NHS Western Isles

Meeting:	**Board Meeting**
Meeting date:	**22 June 2022**
Item:	**8.2**
Title:	**Mental Health Services Redesign update**
Responsible Executive/Non-Executive:	**Dr. Maggie Watts, Director of Public Health**
Report Author:	**Maggie Watts**

1 Purpose

This is presented to the Board for:

- Awareness
- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

This report provides an update on the Mental Health Services Redesign following the end of the acute phase of the pandemic.

2.1 Situation

2.1.1 The NHS Board agreed the change model of Option 3 for the mental health services redesign in 2015. Since then, we have continued to work towards its implementation, which achieved the closure of Clisham Ward. This ward was initially set up as short term dementia assessment but had become a provider of long term hospital care for people with dementia regardless of their assessed health needs. We did this by moving services into the community and enhancing staffing, across a range of aspects and not purely dementia diagnosis and care.

2.1.2 The second part of Option 3 was the planned closure of the Acute Psychiatric Unit (APU), recognising that the service was best placed to manage short term assessment rather than acute inpatient care due to the size and limited staffing of the Unit. The plan was to replace APU with short term (48-72 hours) assessment for people with psychiatric needs to determine whether they could remain in their community with an enhanced package of care or whether they required the services of a mainland acute psychiatric hospital.

2.1.3 The Board required us to establish substantive arrangements with a mainland service provider for such care. It had proved impossible for us alone to achieve this commitment from a mainland Board, However, in recent weeks we have secured a commitment from Scottish Government Mental Health Directorate to facilitate and support securing a service level agreement with a mainland Board.

2.1.4 With recovery from the pandemic progressing, we now need to reconsider and consolidate the redesign of mental health services.

2.2 Background

2.2.1 NHS Western Isles provides a wide range of mental health and learning disability services. Child and Adolescent Mental Health services are not an IJB-delegated function. The functions that are delegated include inpatient, outpatient and community-based support.

2.2.2 Mental health covers a range of services, including:

- general adult psychiatry
- psychiatry of old age
- substance misuse (alcohol and drugs), and
- learning disabilities.

2.2.3 Complex conditions such as anorexia nervosa, forensic psychiatry and ECT treatment and services such as psychiatry rehabilitation are not provided in the Western Isles, and are accessed from specialist mainland providers.

2.2.4 The inpatient and community services have many strengths and our staff provide high quality care and support to service users and their carers and families every day. However, like all IJBs in Scotland, we are facing significant challenges, and we need to adapt our services to ensure they are sustainable and meet the future needs of the population.

2.2.5 In 2015/16, NHS Western Isles began a redesign of mental health services. Working in partnership with Comhairle nan Eilean Siar, Penumbra, Alzheimer's Scotland, Western Isles Association for Mental Health, Tagsa Uibhist, Cobhair Barraigh and the Scottish Health Council, the Board held a series of informal events in 2015 to look at the existing and future needs of those with mental health problems. We did this work because we believe we can make the services better by redesigning them, and asked for the help and input of service users, caregivers, and service providers in doing so. The aim was to hear

from all stakeholders about how services are being used, which services are most needed, and how they could best be improved in the future.

2.2.6 Following those events, the Mental Health Services Redesign group developed the consultation materials into four options. The options were summarised (with minimal details) as:

- Option 1: No change (ie existing acute psychiatry unit and dementia assessment ward at Western Isles Hospital, no psychiatry beds at Uist and Barra Hospital or St Brendan's Hospital)

- Option 2: Implement the NHS changes proposed in 2013 to reduce the number of beds for people with mental illness and people with dementia in Stornoway, increase slightly the community mental health service, and not change the role of the other agencies involved in mental health care

- Option 3: Provide a fully community based service with better links across agencies. Access to beds for up to 72 hours in all three hospitals across the Western Isles, staffed by community mental health team members. Longer term hospitalisations in mainland centres.

- Option 4: A fully community based service as Option 3 with better links across agencies, but with no beds beyond those to accommodate people for a very short time whilst arranging transfer to a mainland hospital.

2.2.7 We re-engaged with service users, caregivers and service providers and the wider public on these options and a special assessment panel, with service users, caregivers and providers, met in December 2016 and chose Option 3 as the one they felt would be best for the people of the Western Isles, as a model built around supporting people in their Recovery journeys as close to their homes as possible. This option has been supported by the NHS Board.

2.2.8 The service reform was intended to deliver enhanced community mental health services but with short term (up to 72 hours) hospital assessment for those who require it. Such assessment would enable clinicians to determine whether the patient could be managed safely and effectively in the community locally or whether their acute mental health needs required an inpatient bed with a mainland provider. The consequences of implementing this option were identified as the closure of the Western Isles Hospital designated APU, and Clisham Ward for the care of people with dementia, and the movement of services moving into the community.

2.2.9 Initial changes were made to the provision of care for people with dementia with the suspension of admissions to Clisham Ward and the planned movement of health staff into community settings to better support people with dementia and their carers in more homely environments. The patients in Clisham Ward underwent careful health and social care assessment and confirmation given that they no longer required hospital based

complex clinical care, being subsequently relocated into more appropriate community placements.

2.3 Assessment

2.3.1 Quality/ Patient Care

Patient safety is an overriding priority and concern as we recognise the difficulties of delivering acute psychiatric care in a very small unit without the extensive range of supports and services available in acute units on the mainland. We have explored the ways we provide these services, the service gaps and challenges, including safety and security concerns, and looked at alternative models of care. Our intention is to ensure we can deliver high-quality sustainable mental health services to the people of the Western Isles wherever they live.

We recognise the importance of consistency for patients and staff and the NHS Board has therefore made a commitment that APU will remain open and supported to be a safe place for people with mental illness until assurance can be provided regarding the availability of acute mental health beds on the mainland. We continue our commitment to keeping hospital beds available for patients who require such services whilst moving towards a greater emphasis on community services to maintain people's mental wellbeing in more homely settings.

2.3.2 Workforce

The workforce have been, and will be, partners in discussions on service change.

2.3.3 Financial

This paper does not have direct impact on finance.

2.3.4 Risk Assessment/Management

It had not proved possible for agreement to be reached with a mainland provider for these purposes; this reflects a general reduction in available beds across Scotland, compounded by recruitment difficulties for psychiatric staffing. However, in recent weeks, there has been considerable progress in developing a relationship with a mainland provider with the intention of accessing inpatient beds on a contractual basis. It is noted that acute psychiatry inpatient facilities in the Western Isles have always been limited in scope and we will continue to need to move patients off the islands for a range of specialist treatments.

2.3.5 Equality and Diversity, including health inequalities

The report relates to a patient group that is often marginalised and under-served. The mental health services redesign was underpinned by a set of principles including equity and equality of services for people affected by mental health problems.

2.3.6 Other impacts

No other impacts.

2.3.7 Communication, involvement, engagement and consultation

There has been extensive involvement of patients, public, staff and Boards throughout the original redesign processes. The work is underpinned by ongoing positive public relations and relationships.

2.3.8 Route to the Meeting

This report has not been presented at any other group or committee for formal decision making.

2.4 Recommendations

2.4.1 There are three recommendations stemming from this paper. These are that:

- there is formal confirmation by the NHS Board to continue work on Option 3 of the mental health services redesign.

- the commitment to change towards a community model for mental health services is maintained and discussion with staff groups on models of change are reinstated following the pause from the pandemic.

- there is work undertaken to further the use of digital technology in mental health care and support, including the establishment of a single point of contact for entry into services (SPOC) to help with triage, supporting patient management and maximising effective use of resources.