



To: Renfrewshire Integration Joint Board

On: 26 March 2021

Report by: Interim Chief Officer

Heading: Mental Health Strategy Programme Update

Direction Required to	Direction to:		
Health Board, Council	1. No Direction Required	X	
or Both	2. NHS Greater Glasgow & Clyde		
	3. Renfrewshire Council		
	4. NHS Greater Glasgow & Clyde		
	and Renfrewshire Council		

1. Summary

- 1.1 Renfrewshire IJB was updated on the NHS Greater Glasgow & Clyde (NHSGGC) Adult Mental Health Strategy 2018-23 at the January 2021 IJB. This strategy spans across both Adult Mental Health Inpatient and Community Services to ensure services are modern, patient focused, effective and efficient. The strategy takes a whole system approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017–27. The strategy has a range of workstreams that report to a Programme Board.
- This report provides a further update on the Older People's Mental Health Strategy and further focus on Adult Mental Health and Older People Mental Health Inpatient beds. Similar reports are being considered by the other five IJBs in NHSGGC.

2. Recommendation

It is recommended that the IJB:

- 1. Approve this report, including the financial framework; and
- 2. Note the further work being undertaken to develop the strategies and receive an updated report in June 2021.

3. Older Peoples Mental Health Strategy

3.1 The focus of the Older Peoples Mental Health (OPMH) Strategy has been to design a system of care that is patient-centred, with professional and organisational arrangements working in support, with a presumption

that a shift in the existing balance of care is possible. Specifically, the Strategy Group has focused on:

 developing the community social care and health infrastructure required to meet future needs and changes in inpatient care including a coordinated system of unscheduled care;

- reviewing the inpatient bed model for NHSGGC, including commissioned beds and residential care models;
- designing an efficient and sustainable overall OPMH system of care underpinned by an agreed financial framework; and,
- developing an HSCP OPMH performance and accountability framework.
- 3.2 Progress on the two key strands of the strategy community services and the inpatient bed model and the key issues to emerge are summarised below.
- 3.3 The emerging thinking on the community model is that:
 - we take a staged approach in line with, but in advance of changes in inpatient services (bridging resources might be required);
 - needs as a consequence of future demographic changes in the over 65 population should be met through the development of community services rather than more inpatient beds;
 - we should build on learning from the impact of the COVID 19 pandemic, taking into account the changed environment within which services now operate; and,
 - include commissioning intentions for third and independent sector support, including housing.
- 3.4 The specific areas of focus for development of community services include:
 - early intervention & prevention and health education messages, particularly highlighting healthy lifestyles with a focus on prevention or delay of onset of dementia;
 - implement the efficient and effective teams model so that community teams have capacity to focus on patients with more complex needs; and,
 - as a first step, prioritise community based 'crisis' or 'intensive support services' that are provided as part of Adult Mental Health Services.
 It has been highlighted that there is a gap in crises response services for older adults.
- In respect of dementia it is proposed that HSCPs build on the pathfinder approach to care co-ordination in Inverciyde and develop similar care co-ordination pathways for people with dementia, as an integral part of the community model for OPMH.
- A detailed analysis has been undertaken of bed occupancy rates, bed usage, data on so-called 'boarders' both external and internal to GGC,

the results of last year's day of care audit, and local and UK benchmarking data. The day of care audit show that:

- of acute admission beds 13% were occupied by patients who did not meet the day of care audit criteria; and,
- in Hospital Based Complex Care (HBCC) beds it was 11%.

The conclusion from this work was that compared to other healthcare systems, for GGC it is possible to reduce bed numbers over time without de-stabilising the care system, and that there is considerable scope for a more efficient use of existing bed capacity.

- 3.7 The future bed model for both acute admissions and HBCC beds is currently being worked through focusing on:
 - the optimum split between organic and functional Mental Health Inpatient beds;
 - with Adult Mental Health, the estate impact, potential capital requirements and workforce implications;
 - developing a timeline for any changes so that implementation is a 'stepped process' and is managed in a way that has patient safety and quality at its core; and,
 - clarity on whether the needs of neighbouring Health Boards should be factored into our future bed model, and if so, the numbers involved and financial arrangements (this also applies to Adult Mental Health Inpatient Services).

4. Adult Mental Health Strategy Update

- 4.1 Work on the Mental Health Strategy was commenced in 2017 as a key part of the NHSGGC Moving Forward Together programme. The Adult Mental Health Programme Board was set up that year by HSCP Chief Officers led by Glasgow City HSCP. The Programme Board includes clinical, managerial and staff representatives from across the mental health system from all six HSCPs, with specific workstreams focusing on:
 - Bed modelling and site impact;
 - Recovery planning;
 - Workforce planning;
 - Capacity, effectiveness and efficiency of community services;
 - Unscheduled care:
 - Financial framework; and,
 - Engagement & involvement.
- In respect of patient flow, it was recognised that increased patient flow was required to better match capacity to demand, and that some wards included unplanned mixes of people with a range of different needs. Work is needed on the development of care pathways across all adult acute inpatient sites, and the application of more clearly defined standards with a greater focus on addressing delays in discharge and closer integration with community and social care.

- Closely linked to the work on inpatient flow is the future bed model including proposals for intensive and high dependency rehabilitation and HBCC recognising the increased pressure on inpatient services from the pandemic. This work is currently underway.
- There are also a range of health and safety design issues that have been identified and which are part of a longer-term process of assessment of mental health inpatient accommodation. This includes safety risk assessments and minor capital works that will require temporary closure and remediation work. The short-term identified work will impact on our own mental health wards on the Dykebar and Leverndale hospital sites and is currently underway. Work is also required on the Stobhill Hospital site. It is anticipated that further remedial work will be identified in the short-medium term on the majority of mental health in-patient sites for which minor and capital works costs will be identified. Any medium-term changes in mental health specialty use of accommodation may also require additional financial investment.
- 4.5 Specific developments are also planned in respect of forensic mental health services at Stobhill managed jointly between Adult Mental Health and the Forensic Directorate.

5. Renfrewshire HSCP Inpatient provision

5.1 Renfrewshire HSCP's Mental Health Inpatient provision has a total of 141 beds (inc. 2 contingency beds) across 7 wards on 3 hospital sites:

Dykebar Hospital

- 2 HBCC Older Peoples wards (North Ward 21 beds male & East Ward 21 beds female)
- 1 Rehabilitation & Recovery Ward co located (Arran & Bute wards 20 beds mixed)
- 1 Adult Acute Admission Ward (South Ward 15 beds mixed)

Leverndale Hospital

 1 Adult Acute Admission Ward (Ward 3B 22 beds & 2 contingency beds mixed)

Royal Alexandra Hospital (RAH)

 OPMH Acute Admission Wards (Ward 37 Organic 20 beds mixed and Ward 39 Functional 20 beds)

6. Next Steps

- 6.1 This report updates the IJB on both the OPMH and adult mental health strategies. Similar reports are being considered by the other five IJBs in GG&C. The next steps include:
 - further work on both the community and inpatient service models, including the commissioning implications for third and independent sector support including housing;
 - building on learning from our response to the pandemic;

- developing a sustainable workforce plan that reflects the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges;
- progressing with Scottish Health Council and GGC community and wider stakeholder involvement and engagement on the strategy;
- developing an overall financial framework to support delivery of the strategies, and a performance management framework. This will be done within the existing budgets of £150.318m and £38.383m which exist for both Adults and Older People. Details are attached in Appendices 1 and 2;
- development of proposals for the future delivery of inpatient services;
- progressing forensic low secure bed developments with the Forensic Directorate and low secure adult rehabilitation at Stobhill Hospital.

Implications of the Report

- **1. Financial** the financial framework is detailed within the report.
- **2. HR & Organisational Development** a workforce plan is in preparation as part of the strategy.
- 3. Community Planning none
- 4. Legal none
- **5. Property/Assets** property remains in the ownership of the parent bodies.
- **6. Information Technology** none
- 7. Equality & Human Rights The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
- 8. **Health & Safety** none
- **9. Procurement** procurement activity will remain within the operational arrangements of the parent bodies.
- **10. Risk** None.
- 11. Privacy Impact n/a.

List of Background Papers – Mental Health Strategy Update (January 2021)

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Disability Services

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Financial Framework for Adult Mental Health

	Site	No of beds	Gross Exp Budget 2021 £000's	Income budget 2021 £000's	Net Exp Budget 2021 £000's
Men Health - Adult Inpatient					
beds:	Leverndale	164	11,665	-2,919	8,745
	Gartnavel Royal	122	9,129	-769	8,359
	Stobhill	112	8,823	-398	8,425
	Inverclyde Royal Hospital	40	3,819	-178	3,641
	Dykebar	35	3,006	-3	3,004
Supporting services:	Adult Mh Management & Admin		5,534	-176	5,358
	Adult Mh Ahps		3,265	-2	3,263
	Adult Mh Medical		4,654	-421	4,233
	Adult Mh Accommodation	4770	1,651	-340	1,311
Men Health - Adult Inpatient	Total	473	51,545	-5,206	46,340
Men Health - Adult Community	A dult Mh Deucheleau		4 200	124	4 104
Community	Adult Mh Psychology Crisis		4,308 4,917	-124 -392	4,184 4,525
	Community Mh Teams incl CRT		19,543	-710	18,833
	Primary Care Mh		5,150	-208	4,943
	Other Community Services		1,688	-253	1,434
	Comm MH Medical		7,463		7,463
	Management		1,957		1,957
Men Health - Adult Community Total			45,026	-1,687	43,339
Men Health - Specialist					
Service	Mh Community Specialist Serv		10,854	-1,081	9,773
	Mh Inpatient Specialist Serv		4,342	-743	3,599
Men Health - Specialist Servic Total			15,196	-1,824	13,371
Men Health - Central	Advocacy Services		1,169		1,169
	Mh Clinical Psychology		2,645	-2,497	147
	Mh Management Services		416	-142	275
	Mh Central Nursing		2,203	-461	1,741
	Mh Medical Central Services		1,117	6 672	1,117
Men Health - Central Total	Primary Care Junior Doctors		8,572 16,123	-6,672 -9,772	1,900 6,351
Wennedin Central Total			10,123	-3,772	0,331
Other indicative funding:	Action 15 allocations		7,144		7,144
Total Health Budget			135,034	-18,489	116,545
	1-		1		
Social Work	Expenditure				
Men Health - Adult					
Residential & Community	Social Care Purchased Services		4,836	0	4,836
	Payments to Other Bodies Purchased/Commissioned Services		158 25,522	121	158
	Health Board Resource Transfer		25,522	-121 -2,973	25,401 -2,973
	SW Direct Care		440	-72	368
	SW Operational		6,302	-50	6,252
	Any other SW Funded Services which		5,552		
	may incorporate an element of MH			-269	-269
Men Health - Adult Residential & Community Total			37,258	-3,484	33,774
Total Social Work Budget 37,258			37,258	-3,484	33,774
Grand Total Health			135,034	-18,489	116,545
Grand Total Social Work			37,258	-3,484	33,774
Adult MH Strategy in-scope budget £000's			172,292	-21,974	150,318

Appendix 2

Financial Framework for Older People Mental Health

	Site/Ward	No of Beds	Gross Exp Budget 2021 (£000)	Income Budget 2021 (£000)	Net Exp Budget 2021 (£000)
OPMH Acute Admission		110 01 2000	(====)	(====)	(=555)
Beds:	Stobhill - Isla	24	1,321	- 116	1,205
	Stobhill - Jura	20	1,391	- 116	1,275
	Gartnavel Royal - Cutherbertson	20	1,405	- 9	1.396
	Gartnavel Royal - Timbury	25	1,279	***************************************	1,279
	Leverndale - Balmore	18	1,530	- 251	1,279
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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Inverclyde Royal - Larkfield - Ward 4	20	1.455	- 141	1,315
	Royal Alexandria - RAH Ward 37	20	1,618		1,618
	Royal Alexandria - RAH Ward 39	20	1,484	*************************************	1,484
	Vale of Leven - Fruin	12	1,402	- 780	622
	Vale of Leven - Katrine	6	479	- 267	212
OPMH Acute Admission Be	eds	205	14,706	- 1,932	12,774
OPMH Hospital Based	T				
Complex Care Beds:	Stobhill - Appin	20	1,481		1,481
	Gartnavel Royal - Iona	20	1,231	***************************************	1,231
,	Darnley Court - Fleming	28	1,441	***************************************	1,441
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Rogerpark - Woodburn	10	709	- 159	550
	Rogerpark - Millhouse	10	709	- 159	550
***************************************	Orchard View - Willow	30	1,875	*****************************	1,875
***************************************	Dykebar - North	21	1,421	******************************	1,421
	Dykebar - East	21	1,320	***************************************	1,320
	Dumbarton Joint Hospital - Glenarn	12	907	- 127	780
OPMH HBCC Beds		172	11,093	- 446	10,647
OPMH Beds Total		377	25,798	- 2,377	23,421
Supporting Services:	Medical	027	1,866	- 35	1,832
Supporting Services.	AHP's		302		302
	Other Support Services		112		112
OPMH Inpatient Supportin	•		2,280	- 35	2,245
OPMH Inpatient Total Budg			28,079	- 2,412	25,667
OPMH Community Services			8,262	- 135	8,127
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	Inverciyde HSCP		583	-	583
	Renfrewshire HSCP		1,077	-	1,077
***************************************	West Dunbartonshire HSCP		1,201	- 182	1,019
OPMH Community Services			13,236	- 520	12,716
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Total OPMH Budget			41,315	- 2,932	38,383