

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 28 March 2012

Subject: Relocation of Adult Inpatient Psychiatric Care from Christie Ward to Gartnavel Royal Hospital/ Vale Vision

1. Purpose

The purpose of this report is to:

- formally report that the Cabinet Secretary for Health, Wellbeing and Cities strategy has now decided to approve the proposal by the NHS Board to permanently transfer inpatient adult beds from the Christie Ward at the Vale of Leven Hospital to Gartnavel Royal Hospital
- advise that the Vale of Leven Monitoring Group has now been dissolved; and
- set out the role of the CHCP Committee and the CHCP PPF in the ongoing monitoring of the new arrangements as required by the Cabinet Secretary.

2. Background

- 2.1 In setting out its Vision for the future of the Vale of Leven Hospital, NHS Greater Glasgow & Clyde Health Board made the case that an adult inpatient mental health ward on the Vale site of 12 or less beds would not be sustainable.
- 2.2 While The Cabinet Secretary accepted the principle of Board's case, she instructed that a period of monitoring would be required to demonstrate that the Board's predicted reduction in the number of beds required had actually come to fruition.
- 2.3 To this end she established the Vale of Leven Monitoring Group whose remit was to generally monitor the implementation of the elements of the Vale Vision that had been approved, but also to specifically examine the trend of inpatient bed use alongside enhanced local community services to establish the impact on in-patient bed use. .
- 2.4 Comprehensive data was produced setting out the usage of beds and the performance of community services – see Appendix 1.
- 2.5 Members will recall that in July 2010, Christie Ward sustained significant damage following a fire in the ward. No patients or staff were harmed.
- 2.6 The existing patients were all relocated to Gartnavel following the fire and Gartnavel has been the location for adult acute psychiatric admissions since July 2010.
- 2.7 Members will also recall that the Vale Vision set out that in-patient beds for older people would be retained locally. That resulted in the redevelopment of ward space to create Katrine Ward (adjoining Fruin ward). These assessment wards for older people with different types of mental health along with the long

stay Glenarn Ward at Dumbarton Joint Hospital makes up the inpatient provision for older adults who need in-patient care due to their mental illness.

3 Mental Health matters

- 3.1 Concerns were raised by the Vale Monitoring Group to ensure that patients had access to an appropriate inpatient bed when required. The regular reporting of bed activity has demonstrated that all patients who require an acute psychiatric bed have had access to an Acute Psychiatric Bed.
- 3.2 Concerns were also raised regarding the continuity of care being maintained for patients whilst in Gartnavel Royal. This has been addressed by the development of clinical pathways which ensure patients are treated by the same clinical teams which they see within their local community.
- 3.3 The Vale Monitoring Group had concerns about the delay in transporting local patients to Gartnavel Royal. This has been addressed by the development of clinical protocols supported by a 24 hour / 7 day per week Crisis Intervention Team and access to a rapid transport system.
- 3.4 The Vale Monitoring Group raised concern about the boarding out of patients from their host hospital (Boarding out relates to patients being placed out with their host hospital when there are no available beds).
- 3.5 The regular reports delivered to the monitoring group demonstrated that boarding out occurs for no more than one patient per month which is consistent with GG&C boarding activity
- 3.6 On occasions when patients are boarded out they are followed up by the local Crisis Intervention Team.
- 3.7 By October 2011 the evidence on reduced bed use enabled the NHS Board to request to the Cabinet Secretary that she gave formal approval for the permanent relocation of the adult in-patient beds from the Vale to Gartnavel Royal Hospital.
- 3.8 The Cabinet Secretary approved the Board's request on 20 December 2011 – see appendix.

4. Vale of Leven Monitoring Group

- 4.1 In approving the NHS Board's Vision for Vale, the Cabinet Secretary established the above group in November 2009. The Council nominated 3 elected members to the Group and the former CHP was represented by the Director, Clinical Director and two representatives of the Public Partnership Forum (PPF).
- 4.2 In addition to dealing with the specific mental health issues set out above, the main remit of the Group was to monitor the implementation of the agreed service changes at the Hospital. These service changes fell into three specific areas as set out below:
 - **Unscheduled Emergency Admissions** – that would see the retention of between 70% - 80% of emergency admissions at the Vale;
 - **Expansion of scheduled Care, day and diagnostics activity** – that would see 13,650 of patient episodes of care provided from the Vale rather than at other hospitals in either Paisley or Glasgow; and

- **Enhancements to the Ambulance Service provision** – to deliver the revised care models

The Monitoring Group met on 15 occasions and by January 2012, with the confirmation of the decision on adult mental health beds, came to the view that its remit had been fulfilled. The Chair of the Group wrote to the Cabinet Secretary advising her of the group's views and received a response from the Cabinet Secretary a few days later confirming her agreement to the Group being dissolved – see Appendix 2.

5 Ongoing Monitoring of Activity

- 5.1** As set out in the Cabinet Secretary's letters referred to above, she expects that there will be a continuing programme of monitoring of the new arrangements that covers all aspects of the Vale Vision and the use of mental health beds in particular.
- 5.2** It is proposed that this is undertaken by the CHCP Committee and the CHCP Public Partnership Forum covering the West Dunbartonshire areas interests with similar arrangements in place for the Argyll & Bute area.
- 5.3** For mental health services it is proposed to report data to both the PPF and the local Mental Health Forum and the CHCP Committee covering:
- Bed use levels
 - Levels of boarded admissions
 - Comparison with historic levels

For the first year we would propose to report quarterly on these issues, thereafter reporting on a mid year/full year basis in line with our performance reporting for all other services. Regular reports will also be made to the NHS Board Quality and Performance Committee as required.

- 5.4** For the acute service related elements of the Vale Vision (set out at 4.2 above) it is proposed to develop a sub-set of the data that had been produced for the former Monitoring Group to be reported twice per annum to the PPF.
- 5.5** Additionally we would wish to develop the local PPF further so that they can become the mechanism through which local individuals and groups can offer feedback on their experience of engaging with all parts of the NHS in West Dunbartonshire.

6 People Implications

- 6.1** In terms of staff, the vast majority who were previously based within Christie Ward have been redeployed to Gartnavel Royal while others have been redeployed to more local services.
- 6.2** In terms of patients and carers, a survey of the quality of care and experience services at Gartnavel has been undertaken which showed a favorable experience

7 Financial Implications

There are no financial implications for the CHCP.

8 Risk Analysis

There are no risks arising from this report

9 Equalities Impact Assessment (EIA)

No significant issues were identified through an Equality Impact Assessment.

10 Strategic Assessment

10.1 This decision to relocate Acute Inpatient Beds from Christie Ward to Gartnavel Royal Hospital and the subsequent Vale Monitoring Activity Reports support the National Strategic Agenda in shifting the balance of care from Inpatient Care to providing care at home and in a community setting.

10.2 The recent development of Enhanced Community Psychiatric Services such as 24 hour access to Crisis Service's, Primary Care Mental Health Teams, Psychiatric Liaison Services and the development of purpose built elderly psychiatric inpatient and community services have all supported a reduction in the need for adult Psychiatric Inpatient Care .

11 Conclusions and Recommendations

11.1 The CHCP Committee is recommended to:

- (1) note content of this report;
- (2) reaffirm its support and commitment to the work of CHCP community-based mental health services (and mental health activity undertaken by CHCP staff and services more generally) and their on-going development; and
- (3) approve the proposals for the ongoing monitoring of the Vale Vision as set out at section 5 above

Keith Redpath
Director
Date: 5TH March 2012

Person to Contact: John Russell Head of Mental Health, Learning Disabilities and Addiction Services.
Telephone Number 01389 737764