MENTAL HEALTH IN ARGYLL AND BUTE 2012 ‘EVERYONE’S BUSINESS’

Report by Josephine Bown, Head of Service Integration

The CHP Committee is asked to:

- Note the progress made with Service Design
- Note Argyll and Bute Hospital Transition Plan agreed by Project Board

1. BACKGROUND

The Cabinet Secretary for Health agreed Argyll and Bute CHP’s proposal for a redesigned mental health service earlier this year.

A project plan was drafted which identified the approach and process, and described key groups which would be instrumental in developing the outline of Option 4 into a comprehensive description of the future service model.

The Project Plan described the project infrastructure, including the Five Service Design Groups which were established and given a brief to develop the detail of the service model. These groups are following the tiered model of mental health services from prevention and early intervention through to community and in-patient care. The groups will develop the service detail in a logical and sequential manner, ensuring that ultimately all the service proposals fit together to ensure a cohesive service.

The following three groups are concerned with the design of the new mental health service.

- Group 1/2 – Primary Care, early intervention, Health Improvement
- Group 2/3 – Mental illness in the community and Crisis Response
- Group 3/4 – Long term conditions, severe and enduring

The Interface Group is looking at needs of client groups who come into contact with Adult Mental Health Services, e.g. Child and Adolescent Mental Health (CAMHS), Addictions, Learning Disability and Dementia.

The Infrastructure Group is looking at future reprovision of (non-clinical) support services.

A Workforce Planning Group has also been established.

2. PROGRESS REPORT;

2.1 Service Design Groups

The Service Design Groups commenced meeting in October 2009. Terms of Reference and membership were agreed and approved. A timescale for completion of the first phase of work was agreed for end November 2009.
2.2 Service Design Groups

At the Implementation Team meeting held on 7th December 2009 Service Design Groups reported on substantial progress in each area. Some of the outstanding matters are particularly complex and/or challenging and require intra-group work which has now been agreed.

2.3 Argyll and Bute Hospital Transition Plan

The Project Board decided that work should be initiated to move towards establishing the final clinical in-patient areas agreed in the new model:

- Acute Care
- Intensive Care
- Rehabilitation
- Dementia (challenging behaviour)

This change will allow us to progress the development of psychological therapies (quick wins)

2.4 Long Stay Patients and NHS Continuing Health Care

A sub-group of group 3/4 is to be established to specifically look at the community care and housing needs of these patients, as the new model does not include in-patient provision for them.

2.5 Communications and Involvement

A plan has been prepared and was discussed and agreed at the Project Board meeting on 10 December, 2009. It was agreed that a Communications Group will be established and chaired by the Design Implementation Manager. Scottish Health Council will be invited to participate in meetings. A recent newsletter has been circulated (Appendix 1) and a newsletter will be produced after every Project Board meeting (2 monthly). The Communications Group is very keen to replicate the high standard of public involvement demonstrated in the three stages of the redesign process.

2.6 Organisational Change

It is acknowledged that implementation of the new mental health model will entail significant change for staff as well as patients and carers, particularly as there will be a change in the balance of care from hospital to community.

A development programme for staff and managers is being developed to assist them in preparing for the forthcoming changes.

Additionally, a workforce Planning Group has been established and is prepared to respond to, and support, the manpower recommendations of the Service Design Groups.

3. SUMMARY

The first phase of the design process is being progressed by five Service Design Groups. This new approach introduces a degree of risk to the process, in that it is has the potential for fragmentation as it involves a significant number of people (around 70/80).
All the Service Design Group Chairs report very good attendance at meetings including service users, Police and SAS, a high level of debate, although not necessarily agreement at this point.

The Project Board agreed that the timescale for the Service Design Groups final output be extended and that a comprehensive report of the Service Design be presented at the next Project Board meeting on 12th February 2010.

Josephine Bown
Head of Service Integration
15 December 2009