



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

MENTAL HEALTH SERVICES REDESIGN PROGRESS REPORT

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. This paper summarises progress being made in the redesign of mental health services in the Western Isles, including the individual workstream activities being taken forward.

COMPETENCE

2. There are a number of HR and financial issues which will be considered as part of the implementation process.

SUMMARY

3. The review of mental health services has been a long-standing objective of NHS Western Isles, which was subsequently accommodated within the IJB strategic plan. The report sets out the detail of the redesign and redevelopment work to date.

RECOMMENDATIONS

4. It is recommended that the IJB:
 - a. Notes the progress being made in the workstreams towards implementation of Option 3.
 - b. Notes the constraints on setting a timeline for implementation.

Ron Culley
Chief Officer, CÙRAM IS SLÀINTE





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1. Summary

1.1 Steady progress is being made towards implementation of the preferred option. The Mental Health Services Redesign Steering Group (MHSR Steering Group) met on the 21st July and at the meeting a workshop was held to develop further the detail in Option 3.

1.2 The five workstreams are developing specific aspects of the redesign and opportunities are being taken as vacancies arise to replace them with remodelled posts.

1.3 The needs assessment (epidemiology) and stakeholder engagement reports are due to be completed in September 2017.

2. Workstreams

2.1 The workstreams are progressing the work needed to define the detail of Option 3 as the preferred option. Timelines are being set for each group to provide its required reports to the Mental Health Services Redesign Steering Group (MHSR Steering Group).

2.2 The needs assessment epidemiology is being updated from last year's report, with completion of this update due in September 2017. Alongside this, the report on the stakeholder engagement work will help to provide the comparative and corporate views contained within the needs assessment. The needs assessment provides evidence to underpin the workstream plans.

3. *Workstream 1. Clinical review*

3.1 This workstream, chaired by Dr Alison Robertson, Clinical Psychologist, will provide a draft report of their findings by November 2017. This will provide the necessary details to allow for forecasting of potential requirement of temporary beds and mainland beds together with an indication of the services required in the community to enable an early intervention recovery focused approach to ensure an enhanced mental health service in the community.

3.2 Experienced clinical staff are reviewing admissions to Western Isles Hospitals and mainland transfers and a template has been provided for highlighting aspects of the review. This includes whether the Admission criteria were met, the primary reason for admission, length of stay and a rationale if this was prolonged, the level of support provided in community settings prior to admission and what could have been done, if anything, to pre-empt the admission/transfer. This information will be brought together for all the admissions and considered towards the end of August. This will pull together admission detail that will inform the other workstreams.

4. *Workstream 2. Performance Monitoring and Quality Assurance*

4.1 This workstream, chaired by Mike Hutchison, Associate Director of Mental Health and Learning Disabilities, will provide a report of their findings by November 2017. This report will identify and recommend data requirements and performance indicators based on National and local data requirements which will inform local service delivery.

4.2 Local and national data requirements are assessed to ensure that the group have the correct measures to enable monitoring and evaluation of the progress of the project. A set of baseline data is being compiled from performance management information and gaps identified. There continue to be strong links with Health Intelligence to ensure the quality of data. This workstream is also considering the implementation of electronic data capture in community settings from currently developed and developing systems, and how to ensure the most effective use of these data.

5. *Workstream 3. Recovery Strategy and Service Pathways*

5.1 This workstream, chaired by Joan Tilley, CAMHS Manager, will report its findings by November 2017. This report will include the development of a recovery strategy and integrated service



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pathways. The group is reviewing existing Integrated Care Pathways (ICPs) and updating as necessary. The ICPs will include flowcharts that will provide localised service pathways for Barra, Uist and Lewis and Harris.

5.2 The Recovery Strategy is now in draft and will be presented to members for final comment at the next meeting. The Integrated Care Pathways (ICP) development is continuing. The main ICP is the generic ICP which will be supported by 5 Diagnosis specific Pathways: Borderline Personality Disorder, Dementia, Schizophrenia, Depression and Bipolar Disorder.

5.3 The Generic ICP is currently in a working draft format. The Borderline Personality Disorder ICP has been approved but is being reviewed as part of the redesign process. The Early Psychosis ICP is currently in draft and Late Onset/Schizophrenia ICP is to be completed in the next three months. The Depression and Bipolar Pathways are currently being written.

5.4 With regard to dementia, separate strands of the care pathway are being progressed to be incorporated into the draft Dementia ICP.

6. *Workstream 4. Resources*

6.1 This workstream, recently chaired by Emelin Collier, Head of Planning and Development, will provide a report on their findings by November 2017. This report will include the redesign plan for the existing accommodation and mental health areas, ie APU and Clisham ward, Health Centre in Stornoway, Winfield Way in Benbecula and Castlebay Surgery in Barra.

6.2 The workstream is considering the room and specification requirements for the existing Mental Health premises within Western Isles Hospital, and supporting sites across the Western Isles. There is also some work being undertaken in identifying potential facilities in the wider community to ensure the best use of resources. Links have been made with the Lewis Residential Redesign to ensure integrated working in terms of the care requirements for people with mental health problems within the new build. Links have also been made with the developing St Brendan's project.

7. *Workstream 5. Workforce*

7.1 This workstream, chaired by Mike Hutchison, Associate Director of Mental Health and Learning Disabilities, is reviewing all existing job descriptions and designing job descriptions for any new posts as agreed within the redesigned model of care. A number of priorities have been identified as a result of 2 staff retirements and difficulties in recruiting to a vacant post in Barra. Job Descriptions for these priority areas are currently in draft and will be progressed through established channels.

7.2 The workstream recognises that the workforce is a dynamic resource and is taking the opportunity of upcoming retirements to begin implementing the redesign principles into the replacement posts. There are job descriptions in development for new and established posts across the islands (further details of these can be provided on request).

7.3 Working with Human Resources, a process for redeploying existing staff into new and redesigned posts is being agreed with the Employee Director and this process will be put in place as posts become available.

7.4 Staff have been notified of Organisational Change and are being consulted with through team and open meetings.



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8. Further actions

8.1 NHS Western Isles has taken the opportunity of upcoming vacancies to begin transforming its mental health services using its Organisational Change and redeployment policies as appropriate.

8.2 In addition, when patients are discharged from Clisham Ward to more appropriate places and forms of care, the beds are being closed. This process takes time and, by virtue of required staffing levels within wards, limits the ability to free up staff to transition to the new model of care. However, the planning for change is continuing in partnership between management and staffside.

8.3 The management of transitions from Clisham ward to residential settings is being taken forward by the discharge MDT working within Western Isles Hospital. There is joint assessment work being undertaken to identify which patients best match against vacancies as they arise in the residential sector. Three people have been supported to date and we continue to look for opportunities on a weekly basis.

Dr Maggie Watts
Director of Public Health

13th September 2017