

Western Isles Health Board

Meeting: Board Meeting
Date: 24.10.18
Agenda Item: 8.1
Paper Number:
Location of Full Report: N/A

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TITLE: MENTAL HEALTH SERVICES REDESIGN WORKSTREAM PROGRESS REPORT

Purpose:	<ul style="list-style-type: none"> To provide an update on progress of the Mental Health Services Redesign.
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Recommendation:	<i>The Board / Committee is invited to:</i>	
	Note for Information / Assurance	✓
	Approve	
	Discuss	

Summary / Key Points:	<p>The Mental Health Services Redesign Steering Group (MHSR Steering Group) met on 5th October and discussed the importance of ensuring progress is made across all sectors of mental health provision as outlined in the redesign documentation. Partners were keen to stress the rise in numbers of clients being referred and self-referring to access their services, and described work underway to support closer working across third sector agencies.</p> <p>The need for care models built on the human rights-based approach with a clear focus on person-centred care was reiterated.</p> <p><u>Clisham Ward</u></p> <p>The bed occupancy of Clisham Ward as at 8th October remains at two, with both patients high up on the Delayed Discharge list. As discussed in last month's update, the decision was taken to retain these patients in Clisham ward rather than add a further transfer to medical wards in the light of their places on the discharge list.</p> <p>Two members of support staff have been released to new duties in the community and in APU. The remaining staff are required to maintain the ward service until the</p>
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two patients are able to move to more homely accommodation.

Workstream summaries

Workforce

The most recent Workforce meeting took place on the 2nd October with the redeployment of staff as the main item for discussion. It has been agreed that this workstream is the panel that looks at matching the existing staff to the new redesigned posts.

The interim staffing plan, developed from the intended final plan for closure of both Clisham and APU, is being finalised.

Clinical Review

The report has been shared with the strategic lead for redesign and will be circulated to the Steering Group shortly.

Recovery and Care Pathways

Work on care pathways is continuing and exploration of models of care will be undertaken to fit with the pathways.

Resources

At present, following discussion at CMT, it is expected that the ward space freed up by the suspension of admissions to Clisham will be maintained in readiness for acute winter service pressures. Staffing will be identified and accessed as per the winter plan, and will not impede the redeployment of the Clisham staff resource into community mental health care.

Morse Implementation Group

The Morse group is working to ensure that both client-facing clinical features and the management and reporting requirements including quality and performance indicators can be accessed through the implementation of Morse. The group is supplemented by Health Intelligence to support this work.

Next Steps

1. Formal separation of suspension of admissions and redeployment relating to Clisham from that of APU.

The potential for reducing inpatient psychiatric beds locally has been predicated by the NHS Board with guaranteed access to mainland inpatient psychiatric beds. The intention is to seek this from the North of Scotland mental health workstream as part of the regional delivery plan. As this is likely to take time to progress, the Mental Health Services Redesign Steering Group considered that there should be a separation of the work around Clisham from that relating to the APU. This will allow a clear focus on the community model for dementia, older people's mental

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	<p>health and related topics to be implemented.</p> <p>2. Redesigning the model of care for APU</p> <p>As indicated above, the potential for reducing inpatient psychiatric beds locally has been predicated by the NHS Board with guaranteed access to mainland inpatient psychiatric beds, and that this will take time to progress. However, the redesign group considers that there are actions that can be taken that retain inpatient care locally whilst remodelling the ways in which the service is delivered. Work will be developed to provide team-led care for the inpatient service as per the staffing Report that was previously discussed at CMT. This will support a move away from the traditional medical model of care to a more holistic approach, freeing up consultant psychiatry time to progress further community focused care pathways and greater links with GP practices.</p>
Risk:	<p><i>Are there any significant risks related to this topic?</i></p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please describe below:</i></p> <p>A Risk Register has been developed and is managed and escalated as necessary.</p> <p><i>Risk Register – If the risk on the Corporate Risk Register please detail, including the specific Risk ID</i></p>

Competence	<p><i>Does the topic have any impact on the following Governance Standards:</i></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>If yes, please describe below:</i></p> <p>The intention is to remain within existing resource envelope although opportunities to increase funding for services will be sought.</p>
Financial Impact	<p>Effective use of resources underpins the planning presumptions in the options.</p>
Clinical Impact	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please describe below:</i></p> <p>The Clinical Review workstream will take forward and report on any Clinical impact.</p>
Human Resource Impact	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, please describe below:</i></p> <p>The Workforce workstream will take forward and report on any Human Resources impact.</p>

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	Staff have had the opportunity to participate in the stakeholder events held to date; briefings have been held with the Mental health Services management team and open staff meetings have been and are being arranged. Staff also have the opportunity to discuss their individual situations in one to one meetings with Mental Health Services Management.
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Approval Pathways	<i>Committees presented to:</i>	<i>Date:</i>
	<i>Committees to be presented to:</i>	<i>Date:</i>

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