

**IMPLEMENTATION PLAN FOR REDESIGN OF
MENTAL HEALTH SERVICES IN ARGYLL AND BUTE**

1. INTRODUCTION

1.1 With the approval of Option 4 by NHS Highland Board and the Scottish Government the project is now moving into its next stage of implementation. This requires the establishment of a formal project structure and remit to take forward the key aims and specific objectives of the redesign of mental health services in Argyll and Bute.

2. RECOMMENDATION

2.1 Elected Members are asked to note the content of this report.

3. BACKGROUND

3.1 In July 2007 the Argyll and Bute Community health Partnership (CHP) and the Argyll and Bute Council developed a new vision for mental health services; "Building on our experience", a vision for mental health services in Argyll and Bute. The priority was to develop a modernised adult mental health service.

3.2 The service model options developed and formally appraised were:

1. **Minimal change.**
2. **Localised services, including in-patient beds in community hospitals.**
3. **Flexible, central in-patient facility and enhanced community mental health service.**
4. **Flexible, central in-patient facility (with day treatment and education centre) and enhanced community mental health service.**
5. **No in-patient beds within Argyll and Bute with community focused treatment with access to beds out with the area on an as required basis.**

3.3 All the above options were included in the formal public consultation process which led to the approval of option 4 but with recognition that we should more fully explore the potential use of community teams and hospitals to provide a local 24 hour assessment and treatment service.

3.4 The key characteristics of Option 4 are set out below:

Option 4

Primary & Community Based Care

- Train a group of community volunteers in 'guided self help' to work with and support people with mild depression
- Additional training for staff to provide treatment for people with mild/moderate mental health issues
- New specialist primary care mental health workers working closely with individuals experiencing distress from mild mental health problems and guiding supporting GPs and 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 well being and independence, and to ensure they are reaching people who might not otherwise seek out this type of service.

Community Mental Health Teams

- Put in place in all localities, with a range of professional staff operating a core service Monday to Friday, with an out of hour's 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.
- Help people in crisis, support them at home, provide rehabilitation, medicine management, and psychological therapies

Hospital Services

- Single Specialist Inpatient Mental Health Unit, Lochgilphead
- Acute & Rehabilitation : 26 beds
- Intensive care : 6 beds
- Dementia assessment :10 beds

Specialist Day Assessment & Treatment 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' – not available in CMHT's)
- People living at a distance from the day service would have homely accommodation if needed for overnight stays, e.g. local B&Bs, hotels.
- Patient travel and accommodation costs would be covered by the Highlands and islands Travel Scheme.
- The centre for staff & voluntary organisation training would be permanent, local base for staff development and training of NHS staff and colleagues in other partner agencies.

4. PROJECT ORGANISATION

- 4.1 The Implementation Board needs to re-constitute its self with a revised membership involving all stakeholders and public representatives, a revised remit and terms of reference ensuring project governance.
- 4.2 The CHP Project Manager will be responsible for ongoing monitoring and delivery of the project liaising with leads to ensure actions are progressed and a detailed and comprehensive project plan is developed.
- 4.3 Head of Service (Adult Care) and Service Manager (Mental Health) and selection of council officers will attend the project board, Implementation team and service re design groups to ensure delivery of modern redesigned service.

5. CONCLUSIONS

- 5.1 The preferred Option agreed and confirmed by Scottish Government is Option 4.
- 5.2 The Scottish Government have expressed concerns regarding Greater Glasgow and Clyde proposals in relation to services at Christie Ward, Vale of Leven Hospital in Alexandria. Greater Glasgow have been instructed to confirm their proposals in 12 months time, producing the evidence re admission numbers to convince the Government of the need to close Christie ward and move inpatient beds to Gartnavel Hospital in Glasgow. The Council highlighted its position in relation to supporting the retention of acute beds at the Vale of Leven Hospital in its final submission to the consultation in March 2009.
- 5.3 The membership of the project board and Implementation team and service redesign groups has been agreed. Council Officers will be members of all groups during the implementation of the redesigned service. The timescale for the completion of the redesign is January 2013. The service specifications will be concluded by January 2010. A framework partner to take forward the build will be identified by March 2010. A Business case will be concluded and final Government approval will be secured by April 2011. Construction will commence July 2011 and final completion by January 2013.
- 5.4 Implementation of the new redesigned service will be cost neutral for the council.

6. IMPLICATIONS

Finance: The redesign of mental health service will be delivered within existing council budget.

Personnel: Redesign of existing day service supports will be delivered through the redesign of the entire Mental Health service.

Legal: None.

Equal Opportunities: None.

Director of Community Services
23 September 2009

If you require any further information in relation to the content of this report please contact. **Mr Allen Stevenson, Service Manager (Mental Health), Argyll and Bute Council**