

Public consultation

A photograph showing a diverse group of people of various ages and ethnicities, looking towards the camera with serious expressions.

Mental Health Services in Argyll and Bute - redesign and modernisation

THIS CONSULTATION RUNS FROM 12 JANUARY 2009 TO 10 APRIL 2009.

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

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Bengali:

"আপনি যদি এই তথ্যটির কিছু কিছু অংশ অন্যান্য হরফে/আকারে বা ভাষায় পেতে চান, অনুগ্রহ করে ওপরে দেওয়া যোগাযোগের বিস্তারিত তথ্য ব্যবহার করুন"

This is an NHS Highland consultation on service change; the work on developing future models of service has been undertaken in partnership with Argyll and Bute Council.



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Summary

This consultation paper sets out proposals for change to mental health services in Argyll and Bute, and invites you to respond with your views.

In the following pages we have set out why change is needed, how we have developed options for the future, who was involved in developing those options, and the 5 options themselves. We have also described each option, and provided comments about the benefits to patients and the disadvantages of each option.

There is a glossary of terms in Appendix Two at the back of this document.
A brief summary of the 5 options:

- 1. Minimal change** - some minor changes to inpatient services at the Argyll and Bute Hospital, some minor improvements in community based care.
- 2. Local services with inpatient care in Community Hospitals** - improvements in community based services, 7 days a week, some adult inpatient care in local community hospitals, and intensive inpatient care either in a new 6 bed unit in Lochgilphead or in a hospital of a neighbouring NHS Board.
- 3. Enhanced local community services and a single, local inpatient unit in Lochgilphead** - improvements in community based services, 7 days a week, supported by a new, flexible, adult inpatient facility based at Lochgilphead.
- 4. As option 3 plus day assessment and treatment service, and centre for staff training** - as above plus day assessment and treatment service, and a centre for ongoing staff training and development.
- 5. Community based services with no local inpatient care** - expanded and enhanced community based services including specialist services to enable people to remain in their own community. When admission to hospital is unavoidable, it will be by arrangement with a hospital in a neighbouring NHS Board.

The NHS Highland Board now wishes to hear the views of patients, carers and local people on the options, and to hear any other suggestions or ideas about the future of local mental health services.

THIS CONSULTATION RUNS FROM 12 JANUARY 2009 TO 10 APRIL 2009.

For details of meetings and events please see the Argyll and Bute section of the NHS Highland website:

<http://www.nhshighland.scot.nhs.uk/CHP/ArgyllandBute/Pages/MentalHealthReview.aspx>
Alternatively phone Fiona Broderick on 01546 604908.

There are some key questions on which NHS Highland is seeking your views:

- Which option do you suggest best meets the needs of mental health service users and carers, and why do you favour it?
- Option two would need to be modified to make it affordable. If you favour option two how do you suggest it could be adapted to make it affordable?
- Options three and four provide a balance of quality, safety, affordability, and access to services, but we recognise that some service users have concerns about local access to inpatient care. Do you have any suggestions that might address these concerns?
- Do you have other ideas or suggestions that have not been considered?
- What points do you wish the NHS Highland Board to consider to strengthen the case for the option you prefer?

At the back of this document there is a pull-out form with these questions and space for you to record your views.

Services included in this consultation

This consultation is about Adult Mental Health services. It does not include the following services which are being reviewed through other processes:

- Addictions - Argyll and Bute Alcohol and Drug Action Team.
- Child and Adolescent Mental Health Services (CAMHS) - West of Scotland CAMHS Planning Group and NHS Highland CAMHS Implementation Group.
- Dementia Care - Joint local authority/NHS Older Persons Service planning process.
- Learning Disability services - Joint local authority/NHS service development group.

There is no change to arrangements for the highly specialised inpatient services used by patients in Argyll and Bute:

- High and Medium Secure care (Carstairs and Rowanbank).
- Child and Adolescent Mental Health (Gartnavel and Yorkhill Hospitals).
- Learning disability assessment and treatment (currently private sector).
- Perinatal care (Glasgow).

Part One

1. BACKGROUND

1.1 About Argyll and Bute

Argyll and Bute has a population of over 90,000 spread across 10% of the area of Scotland. It has more than 4,500 km of coastline, with mainland communities and 25 inhabited islands. It is the second largest council area in Scotland.

The Argyll and Bute population is expected to change over the next 25 years, with fewer children and adults aged 16-65 and a large increase in the over 65 population. The young and adult population aged 16-65 is expected to decrease by 17% over the next 25 years, and by 2031 one in four of the Argyll and Bute population will be over 65.

Much of the economy of Argyll and Bute is serviced based, with the public sector as the largest employer. The main industries are tourism, agriculture, aquaculture and telecom related activities. The level of unemployment is lower than the national average and the crime rate is half the national average.

1.2 Health, Wealth and Wellbeing in Argyll and Bute

According to recent public health reports on the health of people in Argyll and Bute:

- Argyll and Bute has alcohol-related deaths at 50% above the UK average, which is similar to the rest of Scotland, and there are many alcohol related health problems.
- There are significant problems of drug misuse.
- In 2004 it was estimated that the number of patients prescribed anti-depressants was in line with the rest of Scotland.
- Geography and transport cause problems for people in the area.

However:

- Overall Argyll and Bute enjoys a healthier lifestyle than the rest of Scotland.
- People live a little longer than Scotland generally.

"Argyll and Bute is not highly deprived compared to other local authority areas, but there are still significant numbers of people in deprivation..... Houses with the same postcode can be at opposite ends of the socio-economic spectrum. In many rural areas deprived individuals and households are distributed throughout the patch, with circumstances of deprivation having more to do with an individual's characteristics than the area in which they live."

Source: The health of the people of Helensburgh and Lomond 2007

Current Services And The Need For Change

2. CURRENT MENTAL HEALTH SERVICES

2.1 Overview

The geography of Argyll and Bute creates a real challenge to providers of Mental Health services - patients and communities are scattered widely across the rural, remote, and island areas which have very limited transport links. Over the last 25 years some community mental health services have been developed and as a result, there has been a much lower need for inpatient beds at the Argyll and Bute Hospital. For example, in 1982 there were over 300 hospital beds in use, now there are 70 (excluding dementia care).

2.2 NHS Services

Inpatient services

The Argyll and Bute Hospital at Lochgilphead provides:

Adult beds	Dementia beds
26 Acute Admission beds	27 Dementia continuing care beds
12 Intensive Psychiatric Care beds	16 Dementia assessment beds
20 Continuing Care (mental illness) beds	
12 Rehabilitation beds	

Community services

Community Mental Health Teams are still developing. Most areas only have Community Psychiatric Nursing (CPN) staff, social workers and support workers, with visiting Medical and Clinical Psychology staff. Only one team has an Occupational Therapist. Not all teams are together in shared workplaces, and there are no formal joint team management arrangements although there is much good joint working. There are no formal liaison services or crisis response services.

Primary Care

There are no primary care mental health workers to support G.P.s and very few Clinical Psychology staff. There are various voluntary sector schemes in some communities, some local authority supported Link Clubs, and one Healthy Living Centre on Bute. There is some mental health awareness work through the local NHS Health Improvement Team and the "Choose Life" suicide prevention initiative.

Part One

Current staff profile

The majority of mental health staff are based in the Argyll and Bute Hospital, and there are relatively few in locality based community services. Appendix 1 presents the current staff profile, and shows the split between hospital and community staff at present, and under each option. Appendix 1 also presents a brief summary of the how the budget is split between these two staff groups.

2.3 Local authority services

Social Work

There is a Service Manager (Mental Health) responsible for all mental health services (excluding dementia) and Area Managers (Mental Health) supporting fieldwork and project staff in Bute and Cowal, Helensburgh and Lomond, Mid-Argyll and Kintyre, Oban, Lorn and the Islands. Staff within these teams are based in the community providing a range of services e.g. assessment and care management. There is a social work community team which provides for service users at the Argyll and Bute Hospital.

Mental Health Officer Service

The social work service provides a 24 Hour Mental Health Officer (MHO) Service to all parts of the Council area except Helensburgh which is covered by the West of Scotland "out of hours" standby service based in Glasgow.

Day Services

The current Day Care services are traditional in nature. These services could be reviewed and updated so that they are focused on meeting the current needs of people who would most benefit from day care support. There are currently day care services in Dunoon, Mid-Argyll, Kintyre and Oban.

2.4 Services for Helensburgh and Lomond

The Argyll and Bute Community Health Partnership has a contract with NHS Greater Glasgow and Clyde to provide inpatient and community services for the Helensburgh and Lomond area. This provides for inpatient care at the Vale of Leven Hospital and a Community Mental Health Team based in Helensburgh. The provision of inpatient care at the Vale of Leven Hospital is the subject of recent review and consultation by NHS Greater Glasgow and Clyde.

Current Services And The Need For Change

3. REVIEWING AND IMPROVING LOCAL SERVICES

3.1 History

An extensive service review and work on developing options for the future has been in progress in Argyll and Bute since 2007. This work has involved many local service users, carers, NHS staff and colleagues from the Argyll and Bute Council, all working together using a process called “service redesign” to plan mental health services for the 21st Century.

This redesign project was set up because the existing local services were felt not to be meeting the needs of local people. Two of the strong and clear messages from service users and their carers have been that people want to have more mental health staff working in their own communities, and they need a range of services which will help people with different types of need.

3.2 Project aims

The review and redesign was led by the Argyll and Bute Community Health Partnership (CHP) working closely with Argyll and Bute Council, and supported by an external consultancy “Research and Development in Mental Health”. The process was in three phases. Phase one “needs assessment and local engagement” and phase two “service option development and appraisal” are complete. The third phase is this public consultation.

3.2.1 Phase One - Needs Assessment and Local Engagement

There have been many discussions over the last few years with staff, service users and our communities about the future shape of mental health services. We included these previous discussions in the current planning.

Up to date information on local services and future needs was gathered through launch events and public drop-in events held across Argyll and Bute, along with almost 50 individual interviews, service user and carer group meetings, staff meetings, a Service User and Carer Questionnaire, and a G.P. questionnaire. Inpatient data and community caseload data was gathered and analysed.

Part One

People told us what is most important to them:

- Services to be as local to people's communities as is safe and achievable
- Seven day a week community mental health services
- Crisis response, ideally including home based treatment both to prevent admission and to facilitate discharge from hospital
- Development of services across the range of mental health needs, e.g. from promoting health and wellbeing, through support for people with mild/moderate conditions (primary care), and for people with more severe and enduring problems (community mental health teams)
- Development of psychological therapies service, including "talking therapies" and creative therapies
- Services and agencies to work together better, more joined-up working
- NHS community mental health staff and social work staff to be working and based together
- Develop stronger links with other services in the communities
- Use full potential of the voluntary sector, particularly befriending and buddying, and explore the role of peer support
- Adequate support and help for carers
- Continuing development of service user involvement in all aspects of planning and reviewing services
- A single point of access for people to the mental health services
- Recovery focus to be the basis of all services
- Access to inpatient care when needed
- Regular staff training to keep people up to date
- Services for the Helensburgh and Lomond area must follow the same principles and aims as the rest of Argyll and Bute (services provided by NHS Greater Glasgow and Clyde)
- Services must be cost effective

Current Services And The Need For Change

3.2.2 Phase Two - Options development and appraisal

The information gathered was used to give a perspective of service needs for the future. These were developed further through a Service User and Carer Event in June 2008. This was followed in July 2008 by a series of workshops to develop service options. From this, five options were drawn up and put through an options appraisal process during August and September 2008. This too involved service users, carers, staff and other stakeholders. From this work, options two and four emerged as those most favoured.

The appraisal was based on a number of "quality of service" criteria, and did not include information about the cost or affordability of the options. Since then, further work has been done to estimate the cost of each option so that local people and the NHS Board are clear about the financial implications of decisions about the future shape of services.

3.2.3 Phase Three - Public Consultation

Financial assessment of the options shows that most of them are affordable as they would cost almost the same as the current services. Option two would cost almost £2m more every year than current mental health services, so it is not affordable unless money is redirected from other local health services. The NHS Highland Board is keen therefore to set out all the options for wider consultation, and to hear views on any of these, along with any other suggestions which may not have been considered.

This public consultation document sets out for further discussion the five options, and aims to encourage informed debate about how to achieve the best possible range of services within the various requirements, opportunities and constraints.

Part One

4. MODERN MENTAL HEALTH SERVICES

4.1 General trends

In the UK, and internationally, a modern mental health service has the following features:

- More care in the community, fewer admissions to hospital
- Hospital admissions only for people experiencing more severe and enduring mental health problems
- Shorter lengths of stay when admission is necessary
- Long term care through community services, or in a Care Home if care at home is no longer possible
- Expanded community mental health teams - broader mix of staff and skills
- More help available through G.P. practices and locally based teams
- Arrangements for responding to people in crisis
- Targeted work with people who do not actively engage with the service
- Early intervention and support

4.2 National policy - leading to change

“Delivering for Health” was published in 2005 by the Scottish Government and set out clear objectives including an aim to improve the health - and mental health - of Scottish people. It demands a greater and wider effort on improving health and well being through preventative measures, support for self care and a targeting of resources on those at greater risk.

Following this, “Delivering for Mental Health” was published in 2006. It set out a range of national targets for services, and stated a number of commitments for change. The report emphasised that services cannot be targeted exclusively to address severe and enduring mental illnesses but must address in some manner the needs of people with any condition. The national focus has been further reinforced by “Rights, Relationships and Recovery”, the national review of mental health nursing and ‘With Inclusion in Mind’ a framework document which sets out the Local Authorities’ duties and responsibilities under the Mental Health (Care and Treatment) (Scotland) Act 2003, Sections 25-31. The aim is to prevent and treat illness and to promote health and wellbeing. There is a strong emphasis on reducing social exclusion, promoting recovery, and tackling stigma.

The expectations are:

- Improved anticipation of the care needs of people who experience mental illness
- Increased mental health services for those living in the community particularly the most disadvantaged communities

Current Services And The Need For Change

- Increased resources and support for self care
- Better use of inpatient services, and crisis services to prevent admission
- Full utilisation of staff skills to improve care

4.3 Modernising services in Argyll and Bute

4.3.1 Does anything need to change?

Feedback from patients and carers tells us very clearly that the clinical and personal needs of people are not being adequately met by the current services, despite the best efforts of all. The current services are under pressure trying to meet the demand for safe and comprehensive care for those with severe mental health conditions as well as for those with moderate or intermittent problems. At the same time there is demand for better community services because people want to be cared for within their local community. Other changes in society also have an effect, for example there are increasing levels of depression, anxiety and stress. Treatment options have also expanded within the field of mental health. For example, some forms of psychological therapy are proven to be effective, and need to be offered more readily across Argyll and Bute.

There is much excellent community focussed work in place across Argyll and Bute. However, the ability to develop this further is greatly limited by the fact that so much resource (staff and money) is committed to running the Argyll and Bute Hospital.

4.3.2 Looking back in time

Patients receiving care in hospital are housed in a very old building (100+ years) that was built for very different purposes. The Argyll and Bute Hospital dates back to a time when people with mental health problems were placed into institutions, and isolated far from other people. Today, even the best efforts of the dedicated and caring hospital staff cannot overcome the very obvious inadequacies of the clinical facilities. Our patients should have suitable private, safe space and areas that are both restful and therapeutic.

4.3.3 Looking forward

There is much support and commitment to modernise services across Argyll and Bute, and agreement from staff, service users, carers and others about the urgent need to make progress now.

Part Two

5. OPTIONS DEVELOPMENT AND APPRAISAL

The extensive work with service users, carers, partners and local mental health staff led to the development of 5 options for the future. The options were then considered against a list of quality criteria to test out how well each of them would meet the aims and requirements described earlier in this paper (i.e. the “non financial” benefits).

Following this, further work was done to estimate the financial costs of each option, and to compare these to the existing budgets for mental health services. Decisions about public services need to be informed by a sound understanding of both the non financial and financial criteria in order to achieve the best outcome for local people within the available resources. Current NHS expenditure on mental health care in Argyll and Bute is £13.6m per annum.

The next section describes each of the options and the benefits and weaknesses identified through the option appraisal process, followed by the financial implications, followed by an assessment of each option by NHS Highland.

5.1 Option One - Minimal Change

Summary - This option keeps the current services much as they are, with only a few, small changes.

5.1.1 Primary and Community Based Care

- Train a group of community volunteers in “guided self-help” to enable them to work with and support people with mild depression.
- No significant change or expansion within G.P. and community based NHS services. Local health care teams would continue to treat mainly people with severe and enduring conditions who are at risk of admission.
- Provide additional training for staff to provide treatment for people with mild/moderate mental health issues.
- Existing Day Care and support services such as the Link Clubs and local mental health community projects would be reviewed to ensure they focus on promoting wellbeing and independence, and to ensure they are reaching people who might not otherwise seek out this type of service.

5.1.2 Hospital services

- General inpatient beds would remain in the Argyll and Bute Hospital.
- The specialist inpatient rehabilitation unit would stay at Argyll and Bute Hospital.

Developing Options For The Future

- The continuing care ward (Arran) would remain in the short term, while staff support patients and carers to find alternative ongoing care in a more homely setting, in their own home, in very supported housing, or, if not possible, in a Care Home.
- Bed numbers would make it possible to adapt the existing wards, and to consider amalgamating some, and making some minor improvements to the environment and facilities.
- Proposed bed numbers:
 - o Acute and rehabilitation: between 20-26
 - o Intensive care: 6
 - o Dementia assessment: 10

5.1.3 Advantages

- Continuity of care for existing patients
- Minimal change for the workforce
- Affordable

5.1.4 Disadvantages

- No service developments in primary care
- Very limited development of community services
- Does not bring services closer to patients' own communities
- Does not strengthen integrated working across health and social services
- Little expansion of primary care management of mild/moderate conditions
- Does not meet national policy
- Does not meet local (community and staff) expectations of service
- Continues to focus on hospital care at expense of community services
- Continues to provide hospital care in buildings which are not fit for purpose.

5.1.5 Financial implications

The service changes being considered under option 1 should be achievable within the existing revenue budget for mental health services of £13.6m (see Appendix 1). The capital cost of improvements to bring the Argyll and Bute hospital into reasonable condition is estimated at over £10m.

5.1.6 NHS Highland Assessment of Option 1

The NHS Highland Board is aware that service users, carers, staff and other partners involved in developing and appraising the options did not consider this option to have any merit.

The Board considers this option unacceptable. It does not provide any significant improvement in services to patients.

Part Two

5.2 Option Two - Local services, including inpatient services in Community Hospitals.

Summary - 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 specialist psychiatric intensive care services in either a new 6 bed unit in Lochgilphead, or provided outside Argyll and Bute by another NHS provider. The costs of this option make it unaffordable in its present form.

5.2.1 Primary and Community based Care

- Train a group of community volunteers in “guided self-help” to enable them to work with and support people with mild depression.
- Provide additional training for staff to provide treatment for people with mild/moderate mental health issues.
- New specialist primary mental health workers working closely with individuals experiencing distress from mild mental health problems, and guiding / supporting G.P.s, other health professionals and staff in voluntary organisations.
- Existing Day Care and support services such as the Link Clubs and local mental health community projects would be reviewed to ensure they focus on promoting wellbeing and independence, and to ensure they are reaching people who might not otherwise seek out this type of service.

5.2.2 Community Mental Health Teams (CMHTs)

- Would be put in place in all localities, with a range of professional staff operating a core service Monday to Friday, with an “out of hours” crisis response service operating 7 days.
- These teams would provide full community mental health services to service users, carers and families in partnership with other agencies and primary care.
- They would help people in crisis, support them at home, provide rehabilitation, medicine management, and psychological therapies.

5.2.3 Hospital services

- Between 4-6 inpatient beds would be provided for acute admissions within the community hospitals in Bute, Campbeltown, Dunoon, and Lochgilphead, and in the Lorn and Isles Rural General Hospital in Oban.
- On Islay an area of the hospital would be designated for acute assessment and short term care, prior to transferring the patient to acute inpatient care. A similar arrangement may also be possible on Mull.

Developing Options For The Future

- The Argyll and Bute Hospital in Lochgilphead would close. There would be 6 psychiatric intensive care beds provided either in a new facility in Lochgilphead, or provided outside Argyll and Bute by another NHS Board.
- Staff would support patients in Arran Ward and their carers to find alternative ongoing care in a more homely setting, in their own home, in very supported housing, or, if not possible, in a Care Home.

5.2.4 Advantages

- Local, responsive, team based care
- Services close to home, including hospital inpatient care
- Integrated services - supports team working between staff of different services / agencies
- Enhanced primary care services
- Provides “out of hours” crisis response service - 7 days
- Expanding and enhancing local Community Mental Health Teams will lower waiting times for treatments, and provide more psychological therapies
- Local beds for acute admissions, provide quick and responsive inpatient treatment

5.2.5 Disadvantages

- No specialist inpatient service e.g. rehabilitation, intensive psychotherapy
- Intensive care beds would be isolated from other inpatient beds (which would be located either in a new build in Lochgilphead, or outwith the area).
- Service users may be unable to be admitted to the nearest hospital if local beds are full, and may need to travel outside local area
- Dispersal of clinical expertise - current hospital clinical staff would be relocated across Argyll and Bute, and would lose professional peer support
- Small inpatient units would be prone to peaks and troughs in use, so would be inefficient use of staff and other resources
- Small units would offer staff fairly limited scope for professional clinical practice, and it may be difficult to retain staff, and to recruit new staff in future
- High cost involved in providing hospital based staff to cover all shifts safely across the 5 local community hospitals
- Each community hospital with mental health beds would need either a new build extension or significant modernisation of existing facilities
- Investment in buildings would limit the amount of investment available for community staff and services
- This option is not affordable in its present form

Part Two

5.2.6 Financial Implications

This option would require substantial additional investment. The full costing indicates that annual running costs would be in the region of £15.7m per annum, which is £2m more than the current service. This reflects the very high cost of running five small inpatient units each with its own dedicated 24/7 staff team whilst also providing a full range of local, community services (see Appendix 1). Building costs are estimated at almost £5m (£4,820,000).

5.2.7 NHS Highland Assessment of Option 2

The NHS Highland Board is aware that this option is very popular with the service users and carers involved in the options development and appraisal process. It would deliver some of what people defined as important to them - as listed in paragraph 3.2.1.

Although local staff welcome the improvements in joint team working, the clinicians have strong reservations about the sustainability and clinical safety of small units within community hospitals. They have a concern about the ability to provide a clinically safe care environment which would meet the needs of the wide range and mix of patients. The dispersal of hospital staff to small units on five sites would give much less flexibility to cope with changes in demand. This could result in people being unable to be admitted in their own locality. Although this option has good potential to integrate hospital and community based staff, the existing hospital staff feel they would become isolated from peers and colleagues in the other locations.

The costs of this option are significantly more than the existing services. This means it is not affordable. This option needs to be modified to become affordable, or resources would have to be taken from other local health services and redirected into mental health care.

The Board is keen to hear suggestions about how this option might be adapted in order to achieve a balance between the expressed wishes of patients, and the Board's legal duties and other obligations to provide services which are safe, effective, sustainable and affordable.

We therefore wish to use this consultation to hear ideas and suggestions from service users, carers and other people about what is most important in this option, and what could be changed to make it achievable.

Developing Options For The Future

5.3 Option Three - Enhanced community services with a single, local inpatient unit.

Summary - Significant developments in primary and community care services, with a single, specialist inpatient mental health unit in Lochgilphead.

5.3.1 Primary and Community based Care

- Same as for Option Two

5.3.2 Community Mental Health Teams

- Same as for Option Two

5.3.3 Hospital Services

- There would be one hospital site probably in Lochgilphead which would include the following hospital beds:
 - o Acute and rehabilitation: between 20-26
 - o Intensive care: 6
 - o Dementia assessment: 10
- The design aims would be to offer therapeutic interventions that meet people's needs, in a purpose built unit, offering a modern environment, with domestic and independent living areas.
- Staff would support patients in Arran Ward and their carers to find alternative ongoing care in a more homely setting, in their own home, in very supported housing, or, if not possible, in a Care Home.

5.3.4 Advantages

- Local responsive, team based care
- Enhanced primary care services - close to home
- Integrated services - supports team working between staff of different services / agencies
- Provides "out of hours" crisis response service - 7 days
- Expanding and enhancing local Community Mental Health Teams will lower waiting times for treatments, and provide more psychological therapies
- Specialist dedicated inpatient unit, providing flexible services - acute, rehabilitation, and intensive care
- Creates local base for ongoing staff training
- The service would cost broadly the same as the existing, so is affordable

Part Two

5.3.5 Disadvantages

- As at present, some inpatients will be at a distance from home, and may feel isolated from family and friends
- As at present, some family and friends will have to travel to visit people in hospital
- May retain the identity of the existing hospital, and not provide real momentum for change

5.3.6 Financial Implications

A smaller central in-patient facility in Lochgilphead would have lower running costs than the current Argyll and Bute Hospital. This will enable increased investment in community services. The full costing of this option has indicated that annual running costs will be in the region of £13.7m per annum, so with minor adjustments, it is affordable (see Appendix 1). There will be significant building costs of £8.69m to build a new facility to replace the Argyll and Bute Hospital.

5.3.7 NHS Highland Assessment of Option 3

This has most of the benefits for patients of Option Two. Having a single inpatient unit would overcome the concerns of the professional staff, and maintains a viable and cost effective hospital based clinical team. The Board recognises the implications for patients, family and friends of having to travel for inpatient care. However, the developments in primary and community based services will help to keep many more people at home than is possible at present.

5.4 Option Four - as for Option Three, but also including Specialist Day Assessment and Treatment Service, and centre for staff training

Summary - This is a variation of option three. 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.

5.4.1 Primary and Community based Care

- As for Options Two and Three

5.4.2 Community Mental Health Teams

- As for Options Two and Three

5.4.3 Hospital Services

- As for Option Three

Developing Options For The Future

5.4.4 Specialist Day Service and Education Centre

- A specialist day assessment and treatment service, and an education centre would be developed alongside the inpatient service.
- It would be a focus for very specialist psychological therapies for groups and individuals (“talking therapies”)
- People living at a distance from the day service would have homely accommodation if needed for overnight stays, e.g. local B & Bs, hotels.
- Patients’ travel and accommodation costs would be covered by the Highlands and Islands Travel Scheme.
- The Centre for staff training would be a permanent, local base for staff development and training of NHS staff and colleagues in other partner agencies.

5.4.5 Advantages

As for Option Three, plus -

- Specialist day assessment and treatment, avoids unnecessary admission to hospital
- Dedicated support for ongoing staff learning and training promotes multi agency team learning and development.
- A focus on learning encourages the ongoing development of clinical expertise and practice, and will promote high quality care
- Promotes ongoing learning for “generalist” health staff - such as G.P.s, health visitors, and community nurses - who are supporting many people with mental health problems
- The support for staff learning should encourage recruitment in future years, helping to sustain local services in the longer term.

5.4.6 Disadvantages

As for Option Three plus -

- Some resources would have to be shifted from developments in community based services in order to fund the day treatment service and education centre
- Some people using day services will need to travel from home and stay in overnight accommodation

5.4.7 Financial Implications

Annual running costs for this option will be in the region of £13.9m per annum. With some adjustments, it could be affordable (see Appendix 1). As with option 3, there will be significant building costs, £9.59m to replace the Argyll and Bute Hospital.

Part Two

5.4.8 NHS Highland Assessment of Option 4

In addition to our comments on Option Three, the Board welcomes the inclusion of a range of day services for people with moderate or more severe conditions. Helping people to stay out of hospital gives individuals a greater degree of independence, and can be an important step in assisting people to return home more quickly.

The Board also welcomes the inclusion of the staff learning and training centre. Although this has a financial cost, we recognise that staff training is essential to the ability to provide high quality professional treatments and care. The emphasis on multi agency training and development is very positive for patients - joint training is an effective way of helping staff of different backgrounds and disciplines to work well together.

Overall, option 4 has much in its favour. It meets most of the expressed needs and wishes of service users and carers, and it supports the clinical and other staff to continue developing and improving practice.

5.5 Option Five - Intensive Community based services, with no inpatient facility in Argyll and Bute

Summary - The aim of this option is to provide a wide range of care for people in their own home or their own community so that relatively few people would need in-patient treatment. It includes extended development of the community mental health teams. There would be no mental health inpatient beds within Argyll and Bute. People requiring hospital treatment would be referred out of the area.

5.5.1 Primary and Community based Care

- Same as for options two, three and four

5.5.2 Community Mental Health Teams

- As for options two, three and four plus
- Specific role to support people in crisis, supporting people at home

5.5.3 Hospital Services

- When admission is required this would be to a hospital outside of the area. The Argyll and Bute Hospital in Lochgilphead would close.
- In crisis, initial assessment and treatment may include short term care at a community hospital whilst awaiting transfer to an acute hospital.
- Staff would support patients in Arran Ward and their carers to find alternative ongoing care in a more homely setting, in their own home, in very supported housing, or, if not possible, in a Care Home.

Developing Options For The Future

5.5.4 Advantages

- Emphasis on treating people in their own community, including people with severe and enduring conditions
- Expanding and enhancing community mental health teams will lower waiting times, provide more psychological therapies, and other professional support
- Enhanced primary care services
- Significant developments in community teams
- Provides “out of hours” crisis response service - 7 days
- This would provide a unique opportunity for staff (including students / staff in training) to develop advanced skills and expertise in community based mental health care.

5.5.5 Disadvantages

- Service users requiring admission would have to go out of Argyll and Bute
- This would mean all patients who need admission, their carers, relatives and visitors would have to travel to inpatient services, sometimes over long distances (by road, ferry, 'plane)
- Total break in continuity of care between community team and inpatient staff
- Increased risk of communication failures between staff groups
- Risk of increasing the readmission rate because admissions are likely to be short stay
- Distance to acute hospital site will mean delays in reaching care
- Would rely on staff and carers' ability to manage and support individuals to remain at home
- Significant implications for G.P.s involved in “out of hours” medical cover

5.5.6 Financial Implications

Significant savings would be made from the closure of the Argyll and Bute Hospital. These savings would be re-invested in community services and on the purchase of inpatient beds from a neighbouring NHS Board. The full costing of this option indicates annual costs in the region of £13.5m. This is close to the current costs, so it is affordable. There would be building costs of £2.25m. (see Appendix 1)

5.5.7 NHS Highland Assessment of Option 5

In common with options two, three and four, this option has the benefits of developing and expanding local mental health teams. However, the Board is aware that local people and clinical staff have expressed real concern at the implications of having no locally based acute inpatient service. This would have the greatest impact on people who are very unwell.

Part Two

Developing Options For The Future

Local staff expressed a number of concerns about the loss of continuity of care if people were receiving hospital care outwith Argyll and Bute. There is a risk that communication between clinical staff would be more difficult and less effective for the patient. There is also a concern that this may create a reluctance to admit patients who require intensive, inpatient care, and that staff may take a higher degree of clinical risk by attempting to treat and support people in the community when this is not appropriate.

Contracting with another NHS Board for hospital care also introduces a degree of financial risk. The costs per admission may be higher than at present. Generally, a contract of this sort allows limited flexibility, e.g. to alter the service in light of experience, or feedback from service users.

By splitting hospital services to another NHS Board, this option does not provide the fully integrated, team based approach which service users and staff wish to achieve. In view of this, the Board does not favour option five.

6. Workforce Issues

Our ability to provide local people with good, safe, effective care is very dependent on our ability to retain and recruit the staff needed to provide care. It is very clear that bringing change to mental health services in Argyll and Bute will have huge implications for the staff involved. In addition to the duties of NHS Highland to patients and service users, we also have legal and moral responsibilities for our staff.

Approximately 200 staff are likely to be affected by change in mental health services in Argyll and Bute. Depending on the option selected for implementation, the greater the dispersal of staff required, the greater the challenges. There already exists an Organisational Change Group within the Argyll and Bute mental health service, with responsibility for overseeing and advising on the impact of change on the workforce.

Once the future shape of local services has been determined, a detailed programme of work will take place with staff and their representatives to manage the impact of the change. This will be done in accordance with national and NHS Highland Organisational Change policies. Staff and their representatives will be involved in meetings to explore the potential implications, and the opportunities associated with redeployment.

Part Three

Hearing Your views

7. Getting involved

NHS Highland wants to hear your views on the options in this consultation document, and to hear any additional ideas or suggestions which will help to shape the future of local mental health services. There is a tear out section at the back which you can use to record your views, and return to the FREEPOST address given. You may prefer to respond by email using the dedicated consultation mailbox. Details on the response form.

In addition, there will be many opportunities for you to meet local NHS staff in order to discuss these proposals more fully. Watch out for:

- Press releases in local papers, along with public notices advertising local meetings and road shows.
- Webpage - check the NHS Highland CHP project webpage for up to date information and copies of newsletters <http://www.nhshighland.scot.nhs.uk/CHP/ArgyllandBute/Pages/MentalHealthReview.aspx>
- Newsletter - the monthly project newsletter will continue to be produced and distributed widely to community groups. To add your name to the distribution list, contact Fiona Broderick on 01546 604908.
- Posters/Flyers/mailings - Events information will be sent to the key community councils/ groups, voluntary organisations and other interested parties.
- Argyll and Bute Public Partnership Forum (PPF) - members will be kept informed and encouraged to spread the word around their networks so that as many people as possible participate in the consultation.
- ACUMEN, Mental Health Forums, and local health forums have supported the service user and carer involvement throughout phases 1 and 2. We will continue to link through these networks to circulate information to their members.
- Community meetings and Road Show Events - discussion and consultation events will be held in key locations across each of the localities. Wherever possible we will also respond to invitations from community councils, community groups and voluntary groups to join your meetings for discussion and feedback.

Part Three

Hearing Your views

- Staff Briefings/Meetings - staff meetings will be arranged to ensure health and local authority staff/members are fully briefed and involved and given opportunities to respond to the consultation.

What happens after the consultation?

All feedback received during the public consultation period will inform the development of a final set of proposals and recommendations by the Argyll and Bute Community Health Partnership (CHP). The NHS Highland Board will then consider the recommendations of the CHP and the report of public feedback, and make a decision about the future shape of services. Depending on the outcome of that, and if the Scottish Government considers the proposals to be "major service change", they will be submitted to the Cabinet Secretary for Health and Wellbeing for a final decision.

Once the final outcome is known, it will be communicated widely through the Newsletter (for details see list above), and through local newspapers.

When will we see progress?

Once a decision is made, planning for implementation will start during 2009. An Implementation Plan will be produced describing the steps in the process to bring about change. Introducing change to local services is likely to take 2 - 3 years, depending on the final decision, and possibly longer depending on the amount and type of building work required.

Appendix One

1. Staff profile

All figures relating to staff numbers are expressed as whole time equivalents, not by head count. Numbers have been rounded for ease of reference.

Current Services

Hospital services	198
Community services	43
Total	241

	Option One	Option Two	Option Three	Option Four	Option Five
Hospital services	198	176	131	134	38
Community services	43	86	83	83	108
Total	241	262	214	217	146

2. Service Costs

All figures relating to the costs of services have been rounded to the nearest £100,000.

Current Services

Hospital services	9.261m
Community services	4.342m
Total	£13.603m

	Option One	Option Two	Option Three	Option Four	Option Five
Hospital services	9.261m	9.318m	7.619m	7.837m	5.683m
Community services	4.342m	6.393m	6.038m	6.038m	7.865m
Total	13.603m	15.711m	13.657m	13.875m	13.549m

3. Buildings costs (outline costs)

	Option One	Option Two	Option Three	Option Four	Option Five
	10m	4.8m	8.69m	9.59m	2.25m

Appendix Two

Definitions and acronyms

The following list includes terms used in this document, and some other terms which you may hear during the consultation period.

ACUMEN	Argyll and Clyde United in Mental Health - a service user and carer led network
Assertive Outreach	Targeted at people do not actively engage with services, to support them to maintain contact with care and treatment
Befriending and buddying	An informal, normally voluntary, role where two people agree to spend time together in a supportive friendship - sometimes of mutual benefit
Carer	Someone who looks after or supports a person with a health condition
CHP	Community Health Partnership - part of the NHS Board
Community Mental Health Team	Mental health team based in the community with a range of different staff caring for people with more serious mental health conditions at home.
Complex needs in the community	People who have multiple conditions, or other complex needs but who are able to be cared for at home
CPN	Community Psychiatric Nurse
Crisis Service	Service to help people in crisis and where possible to avoid the need for them to go into hospital
Day Care Service	Structured support, either individually or in small groups, to offer activity and purpose to a person's day
Dementia	A chronic confusional state
Early Intervention	Service aimed at identifying and treating mental health conditions, or changes in the condition at a early stage, particularly psychosis
G.P.	General Practitioner - the family doctor.
Holistic care	Understanding and responding to the broad range of someone's needs, e.g. their health, housing, and community support
Inclusion	Means promoting a person's wellbeing and social development, and tackling issues that cause social exclusion, e.g. poverty and other forms of disadvantage
IPCU	Intensive Psychiatric Care Unit; a hospital unit for people who are acutely unwell, and whose needs cannot be met safely in an open ward e.g. people who are very disturbed or aggressive, people who are likely to abscond from treatment and care.

Appendix Two

Link Clubs	Local service user run organisations providing support for people with mental health problems.
Long stay continuing care	Care in a residential setting for people who cannot be cared for in their own home
MHO - Mental Health Officer Status	An MHO is a social worker with additional training, experience and skills to work with people with mental health conditions
Option development and appraisal	Formal, structured process for developing services and assessing them objectively. A requirement of the Scottish Government.
Peer Support	Support given between two people where they both have had a similar or complementary experience
Primary Care	Normally this is the first contact of people with the health system, e.g. G.P., pharmacist, dentist.
Psychological therapies	A range of psychological treatments, based on two main traditions - psychotherapy and counselling. Includes cognitive behaviour therapy (CBT), cognitive analytic therapy (CAT) and dialectical behaviour therapy (DBT)
Public Partnership Forum (PPF)	A group of local people who have an interest in health and health services, and who get involved in many, different ways
Recovery	In relation to mental health, this means people regaining at least some degree of control of their lives, helping them to achieve a meaningful life, and a positive sense of belonging in their communities
Rehabilitation	A process to help people be as independent as they can be e.g. by learning day to day life skills which improve confidence and coping.
Service integration	Different organisation and services being run and managed together
Service User	Someone who uses a service
Severe and enduring mental health conditions	Conditions which have long term, serious impacts on people's lives
Talking therapies	A range of treatments based on talking with a counsellor or psychotherapist, generally for mild to moderate mental health conditions.
Voluntary or Third Sector	voluntary and community groups and organisations

Appendix Three

References and supporting information

National documents

1. Delivering for Health. Scottish Executive 2005.
2. Delivering for Mental Health. Scottish Executive 2006.
3. Delivering for Health: Delivering for Mental Health National Standards for Crisis Services. Scottish Executive 2006.
4. With Inclusion in Mind: The local authority's role in promoting wellbeing and social development: Mental Health (Care and Treatment) (Scotland) Act 2003 Sections 25-31. Scottish executive 2007.
5. Scottish National Benchmarking Project. Report 2. Scottish Executive 2008.
6. National Programme to Improve the Mental Health and Well Being of the Scottish Population. Scottish Executive 2001.
7. Choose Life: A National Strategy and Action Plan to Prevent Suicide in Scotland. Scottish Executive 2002.
8. "See Me" campaign. Scottish Executive 2005.

Local Documents

9. A New Vision for Mental Health Services - Building on our Experience. Argyll and Bute Community Health Partnership 2007.
10. The Redesign and Modernisation of Mental Health Services in Argyll and Bute. Argyll and Bute CHP 2008.
11. The Redesign and Modernisation of Mental Health Services in Argyll and Bute, supplementary appendixes of project and analysis. Argyll and Bute CHP, 2008.
12. Population review of Argyll and Bute CHP. Argyll and Bute CHP 2008 and Bed reduction analysis Argyll and Bute CHP 2008.
13. The Health of the people of Helensburgh and Lomond. Needs assessment report, Argyll and Bute CHP 2007.

Appendix Four

PUBLIC CONSULTATION - MENTAL HEALTH SERVICES IN ARGYLL AND BUTE, January to April 2009.

PUBLIC DROP IN SESSIONS, 2009

LOCATION	DATE	DETAILS
Oban Corran Halls	Wednesday 28 January	15.00 - 19.30
Isle of Mull Craignure Hall	Thursday 29 January	15.00 - 19.30
Isle of Islay Bowmore Hall	Tuesday 03 February	15.00 - 19.00
Campbeltown Campbeltown Community Centre	Tuesday 10 February	15.00 - 19.30
Rothesay Moat Centre	Friday 13 February	15.00 - 17.00
Dunoon Queens Hall	Monday 16 February	15.00 - 19.30
Lochgilphead Lochgilphead Community Centre	Thursday 19 February	15.00 - 19.30
Helensburgh Victoria Halls	Tuesday 24 February	15.00 - 19.30



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If you would like this information in a different language or format (E.g. **large print** or audio cassette) or to know details of consultation events in your area please contact 01546 604908