydebank population were in place. The position in relation to accessing primary care advice clinics is :

- 36 people per month accessing advice clinics in 2007
- 71-74 people per month accessing advice clinics in the 3 & 12 month periods ending 31st Aug 2011 and an unusually high level of 91 people for the one month period of August 2011.

**Community Mental Health Team** caseloads have remained broadly unchanged over the period with a caseload of 1325 albeit information on caseloads for 2007 is not available with robust data available for the period from 2009 onwards.

In summary the expected balance of care shifts appear to have taken place ( albeit more dramatically than previously projected) subsequent to the service developments as reflected in:

- Increased primary care and crisis activity
- Reduced levels of readmission (suggesting lower relapse rates notwithstanding reduced bed use and shorter lengths of stay)
- Reduced levels of boarding out ( suggesting the concerns of increased levels of boarding out diminishing the patients experience of care have not materialised in practice)
- Reduced levels of bed use

- Reduced levels of admission
- Reduced average lengths of stay
- Reduced use of acute beds for 6 mnth+ lengths of stay

Levels of bed use averaged 12 beds over the 1 year period to Jan 31<sup>st</sup> 2011 and have reduced further to 10 beds for the one year period to 31st Aug 2011. For the last 18 months average bed use levels have operated at 12 beds or less. Notwithstanding the long term underlying trends reported above, there are nevertheless peaks and trough of activity which can take bed use over 12 beds for short periods of time, as reflected in the one month bed use figures for Aug 2011 which showed bed use of 13 beds, associated with unusually high levels of admissions during that month. However even such exceptional peaks of activity have only taken bed use up to 13 beds, i.e. only 1 bed above the 12 bed projected long term requirement.

5.7 These long term patterns of bed use of 12 beds or less have now been consistently sustained over a significant period of time suggesting they are robust and sustainable. Additionally these patterns of bed use have been sustained notwithstanding the interim move to Gartnavel hospital on an unplanned basis in July 2010 – suggesting effective linkages between in patient and community services have remained in place.

5.8 The numbers reflected in the monitoring framework have therefore demonstrated sustainable levels of bed use at or below 12 beds at the same time as reducing readmissions and therefore relapse rates, timely discharge, and reduced levels of boarding out.

# FULL MONITORING REPORT TABLES

## **INPATIENT AND COMMUNITY ACTIVITY : 01/09/2010 - 31/08/2011 : (12 month period)**

**Table 1. Vale Christie Activity : last 12 mnths : actual figures**

Vale/Christie	Inpatient Services										
	Admsns	Occpd bed days	Daily Occpd Beds	Delayed disch	Re-in 1 month	Boarding out			Patients 6 mnths+	Ave LOS (Days)	Re-admsn as % all admsns
						No.	bed days	beds wte			
Dumbarton / Alexandria	94	2920	8	0	17	19	105	0.3	0	31	18%
Helensburgh	29	702	2	0	7	2	12	0.0	0	23	24%
Clydebank	0	0	0	0	0				0	0	
Other	0	0	0	0	0				0	0	
<b>Total</b>	<b>123</b>	<b>3,622</b>	<b>10</b>	<b>0</b>	<b>24</b>	<b>21</b>	<b>117</b>	<b>0.3</b>	<b>0</b>	<b>27</b>	<b>20%</b>

### **NOTES**

1. The table shows all inpatient activity at the Vale Christie Ward
2. The majority of activity relates to the catchment populations of Dumbarton & Alexander/Helensburgh & Lomond
3. A small amount of activity relates to non catchment use of beds
4. The tables show the total activity over the last 12 months and last 3 months
5. Boarding figures are available on a robust basis from July 2009 with data prior to that date being dependant on more ad hoc and less robust; boarding figures are therefore provided from July 2009 reporting mechanisms

**Table 2. Vale Christie activity monthly average: last 12 mnth period**

Vale/Christie	Inpatient Services										
	Admsns	Occpd bed days	Daily Occpd Beds	Delayed disch	Re-in 1 month	Boarding out			Patients 6 mnths+	Ave LOS (Days)	Re-admsn as % all admsns
						No.	bed days	beds wte			
Dumbarton / Alexandria	7.8	243	8	0.0	1.4	1.6	9	0.3	0	31	18%
Helensburgh	2.4	59	2	0.0	0.6	0.2	1	0.0	0	23	24%
Clydebank	0.0	0	0	0.0	0.0				0	0	
Other	0.0	0	0	0.0	0.0				0	0	
<b>Total</b>	<b>10.3</b>	<b>302</b>	<b>10</b>	<b>0.0</b>	<b>2.0</b>	<b>1.8</b>	<b>10</b>	<b>0.3</b>	<b>0</b>	<b>27</b>	<b>20%</b>

### **NOTES**

1. The table is in essence the same as table 1 but shows the numbers per average month rather than the actual numbers over the full year
2. Monthly boarded activity is adjusted to take account of part year reporting period of 7 mnths

**Table 3. Monthly patterns of service use compared over time**

	Inpatient Services ( Vale/Christie catchment )									
	Admsns	Occpd Beds Vale	Occpd Beds inc brdg	Delayed Disch	Re-adm in 1 month	Boarding out		Patients 6 mnths+	Ave LOS (Days)	Re-adm as % all admsns
						No.	beds wte			
Baseline period 12 mnths to Oct 07	13	18	20	0	2.7	4.3	1.7		44	21%
<b>Last 12 months to 31/08/2011</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>0</b>	<b>2.0</b>	<b>1.8</b>	<b>0.3</b>	<b>0</b>	<b>27</b>	<b>20%</b>
Last 3 months to 31/08/2011	12	10	11	0	2.0	1.0	0.1	0	31	17%
Last 1 month to 31/08/2011	17	13	13	0	4	2.0	0	0	22	24%

**NOTES**

1. This table seeks to illustrate the trends over time for average monthly patterns of inpatient service use for the Vale/Christie catchment
2. The development of crisis services for the Vale catchment was implemented in Oct 2007; the one year period prior to that date is therefore used to establish a "before and after" baseline
3. The figures for the last 3 months reflect the more recent trends in patterns of service use

**Table 4 : All WDC community services activity last 12 month period : actuals**

WDC	Community Services : ( WDC catchment )											
	Crisis Services								Primary Care		CMHT	CMHT
	Accepted to service		Caseload	Alternative to Adm	Early discharge	Admit via			Advice clinics	1 to 1 Therapy	case load	Unique Pats
						Crisis tm		Oth route				
Dumbarton / Alexandria	203		64			28		69	260	n/a	820	583
Helensburgh	45		11			8		21	105	n/a	388	254
Clydebank	206		80			28		92	488	n/a	724	494
Other	26		11			0		0				
<b>Total</b>	<b>480</b>		<b>166</b>			<b>64</b>		<b>182</b>	<b>853</b>	<b>n/a</b>	<b>1931</b>	<b>1330</b>

**Table 5 : All WDC community services activity last 12 month period : mnthly average**

WDC	Community Services : ( WDC catchment )											
	Crisis Services								Primary Care		CMHT	CMHT
	Accepted to service		Caseload	Alternative to Adm	Early discharge	Admit via			Advice clinics	1 to 1 Therapy	case load	Unique Pats
						Crisis tm		Oth route				
Dumbarton / Alexandria	17		5.4			2.3		5.8	22	n/a	820	583
Helensburgh	4		0.9			0.7		1.8	9	n/a	388	254
Clydebank	17		6.7			2.3		7.7	41	n/a	724	494
Other	2		0.9			0.0		0.0				
<b>Total</b>	<b>40</b>		<b>14</b>			<b>5</b>		<b>15</b>	<b>71</b>	<b>n/a</b>	<b>1931</b>	<b>1330</b>

**Table 6 : Monthly patterns of service use compared over time**

	Community Services : ( WDC catchment )											
	Crisis Services							Primary Care		CMHT	CMHT	
	Accepted to Service		Caseload	Alternative to admission	Early discharge	Admit via			Advice clinics	1 to 1 Therapy	CMHT case load	CMHT Unique Pats
						Crisis tm		Other routes				
Baseline period 12 mnths to Oct 07	14*		7.25*			?		?	36*	?	n/a	n/a
Last 12 months to 31/08/2011	40		14			5		15	71	n/a	1931	1330
Last 3 months to 31/08/2011	38		13			7		19	74	n/a	1965	1325
Last 1 month to 31/08/2011	40		16			10		19	91	n/a	1979	1322

**NOTES**

1. This tables seeks to illustrate the trends over time for average monthly patterns of service use for community services
2. The development of crisis services for the Vale catchment was implemented in Oct 2007 the one year period prior to that date is therefore used to establish a "before and after" baseline; crisi services for Clydebank have been in place since c2001
3. Primary care services were developed in Dumbarton/Alexnabria/Helensburgh/Lochside from June 2009 and therefore monthly averages are commence from that date
3. The figures for the last 3 months reflect the more recent trends in patterns of service use
4. Baseline figures for primary care and crisis reflect Clydebank activity only as servcies for the remainder of WDC were put in place later : ie Oct 2007 for crisis and June 2009 for primary care ; estimated notional baseline figure at this stage pending actuals
5. CMHT figures for baseline period not yet available

## Appendix 4

