

Authors: Chief Officer, Operations,  
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Capital Planning

**Title:** Mental Health In-Patient Capital Program Update

**Recommendation:-**

The Board is asked to approve:

The development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, and Finance and Maintain (DBFM) route to conclude the agreed in-patient redesign program in North Glasgow. It is also recommended that the scheme is bundled with Greenock and Clydebank Health Centre DBFM developments with progress to Initial Agreement stage to allow all three schemes reach financial close at the end of 2017.

The Board is also asked to note -

- That £8m capital monies are already committed for the refurbishment of the Broadford, Tate on the Gartnavel site and 43 and 44 wards on Stobhill. Works are underway with completion anticipated between March and June 2017 to deliver a mix of permanent and temporary in-patient solutions.
- An outline proposal, requiring further more detailed work, for 2019/20 capital funds to allow consolidation of the Alcohol and Drugs Addiction inpatient services. The final detail will be developed through the Health Boards Capital Planning Group.
- Similarly outline proposals at Leverndale Hospital to deliver a consolidation adult mental health acute bed model for South Glasgow and Renfrewshire potentially using Dykebar site capital receipts. The final detail will be developed through the Health Boards Capital Planning Group.

**Purpose of Paper:-**

The purpose of this paper is to outline the costs, risks and benefits of the above proposals.

**Key Issues to be considered:-**

The proposals detailed in this paper result in a reconfigured mental health in-patient system in North Glasgow that addresses clinical isolation, reduces pressure on the Out of Hours Rota and avoids unpredictable and potentially expensive care home accommodation costs.

The paper also outlines future strategy solutions for Alcohol and Addiction Services and Acute Mental Health services in South Glasgow and Renfrewshire.

**Any Patient Safety /Patient Experience Issues:-**

Currently the remaining two inpatient wards at Parkhead Hospital are clinically isolated; the proposal to re-locate this service to the Stobhill Hospital site mitigates this risk.

**Any Financial Implications from this Paper:-**

Avoidance of increased contract charges. The proposals contribute to resource release as part of the established Health Boards financial plan.

**Any Staffing Implications from this Paper:-**

Full staff partnership engagement has been established and progressed to address any impact upon staff.

**Any Equality Implications from this Paper**

The proposals within the paper will result in an increase in the number of single room wards which will facilitate better flexibility for meeting mixed sex accommodation, co-morbidity and age discrimination requirements.

**Any Health Inequalities Implications from this Paper:-**

None

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-**

None

**Highlight the Corporate Plan priorities to which your paper relates:-**

The proposals link into to the following Corporate Plan priorities:

- Reshaping care for older people; (*improved co-location with other services enhancing treatment of co-morbidities*)
- Improving quality efficiency and effectiveness; (*Economies in scale, efficiencies in covering the medical Out of Hours Rota*)
- Tackling inequalities. (*Standardising access and treatment for alcohol and drugs addictions service*)

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**Date – 12<sup>th</sup> April 2016**

**Title:** Mental Health In-Patient Capital Program Update

**Authors:** Chief Officer, Operations, Glasgow City Health & Social Care Partnership / Director of Facilities & Capital Planning

**19<sup>th</sup> April 2016**

### **1.0 Purpose of this paper**

The purpose of this paper is to update Health Board members on progress to deliver the mental health in-patient redesign program previously agreed at the Quality and Performance Scrutiny Committee in January 2015. The report then identifies a phased approach to complete the redesign, in particular the completion of the mental health program underway in North Glasgow. Further projects are thereafter summarised to complete the full program including indicative timescales and proposed funding sources. The total program has been divided into a number of development phases and can be summarised as follows:

Phases 1 & 2 – A two stage process to reconfigure mental health services in North Glasgow that will see the withdrawal of services from both Parkhead Hospital and Birdston Care Home.

Phase 3 – The consolidation of Alcohol and Drugs Addiction in-patient services in a new build ward at Gartnavel Royal.

Phase 4 – The consolidation acute adult mental health beds for South Glasgow and Renfrewshire on the Leverndale site.

### **2.0 Recommendations:**

**The Board is asked to consider the content of the following report and agree the steps required to deliver the reconfiguration of mental health services in North Glasgow.**

The Board is asked to approve:

The development of two new fit for purpose wards at the Stobhill site procured through the Hub West Design, Build, and Finance and Maintain (DBFM) route to conclude the agreed in-patient redesign program in North Glasgow. It is also recommended that the scheme is bundled with Greenock and Clydebank Health Centre DBFM developments with progress to Initial Agreement stage to allow all three schemes reach financial close at the end of 2017.

The Board is also asked to note -

- That £8m capital monies are already committed for the refurbishment of the Broadford, Tate on the Gartnavel site and 43 and 44 wards on Stobhill. Works are underway with completion anticipated between March and June 2017 to deliver a mix of permanent and temporary in-patient solutions.
- An outline proposal, requiring further more detailed work, for 2019/20 capital funds to allow consolidation of the Alcohol and Drugs Addiction in-patient

services. The final detail will be developed through the Health Boards Capital Planning Group.

- Similarly outline proposals at Leverndale Hospital to deliver a consolidation adult mental health acute bed model for South Glasgow and Renfrewshire potentially using Dykebar site capital receipts. The final detail will be developed through the Health Boards Capital Planning Group.

The following sections describe the proposals in more detail outlining the background, the drivers for change along with the costs and benefits.

### **3.0 Background**

The Mental Health component of the Clinical Services Review confirmed a continuation of the community based model of care of comprehensive community services and 24/7 access to community crisis supports, underpinned by access to in-patient supports when required. The Health Board Seminar on 9<sup>th</sup> December 2014 supported the direction of travel and proposals.

The Quality and Performance Review Committee, on 20<sup>th</sup> January 2015, approved the service strategy and associated re-alignment of the in-patient estate (please find report attached as Annex 1) and instructed officers to:-

- progress the intervening moves already identified in the capital plan
- confirm investment requirements and phasing of the remaining capital proposals and explore funding options including hub for the remaining capital proposals

### **4.0 Phases 1 and 2 - North Glasgow Mental Health In-patient Redesign**

#### **4.1. Birdston Care Home - Elderly Mental Health Services**

North Glasgow Elderly Mental Health services are located within two wards at Birdston Care Home. This is a privately owned, fit for purpose facility with single bedrooms located in Milton of Campsie, East Dunbartonshire. The current 10 year contract expires in June 2017. The period of notice is 6 months and initial informal discussions have indicated that a significant rise in contract costs is anticipated. An additional challenge is the increasing co-morbidity and incidence of dementia amongst the resident client group. As a model this is staff intensive, particularly on an isolated site such as the Birdston Care Home, requiring self-sufficiency in staffing levels to deal with any medical emergencies.

Phase 1 of the North Glasgow program will bring this service back into NHS accommodation by relocating to a fully refurbished, single bedded Tate Ward on the Gartnavel Royal site and, as a temporary measure, to Ward 43 on the Stobhill site. The refurbishment of Ward 43 will allow the facility to meet statutory requirements, however, the ward does not have sufficient footprint to meet the modern space requirements of single bedrooms. The refurbishment of the Tate ward and Ward 43 will be completed in June 2017 and March 2017 respectively.

#### 4.2 Parkhead Hospital – Adult Acute Mental Health services.

Two adult mental health wards remain as the last two wards in the Hospital. The building functionality is problematic for ensuring appropriate levels of security for patients in the least restrictive environment possible. The ability of patients to be able to leave the ward to attend activities with appropriate supports and escorts in addition to accessing usable outdoor space every day is an additional undertaking for staff and the service. The hospital has no grounds, is based within a public thoroughfare and is situated next to a main road and busy shopping centre.

There are challenges both with the retention of staff and ensuring sufficient staff are available to cover any clinical incidents as they arise. There are also issues maintaining the medical Out of Hours Rota given the fragmentation of the in-patient service across a number of sites in North Glasgow.

Phase 1, underway, will relocate the two wards from Parkhead Hospital into Broadford Ward and Ward 44, both of which are on the Stobhill site. The Broadford Ward is well located in the centre of the site and integrated with other clinical services as it is within the McKinnon House complex. It is 16 years old and in good condition providing a mixture of single room and multi-occupancy accommodation. It is currently being refurbished with anticipated completion in March 2017 and will offer a permanent re-location.

Ward 44 is on the edge of the site and much older being built in the 1980's. It is being refurbished, as a temporary solution, with completion March 2017 to meet statutory requirements but doesn't have the footprint to provide modern space requirements.

#### 4.3 North Glasgow End-Point Configuration – Phase 2

The initial phase of the North Glasgow program will result in the vacation of Parkhead Hospital and relocation of provision currently at Birdston onto mental health sites at Stobhill and Gartnavel. However, as indicated above Wards 43 and 44 on Stobhill are only temporary locations for services and resident patients.

To deliver permanent and fit for purpose accommodation a further phase of development is required. Phase 2 of the programme requires two new fit for purpose wards to re-house the Birdston and Parkhead Hospital services from the temporary Ward 43 and 44 accommodation.

Provision cannot currently be made in the Health Boards Capital Plan for the £10.6m capital required to develop two new wards. Capital Planning discussions have concluded that the wards can be provided through the hub West DBFM process by April 2019. This can be delivered within the current revenue levels that support the existing arrangements. The proposed DBFM scheme will therefore be funded through revenue released from the vacation of the Birdston and Parkhead sites (see section 4.4).

The provision of projects through DBFM is not considered viable below £10m. The new wards are at the margins for such a route and to improve efficiency it is proposed that they are bundled with the Clydebank/Greenock health centres DBFM bundle. This would be taken

forward on the condition that they do not create any delay to the approved health centre projects.

As a result there is a requirement to bring the three schemes to financial close at the same time. A delay to any one of the three projects will impact upon the other projects which in turn could increase costs. This risk will be mitigated by co-ordinating the progress of all three projects through the Project Board and Hub Steering Group drawing upon past lessons learnt and taking corrective action to address any deviation to programme.

#### 4.4 Financial case for replacing Birdston Care Home and Parkhead Hospital with two DBFM Wards at Stobhill Hospital

As indicated above, the capital equivalent to build the two new wards is £10.6m. Developing two new wards via the hub DBFM route would result in annual service payment and running costs of £1.5m. These costs can be met from the release of financial resource from vacating Birdston and Parkhead. See detail below:

Phase 2 Projected Capital Requirement	
Capital	£'000
<u>Costs</u>	
Site Acquisition	0
Equipment	504
Sub Debt	101
<b>Total Capital Cost</b>	<b>605</b>
<u>Funded by -</u>	
<b>Formula Capital</b>	<b>605</b>

Phase 2 DBFM Revenue Assumption	
Revenue	£'000
<u>Costs</u>	
Annual Service Payment	945
Running Costs	498
Depreciation Equipment	50
<b>Total Costs</b>	<b>1,493</b>
<u>Funded by -</u>	
Existing Birdston Budgets	1,409
Contribution from Parkhead	84
<b>Total Funding</b>	<b>1,493</b>

This program is part of the wider Glasgow Mental Health In-patient Strategy which will contribute circa £1,300k towards the Health Boards overall financial plan.

#### 4.5 Return on Investment North Glasgow In-Patient Redesign

At the end of the program outlined above the anticipated benefits from the above proposal will be:-

- Relocation onto an acute site alleviates the risks associated with clinical isolation.
- Co-location of services with other mental health services and acute sector services such as general medical services, will strengthen the care of patients with co-morbidities.
- Relocation will address the staff retention issues currently experienced in trying to maintain a service on an isolated site.
- The proposed new build DBFM ward will provide the opportunity to achieve fit for purpose facilities with single bedroom provision allowing long term patients a space of their own and privacy.

- Co-location with other elderly mental health services will allow economies of scale thereby releasing revenue.
- Cessation of reliance on a high cost private contract and avoidance of increased contract charges post June 2018.
- Consolidation of services onto fewer sites will reduce pressure on the medical Out of Hours Rota increasing sustainability.

Engagement has taken place with users/carers moving to the GRH and Stobhill sites and will continue to be undertaken with users and carers and a range of stakeholders during the implementation phase.

The vacated wards 43 and 44 will provide decant facilities for other refurbishment works to take place and also contingency for bed pressures.

### **5.0 Phase 3 – Alcohol and Drugs Addiction Services**

In-patient Alcohol and Drug Addiction services are provided from Eriskey ward at Stobhill Hospital and Kershaw ward at Gartnavel Royal Hospital. The Clinical Services Review identified the case for change including:

- a) address the service variation in access and treatment through standardised service models and protocols,
- b) strengthen links with other mental health and general health services to enhance the treatment of co-morbidities that are often endemic with addictions service users,
- c) improve overall facilities which are not fit for purpose and d) alleviate challenges in sustaining consultant cover over the two sites.

To address the above issues the preferred option is to consolidate the service in a new build ward on the Gartnavel Royal site. The current assumption is that the development is funded by capital monies commencing in 2019/2020, assuming improved treasury availability compared to the present time. This would also generate revenue release as part of the overall Health Boards financial plan.

The final detail will be developed through the Health Boards Capital Planning Group.

### **6.0 Phase 4 South Glasgow Adult Mental Health**

The Clinical Services Review proposed the consolidation of Acute beds for South Glasgow and Renfrewshire on the Leverndale site. To complete this change there is a need to transfer a ward currently on the Dykebar site. Current assumption is that the transfer would take place circa 2020/2021, potentially using capital receipts received from the Dykebar sale.

As above, final detail developed through the Health Boards Capital Planning Group.

## **Annex 1**

### **QUALITY AND PERFORMANCE REVIEW COMMITTEE 20.01.2015**

#### **MENTAL HEALTH INPATIENT CAPITAL PROGRAMME**

##### **1. Background**

The 2001 Modernising Mental Health Strategy set out the framework for the development of comprehensive community services and the reconfiguration of inpatient beds in response to that balance of care transfer from inpatient to community settings.

In 2002 the Scottish Government approved the consolidation of beds for NE Glasgow through the reprovision of Parkhead beds on the Stobhill site. The majority of that reprovision has now been implemented with only 2 adult acute wards now remaining as the sole inpatient wards on the Parkhead site. This outstanding reprovision is the final area of outstanding inpatient site reconfiguration outstanding from the 2001 Modernising Mental Health Strategy.

The Clyde Modernising Mental Health Strategy and the subsequent Vale of Leven Consultation proposals set out the framework for similar development of the Clyde services. However at that stage there was only a limited opportunity to develop the synergy between the inpatient sites in the Clyde area and those in the Greater Glasgow area – perhaps the most notable outstanding issue being the proximity between the Leverndale and Dykebar acute mental health sites.

##### **2. Clinical services review: clinical and service strategy**

The Mental Health Component of the clinical services review confirmed a continuation of the community based model of care of comprehensive community services & 24/7 access to community crisis supports, underpinned by access to inpatient supports when required.

Implementation of that model of care has already seen a balance of care transfer of 60% of inpatient based activity from inpatient to community based care settings, with comprehensive community services consistently in place throughout the GG&C area.

The further outstanding areas for development identified through the clinical services review process related to:

1. Improving service user and carer experience through improving the management of multiple morbidities. I.e. a focus on practice within the service model
2. Further realignment of the inpatient estate to the service strategy
3. Recognition that service delivery for secondary care services was at a more advanced level of development than was the case for less intensive lower level promotion and prevention supports.

The above direction of travel and the proposals set out in this paper were presented in summary form to the Board seminar on 9.12.2014 and were supported in principle at that seminar.



### 3. Realignment of the inpatient estate to the clinical and service strategy

The service plans driving the specific inpatient estate proposals are as follows:

1. Complete the NE Glasgow consolidation of beds at Stobhill and release Parkhead site for disposal or alternative uses.
2. Improving access for the Maryhill catchment by transferring that catchment activity from Stobhill to Gartnavel and mitigating the requirement for further additional new build capacity at Stobhill.
3. Reinstate Renfrewshire OPMH continuing care beds transitionally located at Mansion House back to Renfrewshire and release Mansion House site for disposal or alternative uses.
4. Consolidate AMH acute beds for Renfrewshire and South Glasgow on the Leverndale site.
5. Implement the bed model for OPMH functional frailty to ensure compliance with the age discrimination legislation.
6. Implement a single site model for addictions beds to ensure the ongoing sustainability of inpatient provision for addictions.
7. Enhance the sustainability of medical cover out of hours through reducing the number of acute admission sites where this is can be achieved with more modest implications for accessibility.

In delivering the above service proposals the overall inpatient programme has sought to:

- Address Mental Welfare Commission concerns about the quality of ward accommodation in the Mansion House and Gartnavel Continuing Care wards
- Deliver Mansion House vacation & release by circa April 2015
- Minimise clinical risks for the last 2 remaining AMH acute wards on the Parkhead site by achieving transfer to Stobhill at the earliest opportunity of Dec 2015 in advance of completion of the new build ward in cNov 2017 by:
  - delivering transitional ward accommodation at Stobhill by December 2015
  - delivering the transfer of the Maryhill catchment from Stobhill to Gartnavel by December 2015 either by transitional use of Clyde ward or directly into Cuthbertson ward depending on the timing of the implementation of the 2 sector bed model for functional frailty.
- Minimise the net capital requirement by creative deployment of available wards between ward functions and site catchments and commitment of the only 2 vacant wards in the MH inpatient estate as part of either transitional or permanent deployment to the above service objectives

As can be seen from the above:

- The pace of change for both the NW & NE proposals must be synchronised to deliver vacation of the Parkhead site by Dec 2015. This will additionally be facilitated by:
  - transitional use of an offsite care home for Gartnavel long stay bed purposes to enable refurbishment of the Clyde ward to ensure site based options are in place at Gartnavel by Dec 2015 to absorb the Maryhill catchment.
  - Refurbishment of an ex ward space at Stobhill to create transitional capacity by Dec 2015
- Delivery of Mansion House vacation by April 2015 involves moving an adult ward from Dykebar to Leverndale as the first phase of implementing consolidation of adult beds on the Leverndale site to be completed in the second phase through creation of 1 new ward at Leverndale to enable final transfer of the outstanding Dykebar ward c2017/18.

Additionally it should be noted that consolidation of addictions beds on the Gartnavel site would release Eriskay ward on the Stobhill site, thereby enabling the final phase of the NE consolidation to be completed with the transfer of the intensive rehabilitation beds from their current offsite location in south Glasgow onto the Stobhill site. Once the full overall AMH inpatient service is consolidated on the Stobhill site it will then be possible to increase the capacity of intensive rehab beds from 8 to 15 and close a further AMH acute ward of 20 beds. The timing of this final phase will be dependent on the timing of the consolidation of the addictions beds onto the Gartnavel site.

#### **4. Capital Requirements**

The capital investment required to deliver the change program detailed in this report was presented to the Health Boards Capital Planning Group at its meeting on 17<sup>th</sup> December 2014. This detail was in the form of New Project Requests (NPRs) for each of the individual but connected capital projects needed to deliver the reconfigured accommodation for both the interim moves and longer term permanent solutions. 5 NPRs were presented:

- Mansionhouse Move to Dykebar Hospital and Relocation of Dykebar Adult Acute Wards to Leverndale Hospital.
- Single Site Addictions Inpatient Unit & Remodelling of Addiction Day Hospital Services.
- Refurbishment of Eriskay Ward, Stobhill to Accommodate 15 Bed Adult Mental Health Intensive Rehabilitation Ward.
- New Build Adult Admission Ward on Stobhill Site, Refurbishment of W43 Stobhill and Essential Capital Works to W44 and MacKinnon House.
- Refurbishment of Clyde Ward, Gartnavel Hospital.

NPRs describe the project investment objectives, existing arrangements, the business need, the scope of the project and the service outcome from the investment proposed, and include for an initial estimate of the capital required to facilitate the redesign. In summary, the 5 NPRs noted above and required to deliver the strategy, included for a total end point capital estimate of some £30m of which approximately £5m was required to facilitate the initial transitional moves.

The Health Boards Capital Plan currently includes an indicative provision of £5.5m for Mental Health in financial year 2015/16. This provision was made available to the Health Board by SGHSCD to facilitate the final in-patient transfers from Parkhead to the Stobhill site, and remains subject to formal approval by the Scottish Governments Capital Investment Group (CIG) following submission of the relevant Business Cases for that purpose.

The Capital Planning Group, whilst supportive of the submissions, requested that Director of the Glasgow CHP and the Head of Capital Planning seek Health Board approval to:

1 – approach CIG and request that the £5.5m already in the capital plan can be applied to facilitate the interim moves outlined in this paper, again, subject to the submission and approval of the appropriate Business Cases as required.

2 – provide a further £25m in the capital plan as an indicative requirement to deliver the full program and that the business case development program would confirm both the final investment requirement and phasing, and

3 – at the same time explore the potential for alternative funding mechanisms, and in particular the Hub Program, to deliver the reconfigured estate.

## 5. Financial Overview

The detailed financial assessments are reflected in the NPR's. In general terms it should be noted:

- The total capital cost of the proposals for delivering the full package to endpoint is £30m
- Transitional capital costs of £5.5m are required in 2015/16 to deliver the early transitional ward moves
- The phasing of the programme is set out in Appendix 1 and requires sequential phased works in the period 2015/16 to 2019
- The full package of the additions/NW & NE proposals would deliver revenue savings prior to capital charge costs of:
  - c£1m additions ward and day centre consolidation
  - c £650k rebalancing of adult beds in NE
  - c£800k from movement to 2 sector OPMH functional frailty model
  - c£500k fixed cost release from vacation of Parkhead site on top of previously delivered Parkhead consolidation related savings of c£3m
  - additionally there are significant non recurrent unfunded cost pressures of c£500k associated with additional staffing and security costs of continuing to provide the last 2 adult acute wards as the only operational wards on the Parkhead site

The package of the Dykebar/Mansion House /Leverndale proposals would deliver revenue savings prior to capital charges of c£900k. These savings would accrue to the acute sector but their achievement is contingent on the delivery of alternative ward accommodation to enable vacation of Mansion house.

## 6. Wider considerations

In the case of inpatient proposals in both NE Glasgow and in South Glasgow /Renfrewshire a range of transitional solutions are being put in place to enable service change, site release and financial savings, in advance of the final service solutions being delivered.

A precondition of sustainable clinical commitment to flexibility and support to such transitional arrangements will be confidence and clarity that the capital commitments to the long term solutions are in place and robust.

Specifically this will require commitment to the new build and refurbishment wards at Leverndale and the new build ward planned for Stobhill, *in advance of the transitional arrangements being implemented*. Without such commitments clinicians will understandably be reluctant to flexibly support transitional solutions.

In the case of the adult acute ward transfers from Dykebar to Leverndale the current wards are high quality single room wards and there is a need to ensure no detriment to quality of ward environment resultant from the transfers. For this reason the proposals include refurbishment which delivers similar single room standards.

A range of other inpatient service changes are under consideration which have no direct capital implications at this stage and are therefore not reflected in this overview. These would include:

- rebalancing the deployment of OPMH acute and continuing care beds to achieve a better mix of organic and functional beds
- reprovision of continuing care beds currently contracted in a range of Partnership contracts

## **7. Engagement Issues**

The proposals set out in this report will require appropriate engagement to be undertaken with users and carers and a range of stakeholders.

## **8. Recommendations**

That the Quality and Performance Committee:

1. Approve the service strategy and associated realignment of the inpatient estate set out in this report
2. Instruct officers to confirm with the Capital Implementation Group:
  - that the £5m already in the capital plan can be applied to facilitate the interim moves outlined in this paper.
  - Provision of a further £25m in the capital plan as an indicative requirement to deliver the full program and that the business case development program would confirm both the final investment requirement and phasing, and that a £30m be included in the capital plan to deliver the programme
  - Exploration of alternate funding options including hub
  - Return of a further item to Q&P when finalised numbers and funding route are confirmed

Doug Adams

Head of Planning & Performance

09/01/2015