



Report To:	Community Health & Care Partnership Sub Committee	Date: 25 August 2011 and	
Report By:	Robert Murphy Corporate Director Inverclyde Community Health & Care Partnership	Report No: CHCP/30/2011/SMcC	
Contact Officer:	Susanna McCorry-Rice Head of Mental Health, Addictions & Homelessness Services	Contact No: 715375	
Subject:	Report on the NHS Organisational Changes of Responsibility for Inverclyde based Inpatient Mental Health Services from the NHS Greater Glasgow & Clyde Mental Health Partnership to Inverclyde CHCP		

1.0 PURPOSE

1.1 This report outlines the transfer of operational responsibilities for the management of mental health inpatient services for adults and older people, physically located within the CHCP locality. The transfer to Inverclyde CHCP took place on 1st May 2011.

2.0 SUMMARY

2.1 For Inverclyde CHCP this means all mental health provision located in Inverclyde Royal Infirmary and Ravenscraig Hospital is now part of the portfolio of locally/CHCP managed mental health services. These services are currently managed by the Head of Mental Health, Addictions & Homelessness reporting to the Mental Health Partnership. As from 1st May 2011 the management arrangements remained with the Head of Service, but the accountable partnership transferred from the Mental Health Partnership to Inverclyde CHCP.

3.0 **RECOMMENDATION**

3.1 Sub-Committee members are asked to note the organisational changes for mental health inpatient services.

Robert Murphy Corporate Director Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Mental Health Partnership Future Role

The MHP will continue to exist, but will no longer have an operational management role. It will have a system wide co-ordinating role. The co-ordinating MHP Director is also the Glasgow City CHP Director and will work with Heads of Mental Health from each CHCP to carry out this function.

4.2 The role and function of the future MHP is still in development with no final framework agreed. However, a whole system approach with a focus on Planning and Services Redesign, Performance Appraisal and Clinical & Financial Governance is the direction of travel. A whole system approach is important as not all CHCPs have inpatient facilities in their locality yet all people living within the Greater Glasgow & Clyde Board area have a right to access inpatient services when it is clinically required.

5.0 PROPOSALS

5.1 Inverciyde Mental Health Inpatient Services

Adult Mental Health Inpatient Services

The profile of current services is:

- 25 beds in Short Stay Psychiatric Unit
- 8 beds in Intensive Care Psychiatric Unit
- 20 Continuing Care beds
- Mental Health Tribunal Facility
- Day Hospital
- 5.2 Older People's Mental Health

The profile of current services is:

- 60 Continuing Care beds
- 20 beds for Acute Assessment
- Argyll Unit Day Hospital
- 5.3 All Adult Mental Health facilities are currently located in Ravenscraig Hospital site on a temporary basis as the facility on the IRH site is being rebuilt.
- 5.4 The Health Board have invested over £6m capital to build a new facility on the site of the previous unit. The building will be ready for patients to transfer back to IRH in February 2012. All services except the Adult Continuing Care beds will move to the new facility.
- 5.5 Older People Mental Health Services are currently split across two sites. The IRH site accommodates Ward 4 and the Argyll Day Unit. All the Continuing Care beds are on the Ravenscraig site.
- 5.6 The Partnership Beds development proposals are currently progressing and will provide new continuing care facilities for 33 older person's mental health beds and 10 adult mental health beds. This is expected to be completed in 2013 at which time the Ravenscraig hospital site will be closed.

6.0 IMPLICATIONS

- 6.1 Legal: N/A
- 6.2 Finance:

The annual revenue budget for Inpatient Services is £8,357,700 and the capital budget (relating to the SSPU rebuild) is £5,407,000. Both revenue and capital budgets will transfer to the CHCP. It should be noted that whilst the transfer to CHCP is effective from 1 May 2011 the financial reporting will include the full year budgets from 1 April 2011.

Inpatient Services provide a Board wide resource for the NHS Greater Glasgow & Clyde as not all CHCP have inpatient based services in their local area. Where the complexity of clinical input requires additional staff and there is increased costs, how this will be dealt with is part of the ongoing development work of the Mental Health Partnership system wide co-ordinating role. The costs relating to the 15 supernumerary staff within Inverclyde are included in the Board's Corporate HR report.

The ongoing financial impacts of both revenue and capital spend will be reported in the standing item Finance report to the Sub Committee.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
Mental Health	Revenue	2011/12	£8,357,000	N/A	
Inpatients	Capital	2011/12	£5,407,000	N/A	

6.3 Personnel:

Over 200 staff will transfer to Inverclyde CHCP are as follows:

- Nursing staff 165, currently all ward based.
- Medical staff 12 Consultant Psychiatrist, 8 mental health, 4 addictions (note
- 2 Consultants are shared with Renfrewshire).
- Other clinical staff Mental Health Clinical Psychologists. The Lead Psychologist is shared with Renfrewshire.
- Mental Health Occupational Therapists- 17
- Managerial & Administration 3 Managers (2 Inpatients)
 - 12 administration
 - 1 Programme Project Manager

6.4 Equalities: N/A

7.0 CONCLUSION

7.1 The transfer of Inpatient Mental Health Services is welcomed as the Inpatient and Community Services work as a single service system in Inverclyde. The redesign of mental health services in Inverclyde has developed a unique model that has removed the restrictions on upper age of people using mental health service with staff working across the age range with fully integrated Community/Inpatient Out Of Hours and Crisis Service.

8.0 LIST OF BACKGROUND PAPERS

8.1 N/A