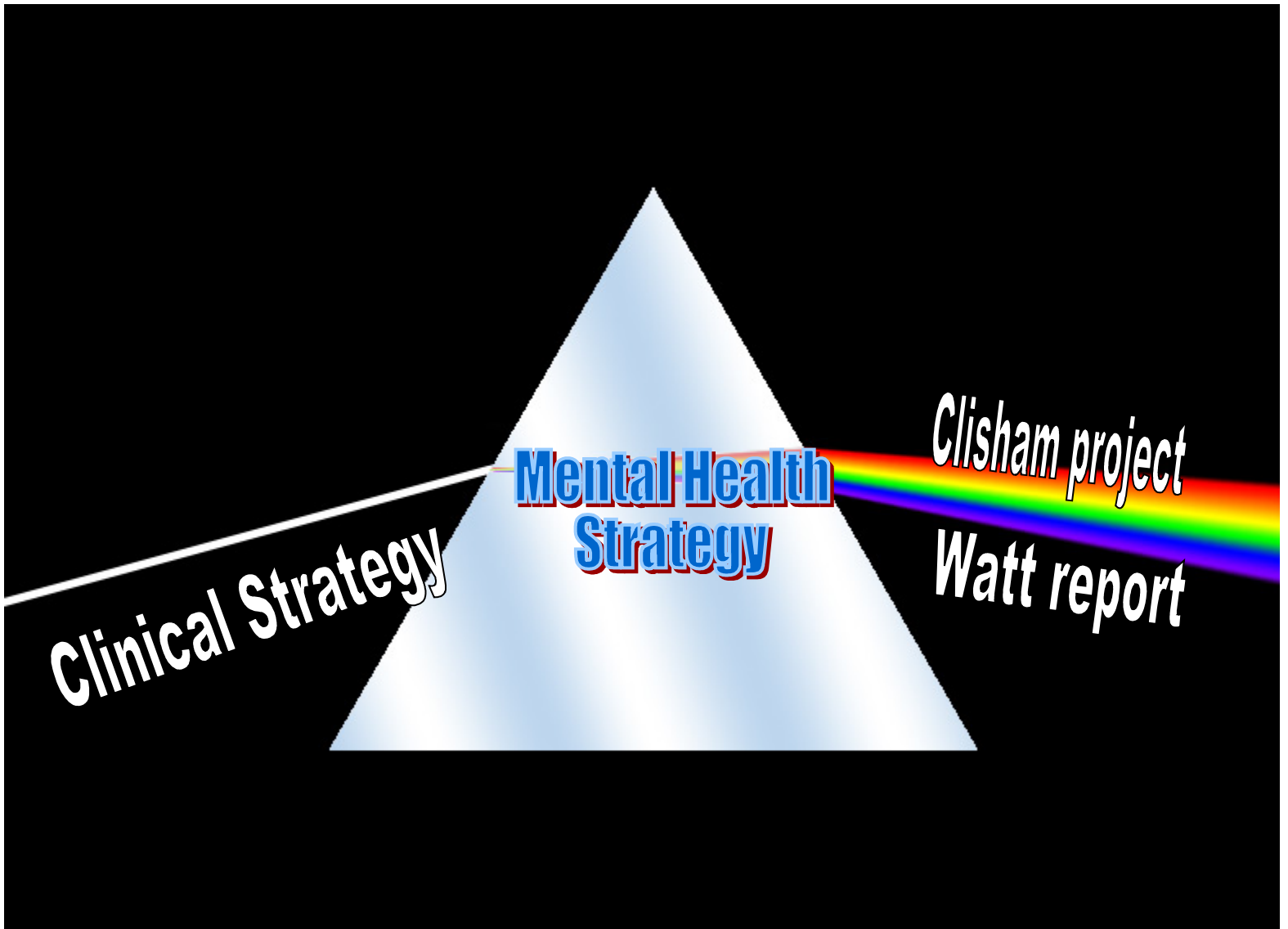


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The Clinical Strategy's Vision for NHS Western Isles' Mental Health Services



Jim Ward, Medical Director; Executive Lead for Mental Health
Mike Hutchison: Head of Mental Health & Learning Disability Services

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Context

Over recent years there have been many meetings with members of the public to discuss the future of mental health services in the Western Isles. The outcome of these meetings have been captured in 3 reports:

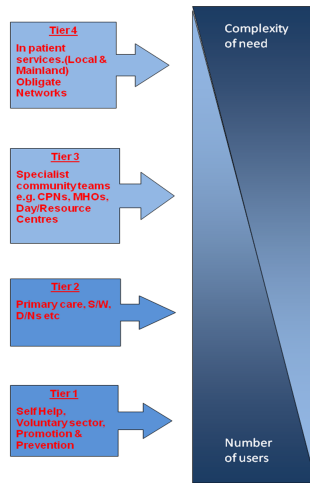
- **‘Se Ur Beatha’**. The NHS Western Isles’ Clinical Strategy which describes a modern day ‘fit for purpose’ healthcare system that places great emphasis on whole system improvement, from primary and community care through to hospital care.
- **‘Developing Mental Health Services for Older Adults’** report colloquially referred to as the ‘Clisham project’. The main focus of this report was the consideration of services for people who have dementia.
- **‘Review of Mental Health Services in The Western Isles’ report** colloquially known as the ‘Watt Report’. The main focus of this report is to “Shift the Balance of Care” from a predominantly hospital (and medical) model of care to a model of care that will mean that most people will be managed in the community rather than by hospital based services.

Background

In April 2010 the Board of NHS Western Isles determined that Mental Health Modernisation would be a key priority for the coming years. In taking this forward, we are looking to distil the outcomes of these three reports into a clear vision for a modern day, high quality mental health service that is responsive to the needs of users.

From these meetings came a view of a ‘tiered model’ of service, describing patient pathways from self help, through GP and community based services to hospital based services if required. This is at odds with our current model of service provision which is largely hospital focussed.

Figure 1



What is being proposed?

As part of progressing our vision, a number of options for change will need to be developed in partnership with stakeholders and local communities.

In distilling the papers mentioned above, the following thematic areas have emerged as being key to modernising our Mental Health Services.

- Our commitment to service provision and **service sustainability** i.e. how we can provide services in a more efficient and effective manner, and wherever possible, through strengthening our island health care provision.
- Our commitment to continue to provide **in patient services** for those people who require to be admitted to hospital i.e. we aim to provide care in settings that are appropriate and relevant to the needs of people with dementia and people who have acute mental health difficulties.
- Our commitment to improve **access** to mental health services in a manner that is as close to peoples' homes as possible and where people receive the care they need when they need it.
- Our commitment to review our **workforce** requirements i.e. to ensure people who require mental health care do so from the right staff in the right place.

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- Our commitment to the effective use of **information technology**.
- Our commitment to forging **closer links with mainland mental health services** i.e. to develop networks that will support and sustain the services we provide.
- Our commitment to working and planning in **partnership** with the CnES, the voluntary sector and other partner agencies and groups.

Having defined these areas where options for change could be developed we want to capture the views of staff, partner organisations, service users and carers, voluntary organisations and the wider community.

There are a number of key questions linked to the points above that we pose below. The answers to these questions, together with wider views expressed and clinical and financial considerations, will help shape the development of clear options around our future service vision.

Service Sustainability

- Do you wish to retain comprehensive mental health service delivery in the Western Isles?
- What areas of service provision would you like to see strengthened?
- Are there any current services we should stop delivering?
- Are there areas of service provision that could be delivered more efficiently?
- Are there any new areas of service provision that you would like to see developed?
- How could we ensure effective service provision in the Southern Isles?

In Patient Services

- Should we continue to provide in patient mental health services?
- What should our in patient services look like?
- Can we consider both Acute Adult Mental Health provision and Older Adult Mental Health provision?

Access / Shifting the Balance of Care

- Should we aim to improve access to community based mental health services?
- What is the current experience of access to community based mental health services? What could we do better?
- Referring to the 'Tiered Model' above, what services should be community based?

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Workforce

- A workforce plan will be needed to support the whole process of Mental Health Modernisation. Are there areas of workforce development that would improve service provision and job satisfaction?
- How can we improve communication within the NHS sector and between the NHS and key partners?
- Are there areas of service provision that would be better delivered jointly between health / social care / voluntary sector?

Information Technology

- How could more effective use of electronic communication improve our model of service?
- In what ways could Telehealth offer possible ways in which to improve access and communication?

Links with Mainland Services

- Should we work to clearly define what services are beyond our ability to provide locally? If so, what broad areas might these be?
- What services not provided locally could be provided here?
- What additional support could clear links to a mainland service provide to our local teams?

Partnership

- How could we improve our planning arrangements with key partners?
- What areas of service delivery could be done more effectively in partnership?

These questions and others are the basis for a process of dialogue that will lead towards generating options for a vision of service that will be delivered over the next three years. This area of significant redesign will take a lot of planning, time and effort. It is essential that this vision is clearly based on the views of the service, public and key partners and to this end we would encourage your participation at this key part of the planning stage.

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