SUMMARY LEAFLET

Proposed changes to the way Mental Health Services are delivered in the Western Isles

Your chance to comment on proposals

This summary leaflet provides information about the consultation on proposals to modernise Mental Health Services in the Western Isles. It also provides details on how you can feed back any comments, suggestions or observations on these proposals.

More details are available in the Full Consultation Document.

PLEASE NOTE THIS DOCUMENT IS AVAILABLE IN LARGE PRINT ON REQUEST

The best at what we do
Introduction

The need to change the way Mental Health Services are delivered in the Western Isles - to ensure that patients and clients are receiving the most appropriate services at the right time, in the right place - is acknowledged by NHS Western Isles and other partners.

Modern Mental Health Services have increasingly become more ‘patient centred’ and ‘recovery focused’. That means ensuring patients are more actively involved in their own care, treatment, decisions and recovery, with support provided to them to stay in their own home or community where possible; rather than admitting people to hospital, when hospital is not necessarily the best place for them.

What does a modern Mental Health Service look like?
Modern services are centred around community services with teams of professionals, including specialist nurses, doctors and support workers, working closely with Council and voluntary sector partners to deliver services within people’s own communities or in their own homes. Only acutely ill patients should be looked after within a hospital setting.

How does this differ from what we currently have?
Such community teams cannot be developed within our current service model, while we focus so much of our capacity and staffing within Western Isles Hospital in Stornoway.
Within Western Isles Hospital there are sixteen old age psychiatry inpatient beds (Clisham Ward) and five acute psychiatry inpatient beds (Acute Psychiatric Unit, otherwise known as APU). Services are provided in the community setting by the Adult Community Psychiatric Nursing (CPN) Team.

Whilst we must ensure that we provide the best possible inpatient (hospital) care for those who need to be looked after in hospital, we also need to effectively look after patients and clients within the community, where the vast majority of patients are based and best cared for.

Modern approaches to treatment for mental illness have improved outcomes for patients, and there is a general presumption towards community-delivered services.

In the Western Isles, there has been a steady reduction in hospital-based services – but without the release of resources to build capacity to manage patients with more dependency in the community.

This has resulted in NHS Western Isles having the longest length of stay in hospital of all Scottish Health Boards, at a time when our aim is to reduce the length of time people have to spend in hospital to a more appropriate level. We also have the highest ‘readmission to hospital’ rates of all island Health Boards. This is the outcome of a system that has over-resourced inpatient care and consequently under-invested in both anticipatory (preventative) care and recovery outside of the hospital setting.
Options for the future of Mental Health Services in the Western Isles

We have worked with local staff, patients, members of the public and partners to review our current services and develop possible options for future services.

Three options were developed as possibilities and were taken forward to an ‘Option Appraisal Process’, which is an exercise to ‘score’ each option in order of preference, as part of a detailed and well-established process.

Option 1: Minimal Change Option.
Under this option, there would be no change to either hospital or community Mental Health Services.

Option 2: Northern Island Model.
Under this option, there would be no inpatient beds in the Western Isles. Any patients who required hospital care would have to be transferred to the mainland. A unit would be developed within the community to care for dementia patients with challenging behaviour, and hospital staff would be redeployed to the community to care for patients there.

Option 3: Enhanced Community Model.
Under this option, there would be a reduction in Mental Health hospital beds, and services in the community would be developed.

Option 3 would probably involve merging the two current inpatient wards (Clisham and APU) into one, with a reduced number of old age psychiatry beds.
Our Proposals

An Option Appraisal assessment, as described on the opposite page, has now been completed, based on a combination of factors judged as important by staff and service users. These included:

- Retaining local services and preventing avoidable travel
- Prevention, recovery and rehabilitation
- Promoting access to services closer to where people live, including crisis response
- Increasing access to a range of community services
- Developing care arrangements with mainland health boards
- Improvements around admission and discharge arrangements
- More use of technology

NHS Western Isles is now consulting on its preferred option – Option 3, which will involve a reduction in Mental Health hospital beds locally and investment in community facilities.

We are committed to ensuring that the needs of local residents (including current or past service users) and their carers are at the centre of any redesigned service, and we are therefore inviting you to join us in the next phase of planning, by telling us your opinion on the proposals to modernise services. You may also wish to attend one of our consultation meetings to learn more about how any future changes would affect you.
What will the proposals mean?

What would Option 3 mean for patients?

**Bed numbers**
Under Option 3, there would be little or no change in the number of beds for acutely (seriously) ill Mental Health patients (currently 5 beds); the reduction would be in Clisham (old age psychiatry) beds (currently 14 beds), where at present the majority of beds provide a service more usually met by care home or other community based provision.

Comparing the Western Isles with Health Boards of similar populations that have hospital beds for Mental Health patients, 7 beds for elderly Mental Health patients and 5 beds for acutely ill Mental Health patients would be in keeping with the national average per head of population (12 beds in total). Under Option 3, there would also be a reduction in inappropriate admissions and reduced lengths of stay.

**Dementia patients**
Ultimately the best place for people with dementia is in their own homes with support in place for them. It is estimated that only 1% of people with a diagnosis of dementia will require to be admitted to hospital.

Remaining part of the community allows a person to function better than they would in a care home. With an increased focus on community services, there would be more staff to work with people with dementia and their carers in the community.

The aim would be to provide improved care at home and single room accommodation within a new community unit for patients who may be more dependent.

**Acute Psychiatric Unit**
Acutely ill Mental Health patients would continue to be looked after within a local inpatient facility. The hospital service would require strong links to community services.

**Community Mental Health Team**
Option 3 would also involve the development of a Community Mental Health Team linked to GP practices, helping to keep people in their own home environment. This would only be possible by shifting the balance of care and associated resources.

The final design of such a team remains to be shaped by this consultation exercise.

**Place of safety**
Access to a place of safety will not change regardless of which option is chosen.

Places of safety will continue to be in the designated areas in Western Isles Hospital, St Brendan’s Hospital and Uist and Barra Hospital.

**What would Option 3 mean for staff?**
Staff would be managed in accordance with their NHS terms and conditions which, at present, guard against compulsory redundancy. For some staff, the proposed changes could mean a change of role or base, and staff will be supported through this process and will be provided with any relevant training. Staff organisations will continue to be involved as this work progresses.
The Consultation

What happens next?
The proposals – which are only still proposals at this stage – must now be consulted upon. This is your opportunity to tell us what you think.

NHS Western Isles will assess the comments it receives on its preferred option, the other two identified options, or any alternative options. These will influence the Board’s decision on the way ahead.

Once the Board decision has been made, it will be communicated widely to ensure that everyone who takes part in the consultation is aware of the outcome.

Tell us what you think
The consultation was launched 13th May 2013 and will continue until 30th August 2013.

A copy of the full consultation paper can be obtained from our website at http://www.wihb.scot.nhs.uk/publications/policies-and-strategies or by calling 01851 708041.

NHS Western Isles will host a number of public events during the consultation period, as follows:

**Barra and Vatersay**
Castlebay Community Hall, Wednesday 5th June, 7pm.

**Uists and Benbecula**
Dark Island Hotel, Benbecula, Thursday 6th June, 1pm.

**Lewis and Harris**
Garry Room, Caladh Inn, Stornoway, Tuesday 15th June, 7pm.

**Third Sector event**
Garry Room, Caladh Inn, Stornoway, Wednesday 19th June, 7pm.

There will also be a range of events with NHS staff to discuss the proposals, and consultation with the local authority and local housing representatives.

If you would be interested in attending any of these events, please register by contacting Lillian Crichton on 01851 708041 or at lillian.crichton@nhs.net.

Similarly, if you or your group would like to discuss anything about the consultation or Mental Health Services, please let us know and we will do our best to accommodate your request.

Comments on all aspects of our proposals are welcome by Friday 30th August 2013. You can write to: Lillian Crichton Mental Health Service Consultation NHS Western Isles 37 South Beach Stornoway Isle of Lewis HS1 2BB

Alternatively, email lillian.crichton@nhs.net

REMEMBER, CONSULTATION SUBMISSIONS & COMMENTS MUST BE RECEIVED NO LATER THAN 30TH AUGUST 2013.