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March 2009

Argyll and Bute MH Consultation
NHS Highland
Assynt House
Beechwood Park
INVERNESS
IV2 3BW

Dear Sirs

ARGYLL AND BUTE MENTAL HEALTH CONSULTATION

Thank you for the opportunity to respond to the above consultation process. Argyll and Bute Council have been active partners throughout this process. Council Officers have attended public meetings, Project Board meetings and linked closely with the CHP General Manager, Locality Managers and Clinicians and Research and Development in Mental Health (RDMH).

The process was split into three distinct phases. Phase 1 - Needs Assessment and Local Engagement completed. Phase 2 - Service Option Development in Mental Health complete. Phase 3 - formal period of Public Consultation which runs from 12th January to 10th April 2009 and Council Officers have played an active part in this. As series of public events have been held across Argyll and Bute to ensure the public and staff are given the opportunity to consider the proposals set out in the public consultation document entitled "Mental Health Services in Argyll and Bute – Redesign and Modernisation".

Argyll and Bute Council welcome the opportunity to be involved in the further series of "mop up" events during March which will offer the public and staff a further opportunity to consider the proposals set out in the public consultation document.

Options

Option 1 – The Council recognise this option keeps the current services much as they are, with only a few small changes. This will not deliver on the Partnerships aspiration for a modern Mental Health Service fit for the 21st Century.

Option 2 - This option has developments in Primary Care and Community Care services. Inpatient beds would be available in five of the local Community Hospitals, and more specialised psychiatric intensive care services in either a new 6 bed unit in Lochgilphead, or provided outside Argyll and Bute by another NHS provider. The Council recognise that the costs of this option make it unaffordable in its present form. This option appears to be popular with service users, carers and voluntary organisations.

Option 3 - This option would have significant developments in Primary and Community Care services, with a single specialist inpatient Mental Health unit in Lochgilphead.

Option 4 - This is a variation of option 3. It includes two additional functions – an Assessment and Day Treatment service where people who may be facing admission to hospital can be assessed and can have formal individual and group therapies, plus an Education Centre for staff training, and to support ongoing clinical staff development.

Option 5 – The Council recognise this option is unpopular with users and carers, clinicians and other Mental Health staff due to the unavailability of direct access to beds within Argyll and Bute. The Partnership would be dependant on a Service Level Agreement with another CHP.

Financial Implications of Options

NHS Highland has indicated in section 5.2.6 of the consultation document that “this option would require substantial additional investment”. The full costing indicates that annual running costs would be in the region of £15.7m which is £2m more than current service. This reflects the very high cost of running 5 small inpatient units.

Outstanding Issues

Option 2 is popular with service users and a range of stakeholders but is not affordable in its current form. The Council acknowledges the potential gap in available resources to develop this option in its current form. The Council recognise this option remains popular with service users and carers and there will be dissatisfaction from the aforementioned groups if this option is not pursued.

Contained within option 4 is a central training facility which is argued is essential for the development of staff skills and training. However, training within localities could deliver a more local response to identified training needs within option 3. The other issue to consider is the wider need within the CHP and Council in terms of a training base which is not exclusively for Mental Health staff.

As the debate evolves around the 5 original options, there may be additional development of aspects of options 3 and 4. For example, option 2 is very popular with service users and carers/...

carers because of the availability of acute beds locally. A future development of options 3 or 4 could consider the potential of 24 hour crisis bed in each Community Hospital. The Service User would then return home with an appropriate support plan. This could avoid a lengthy transfer to the Lochgilphead area and it may also be affordable within existing budget. The nature of this debate will shift and change as the public start to consider wider issues and then provide feedback to the CHP and Council.

A detailed debate on the future configuration and management of Community Mental Health Teams remains outstanding. It is the Council's view that it is best placed to manage these community teams and intends retaining the management of its own staff. We would want to engage positively with the Argyll & Bute CHP to pursue this to a conclusion as expeditiously as possible.

Recommendations

The decision to recommend one option is not a straight forward decision for the Council simply due to the diversity of options contained within the consultation document.

However, the option which presents as the most beneficial in terms of securing a balance between the centralised/decentralised debate as well as providing quality, safety, affordability and access to services is option 3.

While recognising the similarities of options 3 & 4, the advantage that option 3 has over option 4 is the deployment of more services to local geographical areas. Option 4 proposes adding to the new central unit in Lochgilphead with an additional Assessment and Treatment service as well as staff training facilities. The advantages of option 3 include:

- This provides a central inpatient facility in Lochgilphead.
- It also promotes the principle of developing community services in each geographical area thus ensuring as much revenue and therefore services are delivered in local geographical areas.
- This is as opposed to option 4 which builds on the central inpatient facility to include a central base for individual and group therapies.
- It could be more advantageous to provide these services in local areas and keep to a minimum the need for people to travel to Lochgilphead for specialist treatments.
- This option also builds capacity locally in relation to ongoing staff training.
- This service would cost broadly the same as the existing service, so is affordable.

Conclusion

The Council recognises the five options contained within the consultation document offer both advantages and disadvantages. The Council is supportive of option 3 while noting that further refinement of this option will be explored in relation to the detail of Community Mental Health Teams and the associated management framework.

Yours/...

Yours faithfully

Councillor Dick Walsh
Leader of Argyll and Bute Council

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