NHS
Greater Glasgow and Clyde

# Public Consultation:

## Modernising and Improving Mental Health Services Across Clyde

This document sets out proposals for the future of mental health services across Clyde and explains how you can make your views known.

# Consultation: Modernising and Improving Mental Health Services across Clyde

## 1. INTRODUCTION

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 mental health services are organised with a view to developing a strategy to achieve service improvement and modernisation.

During the review a number of local engagement events were held in March and April 2007 to update local community groups and service user representatives and hear what people thought about current services and potential changes.

The review found that, although there are many examples of good quality mental health services in Clyde, historically there has been a lack of investment in community-based services and an over-reliance on care in hospital settings, reflected in a high number of inpatient beds. This means that local people across Clyde who experience mental illness are more likely to be admitted to hospital for treatment, compared to other parts of the country. It also means that people living in Clyde are not currently able to access the same range and type of community based mental health services available to people living in Greater Glasgow. In addition, many local hospital services are currently based in older accommodation that no longer meets the needs of service users and staff.

The outcome of the review led to the production of a Clyde Modernising Mental Health Strategy, which was presented to NHS Greater Glasgow & Clyde Board in June 2007. The Board approved a number of proposed service changes for public consultation, along with endorsing the strategy as a whole. Thereafter, the service proposals were considered by an Independent Scrutiny Panel, established by the Cabinet Secretary for Health and Well being. Acting upon the Panel's advice, a series of structured option appraisal events were undertaken to help determine the proposals for consultation for a variety of inpatient services. These events were attended by service users, community group representatives, senior clinicians and managers. (Please see section 8 for information on how to access a copy of the full option appraisal report.)

The main purpose of this paper is to set out and invite views on the significant service change proposals that are subject to formal public consultation; to explain the rationale behind each of those proposals, and to highlight issues that were considered in arriving at each proposal. While each proposal represents the Health Board's preferred option, the paper recognises that there were a range of options considered. For each service change, views are therefore sought on both the preferred options proposed by the Health Board and the wider range of options considered.

The significant service change proposals that represent the Health Board's preferred options are:-

- Replacing a significant number of adult mental health continuing care beds at Dykebar Hospital with alternative forms of care accommodation and supports in the community.

- Transferring adult acute mental health admission beds from the Royal Alexandra Hospital to more modern, purpose built, single room accommodation at Dykebar Hospital.

- Re-providing older people's mental health continuing care beds from Dykebar Hospital to higher quality accommodation within an NHS Partnership bed model with the independent sector.

- Transferring adult and elderly acute mental health admission beds from Vale of Leven Hospital to modern, purpose built, single room accommodation at the new Gartnavel Royal Hospital, supplemented by the use of some upgraded ward accommodation at Gartnavel Royal Hospital to be used as "step down" accommodation for approximately a third of the elderly acute mental health beds.

- Transferring low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital.

The public consultation period will run for 12 weeks from the 9th April 2008 to the 2nd July 2008. All feedback received during public consultation will be considered by the Board of NHS Greater Glasgow & Clyde. Thereafter, a recommendation will be made to the Cabinet Secretary for Health and Wellbeing, who will make the final decision.

To help in the submission of responses, we are offering some suggested questions that anyone responding to the consultation can use, if they wish. The questions invite comments on the Health Board's analysis and provide an opportunity to challenge our proposals. They also ask for views on the full range of options that we have considered, and invite feedback on any other options that have not been considered.

The suggested questions that it may be helpful to consider are:

- Do you agree with our proposals for public consultation?

- If you do not agree with our proposals, why is this the case?

- Do you think any of the other options that we have examined would be a better alternative?

- For what reasons do you think this?

- What reasons or issues do you think the Board should consider that would strengthen the case for the option you prefer?

- Are there any other options you can suggest that have not previously been considered?

In addition, this paper contains information and invites views on other wider proposals within the Clyde Modernising Mental Health Strategy, which will be the subject of further engagement with relevant stakeholders primarily through the ongoing engagement processes of the local joint planning groups. This consultation paper therefore also summarises the detailed information set out in the Clyde Modernising Mental Health Strategy and its supporting appendices. These supporting papers provide the more detailed rationale, bed modelling, and evidence base for the proposals summarised in this consultation paper.

This paper includes the following sections


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Supporting Documents

Clyde Modernising Mental Health Strategy
Bed Modelling and Evidence Base (appendix to Strategy)
Stakeholder Engagement (section within Strategy)
Partnership Beds (section within Strategy)
Option Appraisal Report (supporting paper)
NHS Continuing Healthcare CEL (6) 2008 (supporting paper)
Re-provision of Frail Elderly continuing care services, Inverclyde (supporting paper)

## 2. CLYDE MODERNISING MENTAL HEALTH SERVICES – KEY PRINCIPLES

The Clyde Modernising Mental Health Strategy sets out the guiding principles and supporting evidence behind our proposals to modernise and rebalance mental health services in Clyde.

### 2.1 Vision for Service Users

Our vision stated in the Strategy is to ensure service users:-

- 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 and have access to good quality services which are acceptable to service users and their carers

### 2.2 How Will We Achieve Service Modernisation?

Our Strategy seeks to achieve service modernisation in Clyde within available resources through the:-

- Substantial development of community services to support a rebalanced comprehensive community based mental health service
- Re-provision of a smaller number of NHS continuing care beds in higher quality environments in community and hospital settings; supplemented by a wider range of community placements with support, in care homes and accommodation with support, where such placements are more appropriate to meets all the needs of individuals.
- Development of remaining inpatient services, with lower bed numbers to take account of the shift towards enhanced community services.
- Development of access to specialist services for the Clyde population
- Contribution to the Health Board's overall financial recovery plan for Clyde through the release of non-clinical costs associated with a reduction in hospital running costs at Dykebar Hospital and the closure of Ravenscraig Hospital.
- Availability of short-term funding to support the transition and service redesign to enable alternative community services to be in place in advance of inpatient bed reductions.

## 2.3 Developing Community Services

The Strategy aims to ensure consistent and improved access to comprehensive services for all Clyde localities through the investment of circa £3.7m in community services by :-

- Introducing new Crisis Services to provide additional intensive community support for people with a serious mental illness during evenings and weekends

- Expanding existing Community Based Mental Health Teams across Clyde to provide more support to people with serious and long-term mental illness

- Expanding the range of local services available for people with mild to moderate mental illness including 'talking therapies' such as Cognitive Behaviour Therapy (CBT) which can be offered as an alternative to drug treatment

## 2.4 Provision of long stay care in community settings

The national policy of Care in the Community has recognised that for most people who need long term ongoing health and social care support this is more frequently best provided in community placements, rather than hospital settings. Throughout the UK and within Greater Glasgow there have been substantial reductions of 65%-80% in the use of hospital based continuing care, and the re-provision of such long stay care in a range of community settings including:-

- accommodation with support

- residential and nursing care home places

- intensive and enhanced community care support packages

Such developments are consistent with the aspirations of many service users and carers who prefer care to be provided in community rather than hospital settings.

Within Clyde, such developments are at an earlier stage of development with most long stay care provided in hospital rather than community settings.

Long stay Continuing care beds in Clyde are provided at about 2.4 times the level of Greater Glasgow and other UK provision. This high level of provision reflects the use of some continuing care beds as a default residential provision in the absence of a wider range of alternative community placements and 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. For these individuals, discharge from inpatient care would significantly enhance their quality of life and functioning.

As such, it is proposed to develop alternatives to some NHS inpatient continuing care beds, tailored to the meet the assessed clinical and care needs of individuals.

Appendix 1 summarises the projected range of alternative accommodation supports that will be developed, which will be further informed and refined by the outcome of individual patient assessments.

The scale of the proposed shift, away from an over reliance on hospital based continuing care beds towards long stay care in a range of community settings may appear to be dramatic. However, it is broadly consistent with national policy and with trends throughout the United Kingdom. These projections are confirmed by the emerging outcomes of local individual needs assessments. The policy of care in the community, supplemented by a smaller number of inpatient continuing care beds is also consistent with an evidence base that demonstrates that long term care in a range of community placements has positive outcomes for service users.

### 2.5 NHS Inpatient Mental Health Services

The remaining NHS mental health inpatient acute assessment and continuing care provision will be more appropriately focused on those with more complex and acute care needs, and requires a lower overall number of beds across Clyde, in line with benchmarked services elsewhere. In addition, there will be appropriate access to specialist inpatient beds such as Intensive Psychiatric Care Unit (IPCU), Intensive Rehabilitation, Addiction and Forensic services.

Supporting papers detailing the evidence that has been used to benchmark and determine the required number of NHS inpatient beds, and the range of care in community services required for Clyde, can be found within the Clyde Modernising Mental Health Strategy's appendix entitled 'Bed Modelling: the basis for projecting bed requirements and evidence underpinning the strategic approach' (please see section 8 for details on how to access this).

### 2.6 NHS Partnership Beds

NHS inpatient continuing care provides inpatient healthcare arranged and fully funded by the NHS. It is for patients requiring a high level of ongoing healthcare, usually for prolonged periods, but not necessarily for life. Care of this nature can be provided in a hospital ward, or in a contracted inpatient bed with the independent sector (referred to as NHS Partnership beds), or occasionally in a hospice. Traditionally in Clyde, the majority of NHS continuing care beds has been provided in a hospital ward, offering only a limited number of single rooms and often within buildings that are no longer consistent with modern expectations of higher quality environments of care.

NHS Partnership beds are proposed for the re-provision of NHS continuing care beds for older people with a mental illness. Such services are commissioned from purpose-built facilities offering modern, single room accommodation within a 'homely' environment that enables the principles of dignity, respect and privacy to be achieved.

Patients within Partnership beds continue to receive their healthcare free under the overall responsibility of the NHS, and under the clinical responsibility of an NHS consultant psychiatrist. Patients will continue to have access as necessary to other healthcare professionals, such as physiotherapists and speech therapists.

Qualified and suitably trained nursing staff, within agreed staffing levels, will provide care for all patients within the Partnership facility. Nursing staff can either be employed

directly by the independent sector provider or directly by the NHS. Both models have operated for some years within Greater Glasgow. Where NHS Partnership beds are commissioned within Clyde for older people with a mental illness, it is probable that a combination of these nurse staffing arrangements would be adopted, with NHS nursing staff caring for the patients with the greater complexity of need. However, time will be taken during the consultation period to hear views from carers and our staff to contribute to developing our thinking on the detail of the preferred nursing model in preparation for formal discussions with potential providers.

Typically, NHS Partnership beds are provided in community settings in accommodation visually similar to a new nursing home. The exact location of the Partnership beds can only be determined once a process commences to identify a preferred provider but there is a clear commitment for these services to be provided locally. Potentially, Partnership beds could be located alongside other related services, such as care home services.

Partnership beds will be commissioned through a formal procurement process, supported by a detailed specification setting out the standard of service to be achieved and against which the service will be monitored. The commissioning and tendering process for these beds will not be completed in advance of any necessary approvals following the public consultation process.

Further information on the nature and definition of NHS continuing care services can be found in the recently published NHS guidance circular entitled 'NHS Continuing Healthcare – CEL (6) 2008. (Please see section 8 for information on how to access supporting papers.)

## 3. PUBLIC CONSULTATION - RATIONALE FOR HEALTH BOARD PROPOSALS AND OPTIONS CONSIDERED THROUGH THE OPTION APPRAISAL PROCESS

### 3.1 Development of long stay care in a range of community settings and retaining a lower level of adult continuing care beds at Dykebar Hospital

**3.1.1** Current Service Profile

Progress has already been made in funding and developing community services within Renfrewshire and East Renfrewshire that has enabled many patients to be discharged from adult mental health NHS continuing care beds at Dykebar Hospital to community accommodation. Such discharges are in accordance with the outcome of individual patient clinical assessments, involving relatives and carers.

While the number of adult continuing care beds at Dykebar Hospital was 108 in 2006/07, only around 85 of these beds were occupied by patients at that time, with the remainder empty. Considerable progress has already been made over the last 18 months in discharging people to community accommodation that better meets their needs. This has seen the number of adult mental health continuing care patients at Dykebar Hospital reduce to 45 (as at April 2008).

Funding released from the closure of beds to date has been used to fund alternative services, ranging from additional care home places and accommodation with support in the community to intensive packages of care to support people in their own home.

### **3.1.2** Proposed Service Profile

NHS Greater Glasgow & Clyde has worked in partnership with Renfrewshire and East Renfrewshire Councils to review the anticipated need for adult mental health NHS continuing care provision, based on the predicted care needs of existing patients. This has led to the assessment that the vast majority of patients can have their care needs better met in more homely forms of community care.

Based on an assessment of patients' needs, it is likely that, of the remaining 45 patients, the needs of 33 patients will be better met in the following community provision:-

12 people discharged to accommodation with support
7 people discharged to extra care housing
13 people discharged to care homes
1 person suitable for discharge to supported care at home.

It is proposed to then retain 12 adult mental health NHS continuing care beds, provided in an upgraded ward at Dykebar Hospital. The funding released from the closure of the higher number of existing continuing care beds will be redirected into the other forms of community accommodation required.

Some of the patients currently in adult mental health NHS continuing care beds at Dykebar require a longer period of rehabilitation before discharge. Therefore in addition to the 12 adult mental health continuing care beds, there will be 8 intensive rehabilitation beds in upgraded ward accommodation at Dykebar (providing access to Inverclyde and Renfrewshire catchments).

Finally it should be noted that the above proposals represent our current assessment of the needs of the remaining 45 patients in adult continuing care beds at Dykebar. It is in the nature of such service development and re-provision programmes that there is a need to retain a degree of flexibility about the detailed placement mix for the remaining 45 patients as individual needs change or become clarified over time.

### **3.1.3** Options Considered and Rationale for Proposal

Consistent with the information provided in section 2.4, the high level of adult mental health continuing care beds at Dykebar Hospital reflected the use of some continuing care beds as a default residential provision in the absence of a wider range of alternative community services. Significant numbers of people currently cared for in continuing care beds would benefit from having their care safely provided in a community setting. For these individuals, discharge from inpatient care would significantly enhance their quality of life and functioning.

Accordingly, the Health Board and Local Authority partners consider the status quo as detrimental to the needs of patients and out of step with developments elsewhere in the country to modernise mental health services.
While the scale of the bed reduction may appear dramatic, it simply reflects where Clyde services are compared to other parts of Scotland and the UK, where 65%-80% of long stay continuing care provision has already been re-provided in a range of community placements. Individual patient assessments will continue to inform the

precise nature of this alternative community provision. The remaining NHS continuing care bed number of 12 is also consistent, from a population perspective, with comparative beds numbers currently provided in Glasgow.

### 3.2 Transfer of adult acute admission beds from Royal Alexandra Hospital to Dykebar Hospital.

This proposal would see the transfer of beds from the Royal Alexandra to existing, modern purpose built accommodation at Dykebar hospital

**3.2.1** Current Service Profile

Renfrewshire is currently served by a total of 66 adult acute admission beds, 30 of which are based in ward 2, Royal Alexandra Hospital and the remainder within a purpose-built unit at Dykebar Hospital.

The ward accommodation at Royal Alexandra Hospital is of a traditional nature offering a combination of 6 single rooms and multiple bedded bays. Both male and female patients are assessed and treated in the ward.

The purpose-built accommodation at Dykebar Hospital offers a capacity of up to 45 beds, split across 3 wards of 15 beds, all of which are in single rooms with en suite toilet and washing/shower facilities. The unit offers a high standard of accommodation.

**3.2.2** Proposed Service Profile

The development of specialist community mental health teams, crisis services and mental health primary care services in Renfrewshire will, in the main, reduce both the number of admissions to an acute mental health inpatient ward, as well as the length of stay for those people who do require admission. In turn, this will enable the number of acute beds to be reduced to 42 beds for Renfrewshire and it is proposed that all of those beds be consolidated in the high quality accommodation at Dykebar Hospital. The funding released from this reduction in beds will be reinvested in community services that are in the process of being developed.

**3.2.3** Options Considered and Rationale for Proposal

Consideration was given to whether the reduced number of acute beds (42) should continue to be split across 2 hospital sites and if not, whether they should be consolidated at the Royal Alexandra Hospital or Dykebar Hospital. It was considered that spreading 42 beds across 2 sites would present operational staffing difficulties, by reducing the ability to share staff and expertise between wards. In addition, it would mean that medical cover would continue to be stretched across two hospital sites, presenting future challenges around securing resident on-call medical cover.

It was recognised that there are benefits of acute mental health beds being located on a district general hospital site, with ready access to diagnostic and ECT services.

However, following feedback received at stakeholder engagement events, it was evident that the quality of accommodation was considered to be of significant importance. The financial cost of trying to bring ward accommodation at the RAH up to the standard of Dykebar Hospital's acute assessment unit was found to be prohibitive.

In addition the pressures of competing demands for ward accommodation at RAH place an added risk on the ability to identify and sustain suitable accommodation for 42 adult mental health beds and the necessary range of appropriate day and recreational spaces. Accordingly, these factors, combined with the excellent standard of accommodation at Dykebar Hospital, led to the proposal to consolidate acute mental health beds at Dykebar Hospital.

## 3.3 Transfer of adult and elderly acute mental health admission beds from Vale of Leven Hospital to Gartnavel Royal Hospital.

### **3.3.1** Current Service Profile

Thirty six Adult and Elderly acute mental health inpatient beds are currently located at Vale of Leven Hospital. These beds serve the Clyde catchment of West Dunbartonshire, as well as the Helensburgh and Lochside localities of NHS Highland The wards do not meet clinical or service user expectations of a quality environment due to an inappropriate mix of elderly and adult mental health patients in the same ward, together with the wards' upper floor location which offers poor access for patients to grounds. These environmental concerns should not be seen as detracting from the high quality of care delivered by dedicated clinical staff.

In addition, there is no resident out-of-hours medical cover for the mental health wards at Vale of Leven Hospital, which raises significant clinical safety concerns for NHS Greater Glasgow and Clyde.

The Clydebank catchments in West Dunbartonshire already access inpatient mental health services from the new Gartnavel Royal Hospital.

### **3.3.2** Proposed Service Profile

It is proposed to transfer all adult and elderly acute inpatient mental health services from Vale of Leven Hospital to the purpose built and upgraded accommodation at Gartnavel Royal Hospital, thereby consolidating mental health inpatient services for all of West Dunbartonshire on a single hospital site, and addressing the service issues highlighted in the preceding paragraph. Patients from Helensburgh and Lochside localities would also access Gartnavel Royal Hospital for these mental health services.

Under this proposal a unified model of inpatient care would be implemented such that all users received a similar high quality of inpatient care regardless of whether they were from Glasgow, West Dunbartonshire or Helensburgh and Lochside. Additionally wards would be associated with specific catchment populations to ensure continuity of care between the inpatient service and local community services.

Therefore, all adult acute mental health admission beds, and the majority of elderly acute mental health admission beds, would transfer into the new purpose built wards at Gartnavel Royal Hospital which offers single room accommodation throughout.

The model of care for elderly people would see the wards in the new Gartnavel hospital providing acute admission care and offering separate ward environments for people with functional illness from those with dementia. These wards would be supplemented by the retention of an upgraded “step down ward” for people requiring further care prior to discharge. This would mean around 70% of elderly beds would be in the new single bedded accommodation in the new hospital, and up to a third of the elderly beds in the upgraded ward accommodation.

The local needs assessment has proposed retention of 34 beds, but with a shift in the balance of beds from the current position of 24 adult beds and 12 elderly beds to 16 adult beds and 18 elderly beds. Following the further development of crisis and community services it is possible that the required level of beds may reduce further, particularly adult beds.

The 16 adult beds can be accommodated at the new Gartnavel Royal Hospital because:

- our experience of development of Greater Glasgow community services is seeing a further shift in the balance of care in favour of management of care in community settings following the further development of crisis services – thereby reducing Greater Glasgow bed requirements

- 6 beds currently temporarily used as specialist addictions beds will become available for adult mental health use following the move of addictions beds to the planned unit in South Glasgow

**3.3.3** Options Considered

The Independent Scrutiny Panel advised of the need for a formal option appraisal process to be undertaken to help determine preferred option(s) for consultation. In particular the Panel were concerned that such an appraisal process should explore options to provide out of hours clinical cover which was not reliant on junior doctor cover. An independent facilitator was appointed to undertake these events, which were undertaken with service user, community groups, management and clinical representatives.

The options considered were as follows:-

<u>Option 1: Status Quo</u>

This option would see adult and elderly acute mental health beds remaining at Vale of Leven Hospital in their current ward locations and with no resident medical staff out-of-hours.

It was the clear consensus from the option appraisal process that the status quo is unacceptable due to concerns over the lack of resident medical on-call staff, combined with the weaknesses of the current ward accommodation which provided neither ground floor accommodation, good access to external space, or age appropriate ward spaces (i.e. adult and elderly patients sharing the same ward environment).

It was also clear there was a strong community aspiration to resolve the problems associated with retention of services on the Vale of Leven site by exploring options which resolved both the difficulties of the ward accommodation, and also provided alternative options to deal with out of hours medical cover problems without reliance on junior doctor medical cover.

Options 2 to 7 below all represent variants on a range of options which have sought to explore such issues with a view to achieving retention of inpatient services at the Vale of Leven Hospital.

Option 2: Services remaining at Vale of Leven Hospital (in improved accommodation) with resident medical out-of-hours cover through integrating Mental Health and Acute rotas

This option was explored as a possible means to addressing the lack of resident out-of-hours medical cover for mental health patients at Vale of Leven Hospital. This arrangement exists elsewhere in the Health Board, where mental health medical staff participate in an integrated rota with general medicine medical staff. However, this option did not progress to full option appraisal scoring due to fact that the medical rota for Acute Services in the Vale of Leven Hospital is already stretched, relying partly on General Practitioner cover out-of-hours.

In addition, the appraisal group considered that the uncertainty surrounding the future configuration of Acute Services at Vale of Leven Hospital placed a high risk on the viability of an integrated rota with mental health services.

Option 3: Services remaining at Vale of Leven Hospital (in improved accommodation) with resident clinical out-of-hours cover through Advanced Nurse Practitioners

The Independent Scrutiny Panel suggested further exploration of the potential use of advanced nurse practitioners to resolve the concern of non-resident medical out-of-hours cover. However, this option did not progress to full option appraisal scoring due to concerns that such an approach could not be straightforwardly applied to the Vale of Leven in the foreseeable future.

The use of advanced nurse practitioners for out of hours cover is generally undertaken as part of “Hospital at Night” developments within larger hospitals which provide a large enough activity base to ensure the development and maintenance of the advanced nurse practitioners knowledge, skills and competency base. However in the context of only 34 mental health beds at the Vale of Leven, it was concluded that a major challenge to the introduction of advanced nurse practitioners would be the relatively low and limited out-of-hours activity, which would compromise the maintenance and development of previously acquired knowledge, skills and competence. This potential erosion of staff’s skills was considered to present a high service risk.

Option 4: Services remaining at Vale of Leven Hospital (in improved accommodation) with resident clinical out-of-hours cover through Advanced Nurse Practitioners and Junior Medical Staff

Integrating advanced nurse practitioners with junior medical staff would reduce the risks identified in Option 3, above, by reducing the reliance on the number of advanced nurse practitioner posts required and by developing this role as part of a team involving junior medical staff. However, the option appraisal group were not satisfied that the risks (as identified in option 3) could be reduced to a level that would make this option viable in the foreseeable future. Accordingly, this option did not progress to full option appraisal scoring.

Option 5: Services remaining at Vale of Leven Hospital (in improved accommodation) with resident clinical out-of-hours cover through combined Junior Medical Staff and Staff Grade (or non-career grade) Medical Posts

The Independent Scrutiny Panel suggested the potential use of additional staff grade medical posts to resolve the concern of non-resident medical out-of-hours cover. However this option did not progress to full option appraisal scoring due to the consensus that these arrangements were unlikely to attract candidates due to the unattractive terms and conditions inherent in such an arrangement.

Option 6: Services remaining at Vale of Leven Hospital (in improved accommodation) with resident medical out-of-hours cover through integrating mental health medical rotas across Vale of Leven and Gartnavel Royal Hospitals

It was considered that a minimum of 8 to 9 full time junior medical posts is necessary to sustain a rota that includes resident out-of-hours cover. Seventeen such posts currently exist across Vale of Leven and Gartnavel Royal Hospitals.

The option appraisal group considered that integrating the total number of junior medical staff across both hospitals is feasible, in terms of its ability to potentially address the resident medical on-call concerns in the short term. However medical advice indicated that such arrangements carried a high risk of not being sustainable beyond 2 years. After 2 years the national implementation of Modernising Medical Careers will see a reduction in the allocation of junior doctor trainees, at which point the integrated medical rota is likely to become unsustainable.

Nevertheless, the option appraisal group considered that the potential feasibility of this option in the short term enabled full option appraisal scoring to proceed on 4 sub-options for retaining mental health services at Vale of Leven Hospital. The sub-options, below, set out a variety of ways in which accommodation and ward environments could be improved to help to address previously stated concerns:-

Option 6a; 3 new build wards at Vale of Leven (one for adult mental health, one for elderly mental health, and one for elderly mental health with dementia)

Option 6b: 2 new build wards at Vale of Leven (one for adult and elderly mental health, and one for elderly mental health with dementia)

Option 6c: I new build ward for adults and elderly mental health and I refurbished ward for elderly mental health with dementia, at Vale of Leven

Option 6d: 3 refurbished wards at Vale of Leven (one for adult mental health, one for elderly mental health, and one for elderly mental health with dementia)

Option 7: Admit out-of-hours mental health admissions (that currently go to Vale of Leven Hospital) to Gartnavel Royal Hospital, with patients transferred to Vale of Leven Hospital the following day

This option originally emerged as a possible way of minimising the impact of having no resident out-of-hours medical cover for mental health wards at Vale of Leven Hospital. However this option did not progress to full option appraisal scoring due to the consensus that these arrangements still presented a significant risk by not resolving resident out-of-hours medical cover for patients at Vale of Leven Hospital.

Option 8: Transfer of adult and elderly acute mental health admission beds from Vale of Leven Hospital to Gartnavel Royal Hospital.

Adult acute mental health admission beds and the majority of elderly acute mental health admission beds would transfer from Vale of Leven Hospital to the new purpose built unit at Gartnavel Royal Hospital which offers single room accommodation throughout. The remaining elderly admission beds would be located in an adjacent, upgraded step-down ward for elderly functional and dementia patients requiring a slightly longer stay in hospital before discharge.

The new unit at Gartnavel Royal Hospital currently provides access to the Clydebank catchment of West Dunbartonshire. It is expected that the impact of further developments in specialist community mental health services in Glasgow will reduce Greater Glasgow requirements freeing up 10 beds. A further 6 beds are currently being used as specialist addictions beds pending the development of the specialist addictions beds in South Glasgow, at which point these beds will also be available for other uses. It is expected that these arrangements could be implemented within a year of any final decisions following the consultation process. If necessary there is potential to provide interim accommodation in one of the upgraded wards on the site currently retained as a contingency for transitional use, pending the move to the long term arrangements within a year.

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**3.3.4** Rationale for Proposal

From the option appraisal scoring process, the following 3 leading options were identified:-

Option 6a
Retain services at Vale of Leven Hospital in 3 new build wards to address ward environment and patient mix concerns, integration of medical cover rotas at Gartnavel Royal Hospital and the Vale of Leven Hospital.

Option 6b
As above but with 2 new build wards, with partial solution to issues of ward environment and patient mix.

Option 8

All adult and elderly admissions provided at Gartnavel Royal Hospital with the benefit of access to high quality ward accommodation currently accessed by the Clydebank population of West Dunbartonshire; but with the disbenefit of challenges around access.

Concern was expressed during the option appraisal process, (particularly from Mental Health Forum members, although not exclusively) over option 8, above, in terms of the difficulties and perceived risks this could present for people requiring to access inpatient services further away from the current location. Public transport difficulties were considered by Forum members to compound this concern, particularly for people with mobility problems.

Concerns were also expressed over option 8 in terms of patients being in an unfamiliar environment and potential difficulties that may arise in the interface between hospital and community services.

However there is a need to distinguish between the needs of patients and the needs of visitors. Any patient admissions would be made through transport specifically arranged for that purpose. The access issues therefore apply to visitors only.

Concern was also expressed that on some occasions when Gartnavel Royal Hospital beds were full, admission may not be to Gartnavel but might actually be to another NHS GG&C hospital further away. However on further exploration it was clarified that, based on current patterns of “boarding out”, this was only likely to occur for one admission in every 2 months for a maximum of 4 days prior to return to Gartnavel Royal Hospital. Additionally the protocol for boarding out within Glasgow hospitals would be implemented to reflect the priority of a principle of minimum distance in the very rare instance of cases of admission conflicts. The statistics on which this assessment is based are provided in an appendix to the Strategy. (Please see section 8 for information on how to access this.)

There were also concerns expressed that the transfer of inpatient services and staff from the Vale of Leven Hospital to Gartnavel Royal Hospital presented a higher level of challenge and risk than those options in which inpatient services were retained on the Vale of Leven Hospital site. This contributed to option 8 having the highest risk score of all options. However, whilst it is clear this option presents a higher level of challenges, the Health Board has substantial experience of safely dealing with the challenges associated with the relocation of services and staff, and therefore takes the view that the level of risk associated with option 8 is manageable. Additionally the further enhancement and development of community and specialist crisis services enables clear in-reach and continuity of care between community and inpatient services and improved support to people in the community.

The proposal to transfer 34 mental health beds from Vale of Leven Hospital to Gartnavel Royal Hospital is estimated to amount to approximately 400 patient admissions each year. The NHS will arrange the transport for patients being admitted to mental health acute inpatient care. For visitors to Gartnavel Royal Hospital, there is relatively good access by train and bus. However, similar to many other locations, it is recognised that there are challenges for people with mobility problems. NHS Greater Glasgow & Clyde is keen to explore ways in which such difficulties can be addressed.

In drawing conclusions from the option appraisal process, it was recognised that on the benefits criteria *alone,* (i.e. the non-financial criteria), the options involving new-build wards at Vale of Leven Hospital scored more highly than others in the option appraisal process. For that reason, those options are the preferred options of the West Dunbartonshire Mental Health Forum. However the option appraisal process seeks to achieve a best fit across *both* non-financial and financial criteria. From that combined perspective, the option that scored best in the process was the transfer of mental health services from Vale of Leven Hospital to Gartnavel Royal Hospital.

In addition to the option appraisal findings, the Health Board requires to take into account the wider issues of Affordability, Sustainability, and Future Flexibility.

Affordability

Significant capital funding (circa £6m) would have to be found to achieve the options requiring new-build accommodation at Vale of Leven Hospital, at a time when there is projected scope to accommodate the beds within existing high quality accommodation at Gartnavel Royal Hospital, thereby making efficient and effective use of the Health Board's estate.

Additionally, accessing the required capital is likely to be problematic because:

- The Board has prioritised the development of the Southern General Hospital as its highest priority for capital and there is very limited capital available beyond that commitment which is subject to a range of competing priorities.

- Accessing capital requires the need to comply with the capital business case disciplines including those of long term sustainability. In the absence of resolution of out of hours medical cover beyond the next 2 years, it is unlikely such tests of long term sustainability could be met.

(The revenue comparisons associated with the new-build Vale of Leven Hospital options versus transferring services to Gartnavel Royal Hospital are set out in the full option appraisal report – please see section 8 for information on how to access this.)

Sustainability

Whilst an integrated Vale of Leven and Gartnavel Hospitals medical rota is sustainable in the short term, an integrated rota carries a high risk of unsustainability beyond a 2-year period. This is because the current number of junior medical staff available is anticipated to reduce following the further national implementation of Modernising Medical Careers.

Future Flexibility

A minimum number of mental health beds are required at Vale of Leven Hospital in order to sustain the viability of mental health wards and services on that site. However with changing population needs it may be necessary to consider reducing the current planned number of adult acute mental health beds, in favour of further community service developments. Any decision to introduce new-build mental health inpatient accommodation at Vale of Leven Hospital therefore reduces the ability to flexibly manage any further shifts in the balance of between inpatient and community provision in an efficient way.

**3.3.5** Conclusion

The concerns expressed by West Dunbartonshire's Mental Health Forum regarding the additional challenges that some visitors will have in accessing inpatient services at Gartnavel Royal Hospital is acknowledged. It is clear that the Forum do not support the proposed transfer of services. However, it is necessary for the Health Board to take into account a wider set of influencing factors, as described in the previous paragraphs. During the consultation period the Health Board will further explore the feasibility of transport options which mitigate the access issues to Gartnavel Royal Hospital for visitors with mobility problems.

The Health Board is confident that the quality of services and accommodation at Gartnavel Royal Hospital will be well received by service users. The Independent Scrutiny Panel also commented very favourably on the quality of the environment at Gartnavel Royal Hospital, describing it as possibly 'world class'. Whilst it is important to consider the issues of access in relation to inpatient services, it is also necessary to recognise that 95% of care and support takes place within community settings and the developments in community mental health services, including specialist crisis services, within West Dunbartonshire will improve overall access to services for the majority of occasions when people require care and treatment from mental health services.

**3.4 Re-provision of older people's mental health continuing care beds from Dykebar Hospital to improved accommodation within a NHS partnership bed model with the independent sector**

**3.4.1** Current Service Profile

Renfrewshire and the Levern Valley catchment of East Renfrewshire are currently served by Dykebar Hospital for NHS continuing care beds for elderly psychiatry patients. A total of 66 beds are provided at Dykebar, spread across 3 traditional style wards. These wards each have 6 single rooms, with the remaining bedded bays each usually accommodating 3 or 4 patients. The wards are situated within the main complex at Dykebar. Over recent years, there has already been a successful shift in the balance away from a large number of NHS inpatient continuing care beds in Renfrewshire towards alternative provision in the community, in line with the assessed care needs of each individual.

**3.4.2** Proposed Service Profile

As a result of comparing Clyde older people's mental health continuing care bed numbers with those within Greater Glasgow, only a marginal reduction in such continuing care beds is proposed for Renfrewshire and East Renfrewshire (Levern Valley). This would take the bed numbers for these localities to 52 and 7 respectively. In line with similar services in Greater Glasgow, it is proposed these services are provided as a partnership arrangement between the NHS and the independent sector. This will achieve a significant improvement in the quality of environment for patients. Typically, the accommodation resembles that of new care home accommodation, with single bedrooms and good access to day space and gardens.

**3.4.3** Options Considered and Rationale for Proposal

Within Greater Glasgow this model of NHS continuing care operates by the independent sector provider being directly responsible for employing and managing nursing staff or with the Health Board having that direct responsibility for nursing staff. It is probable that a combination of these staffing arrangements would be adopted to achieve this service re-provision, with NHS nursing staff aligned with patients with the greater complexity of needs. However, time will be taken during the consultation period to further develop our thinking on the detail of the preferred nursing model in preparation for formal discussions with potential providers. All other health input, including medical services, will remain the direct responsibility of the NHS.

The quality of environment gains that can be realised through a partnership bed model would be virtually impossible to achieve within the existing ward accommodation at Dykebar. Accordingly, that option was not considered feasible.

The exact location of the partnership beds can only be determined once a process commences to identify a preferred provider. Partnership beds will be commissioned through a formal procurement process, supported by a detailed specification setting out the standard of service to be achieved and against which the service will be monitored. The commissioning and tendering process for these beds will not be completed in advance of any necessary approval following the public consultation process. However, there is a commitment for these services to be provided locally within Renfrewshire (and potentially within East Renfrewshire for the smaller number of Levern Valley beds).

Service users and their relatives or carers will be involved fully in the process to move towards this proposed model of care and visits will be organised during the consultation period to existing partnership bed facilities.

It is important to stress that NHS partnership beds are fully funded by the NHS and patients occupying these beds continue to be the responsibility of the NHS and under the clinical responsibility of a NHS consultant psychiatrist.

## 3.5 Transfer of low secure learning disability forensic services from Dykebar Hospital to Leverndale Hospital

**3.5.1** Current Service Profile

Eight specialist low secure forensic beds for people with learning disabilities are currently located at the Dykebar site. These beds service the Clyde catchments, as well as providing access to Argyll & Bute, NHS Lanarkshire, NHS Ayrshire & Arran and NHS Fife. The potential may exist for a number of those Health Boards to develop forensic learning disability low secure services within their own locality and this will be discussed with relevant stakeholders as and when plans develop.

Additionally 8 low secure learning disability forensic beds for the Greater Glasgow catchments are currently provided on the Leverndale hospital site, along with low secure forensic inpatient services for adults with a mental illness.

**3.5.2** Proposed Service Profile

It is proposed to transfer the low secure forensic learning disability beds from Dykebar to existing, good quality accommodation at Leverndale Hospital. This will allow the consolidation of low secure forensic beds for Greater Glasgow & Clyde on a single hospital site.

**3.5.3** Options Considered and Rationale for Proposal

The proposal for service consolidation across Greater Glasgow & Clyde met with strong clinical support. The benefits of consolidating such highly specialist services into a larger single site are:-

- improved access for patients to specialist dedicated multi disciplinary supports which are difficult to sustain in smaller 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

The above benefits were therefore considered to outweigh considerably the option of retaining a small number of low secure beds at Dykebar Hospital.

The close proximity of Leverndale Hospital to Dykebar Hospital should mean that transport / access issues arising from the change of location should be minimal.

In the 1999 NHS Greater Glasgow mental health strategy, general mental health services at Leverndale Hospital were planned to transfer to Southern General Hospital. However, it is apparent that there is a need to revisit this previous planning assumption, partly due to Acute Service development needs for that site and also because adult low secure services will no longer be transferring from Leverndale to Rowanbank Clinic, Stobhill Hospital. It is therefore proposed that Leverndale Hospital will provide all NHS Greater Glasgow & Clyde's low secure services for the foreseeable future, including the provision of adult low secure services for Clyde. The future configuration of wards at Leverndale Hospital to best meet the needs of all low secure provision is currently under review.

Rowanbank Clinic currently provides, on an interim basis, medium secure inpatient services for the West of Scotland Health Boards. It is now proposed that this interim arrangement becomes permanent. Again, the benefits to patients of consolidating such highly specialist forensic services mirror those identified above for low secure services. Discussions are also taking place over the potential for the Rowanbank Clinic to accommodate medium secure women's and / or learning disability services on a national basis. The development of forensic beds in a range of high, medium and low secure settings is consistent with national policy and the specific requirements of the Mental Health Act to ensure care is provided in the least restrictive setting, consistent with patients' needs and public safety.

## 4. SERVICE PROPOSALS FOR FURTHER ENGAGEMENT

This paper has so far summarised the major service change proposals which are subject to statutory NHS public consultation. The Clyde Modernising Mental Health Strategy also details a range of further development proposals. These further proposals are the subject of ongoing stakeholder engagement through the local joint planning group processes, rather than statutory public consultation (as the proposals have either been consulted on previously or do not constitute significant service change for the purposes of public consultation). However, the opportunity will be taken during the public consultation period to share information on these wider proposals. Views from stakeholders on these proposals are therefore welcomed as part of any response to the overall consultation document. A summary of these further community and inpatient proposals is set out below:-

### 4.1 Inverclyde

- introducing new Crisis Services to provide additional intensive support for people with a serious mental health problem during evenings and weekends

- expanding the range of local services available for people with mild to moderate mental illness, including 'talking therapies' such as Cognitive Behaviour Therapy (CBT), which can be offered as an alternative to drug treatment

- expanding existing community based mental health teams to provide more support to people with serious and long term mental illness

- investing in additional supported accommodation, residential care and homecare services to provide more alternatives to hospital care

- Retention of Inverclyde adult and older people's acute admission services on the Inverclyde Royal Hospital site with improvements to the safety and quality of ward environments.

- Closure of older people's mental health continuing care beds currently on the Ravenscraig Hospital site, and re-provision of 33 older people's mental health continuing care beds in a community based NHS Partnership arrangement within Inverclyde. (Please see section 2.6 for information on the NHS Partnership bed model.)

- Closure of adult continuing care beds currently on the Ravenscraig site, and re-provision of 9 adult mental health continuing care beds within Inverclyde, most likely in partnership with the Local Authority.

- In addition to the re-provision of mental health services from Ravenscraig Hospital, it is proposed to transfer 20 long term continuing care beds for frail elderly patients from Ravenscraig Hospital to more modern ward accommodation within Larkfield Unit, adjacent to Inverclyde Royal Hospital. Further information on this proposal is contained within a supporting paper. (Please see section 8 for details on how to access supporting information.)

The above proposals are in line with the approval given by NHS Argyll & Clyde, following public consultation, to recommend the closure of Ravenscraig Hospital to the Minister for Health. This recommendation was supported subject to the development of more detailed plans that have been the product of further joint planning and community engagement (as now set out in the Clyde Modernising Mental Health Strategy and summarised within this consultation paper).

### 4.2 Renfrewshire

- introducing new Community Crisis Services to provide additional intensive support for people with a serious mental health problem during evenings and weekends

- expanding the range of local services available for people with mild to moderate mental illness, including 'talking therapies' such as Cognitive Behaviour Therapy (CBT), which can be offered as an alternative to drug treatment

- expanding existing community based mental health teams to provide more support to people with serious and long term mental illness

- investing in additional supported accommodation, residential care and homecare services to provide more alternatives to hospital care

- Retention of older people's mental health acute admission beds on the Royal Alexandra Hospital site.

### 4.3 East Renfrewshire (Levern Valley)

- introducing new Community Crisis Services to provide additional intensive support for people with a serious mental health problem during evenings and weekends

- expanding the range of local services available for people with mild to moderate mental illness, including 'talking therapies' such as Cognitive Behaviour Therapy (CBT), which can be offered as an alternative to drug treatment

- expanding existing community based mental health teams to provide more support to people with serious and long term mental illness

- investing in additional supported accommodation, residential care and homecare services to provide more alternatives to hospital care

- Explore the option 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 Royal Alexandra Hospital. (The catchment of East Renfrewshire previously under NHS Greater Glasgow is served by Leverndale Hospital, whereas the catchment of East Renfrewshire previously under NHS Argyll & Clyde is served by Royal Alexandra Hospital.)

The above proposal follows on from the decision, taken in 2007 following community engagement, to transfer East Renfrewshire's adult mental health acute admission beds from Dykebar Hospital to Leverndale Hospital, thereby consolidating services for all of East Renfrewshire on a single hospital site.

### 4.4 West Dunbartonshire

- introducing new Community Crisis Services to provide additional intensive support for people with a serious mental health problem during evenings and weekends

- expanding the range of local services available for people with mild to moderate mental illness, including 'talking therapies' such as Cognitive Behaviour Therapy (CBT), which can be offered as an alternative to drug treatment

- expanding existing community based mental health teams to provide more support to people with serious and long term mental illness

- Re-provision of older people's continuing care services from Dumbarton Joint Hospital to improved accommodation within local NHS Partnership beds with the independent sector. (Please see section 2.6 for information on the NHS Partnership bed model.)

### 4.5 Specialist Services for Clyde

- Transfer of South Clyde (Inverclyde and Renfrewshire) Intensive Psychiatric Care Unit (IPCU) beds from Dykebar Hospital to upgraded accommodation at Inverclyde Royal Hospital (with all IPCU beds for East Renfrewshire consolidated at Leverndale Hospital).While that emerged as the preferred option for South Clyde, we will also give further consideration to a variation of this model that would potentially see IRH beds serving Inverclyde and West Renfrewshire patients, with the remainder of Renfrewshire patients also accessing Leverndale Hospital's IPCU.

- Improving access to services through the transfer of IPCU service for West Dunbartonshire (Clyde catchment) from Lochgilphead to Gartnavel Royal Hospital.

- Consolidation of South Clyde and South/West Glasgow Addiction inpatient services at Leverndale Hospital in either new-build or substantially upgraded accommodation. South Clyde inpatient services are currently provided at Ravenscraig Hospital's Gryffe Unit. South/West Glasgow do not currently have dedicated addiction inpatient beds albeit the development of such beds was being planned (currently relying on access to adult mental health acute admission beds at Southern General Hospital and Gartnavel Royal Hospital). North Clyde will access beds at Stobhill Hospital. Such service consolidation for specialist addictions beds will ensure patients have better access to a range of clinical support services and provide better opportunities for staff recruitment and development.

- Making permanent the current arrangement for all West of Scotland Boards (and Argyll & Bute catchments) to access medium secure forensic services at Rowanbank Clinic on the Stobhill Hospital site. The potential for Rowanbank Clinic to provide a national forensic inpatient service for women and learning disability patients is also under consideration.

- Development of low secure adult mental health forensic services for Clyde at Leverndale Hospital.

- Development of intensive rehabilitation inpatient services for South Clyde (Inverclyde and Renfrewshire) at Dykebar Hospital, with access to these services for East Renfrewshire at Leverndale Hospital, and for West Dunbartonshire at Gartnavel Royal Hospital.

Please see appendix 2 for a summary of all bed number changes proposed.

## 5. WORKFORCE ISSUES

Throughout the implementation of the changes proposed, work will take place with staff and their representatives to manage the impact of the change. This will be done within the context of national and local organisational change policies.

Once staff directly affected by the changes has been identified, meetings will take place with them and their representatives to explore the potential implications and opportunities. For any staff displaced as a result of service change, redeployment will be the first consideration with the aim of securing a suitable alternative post. NHS Greater Glasgow and Clyde has a successful track record in redeploying staff, taking into account individual's skills and personal circumstances.

## 6. FINANCING THE CLYDE STRATEGY

**6.1** 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. Instead, 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

**6.2** The Clyde strategy is seeking to develop and modernise services through:

- fund the development of comprehensive community services = £3.7m

- fund the retraction and re-provision programme for long stay patients in continuing care beds suitable or discharge to an alternative community setting = £3.5m

- fund the development of specialist services = £1.7m

- Contribute to NHS Greater Glasgow & Clyde's corporate recovery plan to address the overall financial deficit inherited from NHS Argyll & Clyde. = £2.0m

**6.3** Achieving the service changes summarised above will be achieved by:

- Releasing the site infrastructure costs of the Ravenscraig site through closure of the hospital and disposal of the site, in line with the outcome of the previous public consultation undertaken by NHS Argyll and Clyde.

- 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

**6.4** In response to points raised by the Independent Scrutiny Panel, we have revisited the working assumptions around the costs and service models for Partnership beds with a view to ensuring:

- Greater clarity on the potential cost of NHS Partnership beds

- Greater clarity on potential service models and their impact on costs.

- A robust basis for managing risks associated with any potential movement in costs, to ensure that this does not impact on our ability to meet our commitments to the development of community services.

## 7. TIMESCALES FOR SERVICE CHANGE

Work has already commenced on the development of community services across the Clyde localities to enable the rebalancing of inpatient and community services. The target timescale within which to complete community developments and achieve the necessary re-configuration of inpatient services is March 2010, pending the outcome of the public consultation.

## 8. CONSULTATION PERIOD

This consultation was launched by NHS Greater Glasgow and Clyde on 9th April 2008 and will run for a 12 week period until 2nd July 2008. A copy of the full Clyde Modernising Mental Health Strategy and supporting papers* can be obtained from our website (www.nhsggc.org.uk/clydementalhealth) or by calling 0800 027 7246 during normal office hours.

*Supporting papers with the Clyde Modernising Mental Health Strategy are:-

i. Bed Modelling and Evidence Base (appendix to Strategy)
ii. Stakeholder Engagement (section within Strategy)
iii. Partnership Beds (section within Strategy)
iv. Option Appraisal Report (supporting paper)
v. NHS Continuing Healthcare CEL (6) 2008 (supporting paper)
vi. Re-provision of Frail Elderly continuing care services, Inverclyde (supporting paper)

The full Independent Scrutiny Panel's report and the Health Board's response is available from our website (www.nhsggc.org.uk)

Workshop events have been arranged in each of the Clyde localities to provide an opportunity for relevant interest groups to learn more about the Strategy and its proposals. Service change proposals relevant to particular localities that form part of the formal public consultation will also be discussed at these events. (Helensburgh and Lochside stakeholders are invited to the West Dunbartonshire events). If you would like to attend any of the following events, it would be helpful if you register in advance by calling 0800 027 7246, during normal working hours.

**West Dunbartonshire**

Wednesday 30th April 2008

Dumbuck House Hotel, Glasgow Road, Dumbarton
1pm – 4pm (buffet lunch available from 12.30pm)

Monday 12th May 2008

Dumbarton Football Club, Castle Road, Dumbarton
1pm – 4pm (buffet lunch available from 12.30pm)

**Renfrewshire and East Renfrewshire**

Tuesday 13th May 2008

Charleston Centre, Neilston Road, Paisley 5.30pm –7.30pm

**Inverclyde**

Wednesday 14th May 2008

Tontine Hotel (Adam Room), Union Street, Greenock 6pm – 8pm

Liaison will also take place with relevant stakeholders from Greater Glasgow, the State Hospital, other Health Boards, MSPs, Councillors and a variety of interest groups.

In addition separate discussions take place with service users, their relatives or carers, and staff.

Comments on all aspects of the consultation paper are welcome. You can either email your comments to us at

clydementalhealth@nhsggc.org.uk

Or write to

John Hamilton
Head of Board Administration
NHS Greater Glasgow and Clyde
Dalian House
350 St Vincent Street
Glasgow
G3 8YZ

## 9. WHAT HAPPENS NEXT AFTER CONSULTATION?

We will carefully consider all of the feedback received during the public consultation period. This will inform the development of a final set of proposals which will be submitted to the NHS Greater Glasgow and Clyde Board for approval. If approval is given, the proposals that constitute significant service change will then be submitted to the Cabinet Secretary for Health and Wellbeing for a final decision. If this is granted, we would aim to begin implementation in line with the timescales outlined in this document.

**If you would like this information in a different language or format (e.g. in large print or on audio cassette) please contact 0141 201 4915.**

**APPENDIX 1**

The tables below summarise the proposed shift in the balance across Clyde from NHS continuing care beds to alternative models of care. The precise mix in alternative forms of care will continue to be refined through the process of clinical needs assessments with each patient, involving their relative or carer.

Arrangements at commencement of Strategy development (06/07)

| Form of Care | Number of Beds |
|---|---|
| NHS inpatient continuing care on hospital sites – adults | 157 |
| NHS inpatient continuing care on hospital sites – elderly | 154 |
| Total | 311 |

Proposed Arrangements

| Form of Care | Number of Beds/ Placements |
|---|---|
| NHS inpatient continuing care for adults on hospital sites | 26 |
| Inpatient continuing care for older people located on community sites | 100 |
| Care home placements | 60 |
| Supported accommodation placements | 51 |
| Intensive community supports | 7 |
| **Total inpatient beds and placement requirements** | 244 |
| Vacant beds : no placement required | 67 |
| **Total** | 311 |

## APPENDIX 2

The following tables identify the proposed bed number changes within each of the Clyde localities, in comparison with bed numbers at the initial stages of the Strategy's development.

| **INVERCLYDE INPATIENT SUMMARY** | **Beds 06/07** | **Target** | **Comments** |
|---|---|---|---|
| **Acute admission** | | | |
| Acute adult | 45 | 20 | Retained at IRH (SSPU) |
| Acute elderly | 20 | 20 | Retained at IRH (Larkfield) |
| **Sub total** | **65** | **40** | |
| **Continuing care** | | | |
| Adult | 31 | 9 | Re-provided locally from Ravenscraig |
| Elderly | 80 | 33 | Re-provided locally from Ravenscraig in Partnership beds |
| **Sub total** | **111** | **42** | |
| **Specialist beds N&S Clyde** | | | |
| Intensive rehab | 0 | 3 | South Clyde development at Dykebar Hospital |
| IPCU | 2 | 4 | Transfer South Clyde beds from Dykebar to IRH (SSPU) |
| Addictions | 3 | 2 | South/West Glasgow & South Clyde consolidation at Leverndale (currently South Clyde service at Ravenscraig) |
| **Sub total** | **5** | **9** | |
| **Total** | **181** | **91** | |

| **RENFREWSHIRE INPATIENT SUMMARY** | **Beds 06/07** | **Target** | **Comments** |
|---|---|---|---|
| **Acute admission** | | | |
| Acute adult | 66 | 42 | Consolidated at Dykebar (no provision at RAH) |
| Acute elderly | 35 | 35 | Retained at RAH |
| **Sub total** | **101** | **77** | |
| **Continuing care** | | | |
| Adult | 108 | 12 | Retained at Dykebar |
| Elderly | 59 | 52 | Re-provided locally from Dykebar in Partnership beds |
| **Sub total** | **167** | **64** | |
| **Specialist beds N&S Clyde** | | | |
| Intensive rehab | 0 | 5 | South Clyde development at Dykebar Hospital |
| IPCU | 5 | 6 | Transfer South Clyde beds from Dykebar to IRH (SSPU) |
| Addictions | 7 | 4 | South/West Glasgow & South Clyde consolidation at Leverndale Hospital (South Clyde currently at Ravenscraig) |
| **Sub total** | **12** | **15** | |
| **Total** | **280** | **156** | |

| EAST RENFREWSHIRE INPATIENT SUMMARY | Beds 06/07 | Target | Comments |
|---|---|---|---|
| **Acute admission** | | | |
| Acute adult | 9 | 6 | Achieved 2007 - Consolidated at Leverndale (previous Dykebar & Leverndale ) |
| Acute elderly | 5 | 5 | Consider consolidation (currently RAH & Leverndale) |
| **Sub total** | **14** | **11** | |
| **Continuing care** | | | |
| Adult | 15 | 2 | Consolidated at Leverndale (currently Dykebar) |
| Elderly | 7 | 7 | Re-provided locally from Dykebar in Partnership beds |
| **Sub total** | **22** | **9** | |
| **Specialist beds N&S Clyde** | | | |
| Intensive rehab | 0 | 1 | Consolidated at Leverndale |
| IPCU | 1 | 1 | Consolidated at Leverndale (currently Dykebar) |
| Addictions | 1 | 1 | South / West Glasgow & South Clyde consolidation at Leverndale Hospital (South Clyde currently at Ravenscraig) |
| **Sub total** | **2** | **3** | |
| **Total** | **38** | **23** | |

| WEST DUNBARTONSHIRE INPATIENT SUMMARY ***(including Helensburgh/ Lochside)*** | Beds 06/07 | Target | Comments |
|---|---|---|---|
| **Acute admission** | | | |
| Acute adult | 24 | 16 | Transfer to Gartnavel Royal Hospital from Vale of Leven Hospital |
| Acute elderly | 12 | 18 | Transfer to Gartnavel Royal Hospital from Vale of Leven Hospital |
| **Sub total** | **36** | **34** | |
| **Continuing care** | | | |
| Adult | 3 | 3 | New patients to access Glasgow instead of Lochgilphead |
| Elderly | 8 | 8 | Re-provided locally in Partnership bed model |
| **Sub total** | **11** | **11** | |
| **Specialist beds N&S Clyde** | | | |
| Intensive rehab | 0 | 2 | Developed at Gartnavel Royal |
| IPCU | 3 | 2 | Consolidated at Gartnavel Royal (currently Lochgilphead) |
| Addictions | - | 1 | North Glasgow & North Clyde consolidation at Stobhill Hospital |
| **Sub total** | **3** | **5** | |
| **Total** | **50** | **50** | |

**APPENDIX 3**

**SUMMARY OF INDEPENDENT SCRUTINY PANEL FINDINGS AND HOW THESE HAVE BEEN REFLECTED IN THE FURTHER WORK INFORMING THIS CONSULTATION**

The Independent Scrutiny Panel report endorsed the majority of the proposals set out in the Clyde Modernising Mental Health Services Strategy of June 2007 whilst advising of the need for further issues to be addressed and more fully articulated for the purposes of the public consultation. The areas of support are:

- The proposals for relocation of beds in South Clyde were seen as reasonable and not viewed as constituting centralisation:

  - Consolidation of adult admission beds at Dykebar was seen as clear advantage compared to RAH;

  - Gryffe Unit's (at Ravenscraig Hospital) relocation was seen as no more centralised than currently, albeit would raise accessibility issues for some;

  - Proposals relating to the provision of continuing care within NHS Partnership beds were not challenged in principle but were seen as requiring more substantial clarification at the point of consultation;

  - Proposals relating to the location of Intensive Rehabilitation and IPCU beds were noted with no particular concerns raised;

  - Proposals relating to forensic and low secure beds were deemed reasonable.

In relation to North Clyde the panel noted:

- The clear aspirations of the local population to retain inpatient services at the Vale of Leven

- Saw the proposals to transfer acute adult and elderly mental health services from the Vale of Leven to Gartnavel Royal Hospital as constituting centralisation of inpatient services

- Advised of the need to more fully explore whether there might be other methods for resolving the issues of providing out of hours medical cover, including the exploration of nurse practitioner arrangements similar to those used in Elgin, and the potential for appointing non-career grade psychiatrists.

- Advised of the need for the options appraisal process to reflect the full disciplines of quantified options appraisal

Subsequently an Independent Consultant was appointed to undertake the full process of options appraisal for all the inpatient service proposals in both North and South Clyde.

In particular, in relation to the Vale of Leven proposals the options appraisal process included fuller exploration of a wide range of options which might better meet the aspirations of the local population whilst seeking to resolve the challenges of inpatient environment and out of hours medical cover.
Additionally the Panel raised a number of issues which it felt should be more fully explored and articulated to provide a more informed basis for the public consultation. These issues and the further work which now underpins this public consultation are summarised below.

**Robustness and applicability of the bed modelling to determine Clyde bed levels.**

The Panel have advised:

- that further detail of the basis for the application of the benchmarking process and determination of bed numbers should be provided within the public consultation papers to add clarity as to the basis for determination of local bed levels

- that the benchmarking proposals should be further refined in the context of local needs assessment;

Subsequently further work has been undertaken in terms of both local needs assessment of the current cohort of patients in continuing care beds and benchmarking comparisons for levels of bed provision which locate the Clyde proposals in the wider context of comparisons with Greater Glasgow, Scottish average levels, UK average levels, and epidemiological or professional norms for levels of bed provision. Whilst the major issues are summarised in this document, further information is set out in an appendix to the Strategy. Please see section 8 of the consultation document for details of how to access the Strategy.

**Demonstration of the safety and health outcomes of the proposed balance of care for inpatient and community care provision.**

- The Panel sought robust peer reviewed evidence for the safety and health outcomes of the proposed balance of care.

- The evidence base provides no *definitive* basis for establishing the health outcomes of any given balance of care between inpatient or community services. In this respect no mental health service in Scotland could cite a definitive evidence base for the safety associated with the local balance of care, or the effectiveness or health outcomes of a given balance of care. The evidence base does however provide important pointers in relation to patients who receive long term care in hospital settings and finds that:

    - Over-reliance on the provision of long stay continuing care in NHS hospital sites is associated with the negative and detrimental effects of institutionalisation;

- Transfer to long term community based care shows better outcomes for most patients who had previously received long term inpatient care, when deinstitutionalisation is done carefully.

- 75% of the bed reductions in the Clyde Strategy relate to provision of more appropriate and higher quality care in long term community settings and for this patient group the evidence clearly demonstrates better outcomes for patients.

An appendix to the Strategy summarises and sets out the referenced evidence base, and professional and policy best practice views relating to modern mental health services. Please see section 8 of the consultation document for details on how to access the Strategy.

**NHS Partnership bed proposals for provision of continuing care require more precision and explanation at the point of public consultation.**

- The scrutiny report noted public concern about a “journey into the unknown” and advised that the proposals for NHS Partnership provision of continuing care beds should be more clearly set out in the public consultation document to enable the public to have a clearer understanding of such arrangements.

Detail of the Partnership bed model of care has been set out in section 2.6 within this consultation document

**Financial robustness**

- The Panel were concerned that partners should have a clear understanding of the detailed financial assumptions which underpin the proposals around commissioning of Partnership beds and a wider range of community placements

- The Panel were also concerned that there should be arrangements to manage risks of movement in the unit prices of such commissioned facilities in order to ensure that the remaining investments in the development of community services would continue to be implemented.

Subsequently we have therefore revisited the financial assumptions and built in financial contingencies to enable management of risks of higher unit prices of commissioned services, such that these can be managed without offsetting reductions to the planned community services. The detail of this work has been set out in a further refined joint service and financial framework fully shared between NHS and local authority agencies.

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اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی رابطہ کریں:

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**perl@ggc.scot.nhs.uk**