Modernising Mental Health Services in Lanarkshire

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Endorsed By:
Contents:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Background- The case for change</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Current Service Model</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Proposed Service Model</td>
<td>7</td>
</tr>
<tr>
<td>4.</td>
<td>Current Service Design</td>
<td>8</td>
</tr>
<tr>
<td>5.</td>
<td>Adult Acute Inpatient Services - Options Available</td>
<td>9</td>
</tr>
<tr>
<td>6.</td>
<td>Intensive Psychiatric Care Unit - Options Available</td>
<td>12</td>
</tr>
<tr>
<td>7.</td>
<td>Options Appraisal Process</td>
<td>14</td>
</tr>
<tr>
<td>8.</td>
<td>Workforce Implications</td>
<td>15</td>
</tr>
<tr>
<td>9.</td>
<td>Risks</td>
<td>15</td>
</tr>
<tr>
<td>10.</td>
<td>Stakeholder Engagement</td>
<td>15</td>
</tr>
<tr>
<td>11.</td>
<td>Conclusions and Recommendations</td>
<td>16</td>
</tr>
</tbody>
</table>
1. BACKGROUND—THE CASE FOR CHANGE

National epidemiological data indicates that one in four people will experience a mental health problem at some time in their lives. In Lanarkshire this means that 140,000 people will require support and/or treatment. Within this number there are around 5,000 people, at any one time, who will suffer from severe and enduring mental health problems.

It is estimated that around 30% of GP Consultation time is spent on treating people with mental health problems. At the same time the number of referrals to specialist mental health services continues to grow year on year. The World Health Organisation has contended that “there is no good health without good mental health and well-being”. It is for these reasons that mental health continues to be recognised as one of four national priority services in NHS Scotland.

NHS Lanarkshire has demonstrated its commitment to this national priority service area by developing a robust framework for action in partnership with service users and carers and with North and South Lanarkshire Councils. The principle aim of this Framework for Mental Health is the need to rebalance care away from institutional models of treatment towards community based provision increasingly delivered on a multi-agency basis. This framework has underpinned an ambitious modernisation programme which has necessitated reviews of service models including the assessment of the estate and a review of workforce, both in terms of the numbers of staff and the skills and competencies required to deliver contemporary care and treatment.

Much has been achieved over the last decade with the ongoing development and continuous expansion of community mental health teams designed to better meet the needs of people with enduring mental health problems as well as those presenting with mild to moderate mental illness.

This direction of travel in Lanarkshire has resulted in significant investment in the estate and in the development of community based capacity and capability. This in turn has reduced the need and demand for access to in-patient treatment options. As bed occupancy levels have fallen the service has been able to gradually reduce the number of beds on a range of sites, most notably, Hartwoodhill, Cleland, Roadmeetings, Airbles Road Centre and the closure of Hartwood Hospital. During this time acute mental health units were established on all three of the District General Hospital sites.

Further changes in legislation and mental health policy, in the middle of this decade, has heightened the requirements for further shifts in the quality of and accessibility to mental health care and treatment. The publication of “Delivering for Mental Health”, (SEHD, 2006) has resulted in a greater focus on performance monitoring against an increasing range of service targets and commitments. These challenges required NHS Lanarkshire and its partners to refresh the
Mental Health Framework in 2006 as part of the wider “A Picture of Health” process. At that time, a wide consultation programme resulted in stakeholder agreement to continue to enhance multi-disciplinary community based services which improved patient choice and further reduced their need to receive in-patient based care. Where in-patient care was required then it was agreed that this should be provided in custom designed accommodation which met all contemporary treatment and building design standards.

Detailed estate code surveys of the existing acute in-patient units had determined that the accommodation on Monklands and Hairmyres was no longer fit for purpose due to a combination of factors. These included:

- Condition of the fabric of the building (Monklands)
- Design and layout (mainly dormitory style) of patient accommodation
- Inability to satisfactorily manage gender issues within a mixed sex ward
- Environmental issues which did not support effective risk management including difficulty in supporting very unwell patients under high levels of observation within the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Continuing negative feedback from the Mental Welfare Commission on the suitability of these environments
- The reduced ability to deliver contemporary care to agreed clinical standards and guidelines

Given that the physical environment is a crucial element in the provision of safe and effective mental health in-patient care it was agreed that acute treatment should be provided in two custom designed units, one in North Lanarkshire and one on the Hairmyres site in South Lanarkshire. This had the added advantage of being compatible with the new Community Health Partnership and Local Authority boundaries.

Within these units there would be dedicated environments to support the care of Adults with acute mental health problems; older people with functional illness; and older people with organic illness. Lanarkshire would also have, for the first time, dedicated Intensive Psychiatric Care provision.

Further investment in the estate, to match the changing emphasis on more care within the community, was required in primary care based accommodation and new units for those people with complex care needs and those who required a level of low secure care.

Since 2006 NHS Lanarkshire has delivered on a number of these new developments. A new 12 bedded complex needs unit has opened at Coathill Hospital, a new 27 bedded unit for complex needs and low secure at Caird House will open in January 2011 and a range of new primary care facilities with
dedicated mental health accommodation have opened in Bellshill, Carluke, Hamilton and Coatbridge.

The NHS Board had also given approval to the initial agreement for the new acute unit in North Lanarkshire however it is clear that within the current economic challenges that this unit, which was scheduled to be opened in 2013 at a capital cost of around £33.5 million, and additional revenue impact of around £2.5m is no longer affordable for the foreseeable future.

It has been and remains an exciting time of change and development within mental health services here in Lanarkshire. All of the stakeholders who have been closely involved in delivering the mental health modernisation programme recognise that to stand still because the new build option cannot be delivered at this time, is to reduce the opportunity for further progress in mental health service provision. It is clear, that in keeping with national policy and legislation, the considerable investment made in building the community capacity, both in terms of specialist staffing and in dedicated facilities has resulted in an increase in our ability to meet patient choices and to provide the care and treatment they need in their own homes. The resultant reduction in bed occupancy presents a major opportunity to develop the new in-patient facility on a smaller scale to fit the changing demand, within the existing revenue funding. This approach will also address many of the estate code challenges that were identified above.

This paper sets out a range of options which are significantly less resource intensive and which would continue to deliver on mental health stakeholders’ aspirations. This approach would free up resources from outmoded residential settings and release these for investment in staffing to improve the overall quality of care whilst at the same time deliver a more fit for purpose in-patient unit in North Lanarkshire.

The NHS Board is asked to recognise the progress that has been made across mental health services in Lanarkshire in recent years and to approve the recommendations to proceed to carry out further detailed planning to support the business case for the North Lanarkshire Acute Unit. This needs to take account of both the acute in-patient bed requirements and the provision of a dedicated Intensive Psychiatric Care service.

Whilst this proposal is in keeping with the service model approved as part of the wider “A Picture of Health” consultation further stakeholder engagement will take place on an ongoing basis with the support of the Scottish Health Council. This will involve service users, their carers, clinicians and our Local Authority colleagues.
2. CURRENT SERVICE MODEL

Currently adult inpatient services are provided from 144 beds across 3 district general hospital sites, namely Wishaw, Hairmyres and Monklands. These units provide care for people with a wide range of needs from very acute short stay through to longer and more complex care. A degree of separation of unplanned and planned care and intervention packages is difficult to achieve in these settings, with unplanned activity often disrupting planned treatment programmes.

As stated earlier, following the conclusion of the “A Picture of Health” process, the Cabinet Secretary had asked that the NHS Board proceed to deliver as many of the proposed community developments as possible within the available resources. This included the primary care based capital developments, the expansion of community mental health teams and the move to two acute mental health sites, one in North Lanarkshire and one in South Lanarkshire.

Excellent progress has made in delivering these objectives and as the investments made in greater community based capacity, including improved access to clinical care and support in the out of hours period have become more established, the reliance on in-patient care has fallen. This trend has been evidenced through the analysis of recent data on bed usage which demonstrates that occupancy rates have fallen from over 90% to around 80% across the three acute units. This includes accommodating a number of patients boarding from neighbouring health boards. The roll-out of the LEAN Programme of work initiated on the Wishaw site has resulted in improvements in team working across community and in-patient services; enhanced assessment and triage of patients presenting on an unplanned basis and improved discharge planning approaches. With the continuation of this programme further reductions in admission rates and average lengths of stay are expected across all of the units.

The Overview Report on Intensive Psychiatric Care in Scotland published by NHS QIS in June 2010 highlighted that NHS Lanarkshire is one of only two NHS Boards that do not have formal IPCU arrangements. Whilst provision has been made for additional staffing within the acute units to support people with this level of need, the Mental Welfare Commission continuously report that as well as appropriately trained staff, fully effective contemporary treatment for this client group includes being cared for in a physical environment designed for that purpose.

For older people with mental health problems in-patient care is provided across a number of hospital and community sites. It has always been and still remains the strategic intention to enhance community based support and treatment, thereby reducing reliance on inpatient beds. Where inpatient care is required this should be provided from a district general hospital site. Once again as the investments in community based alternatives provide greater capacity for older people to be safely and effectively treated within their own homes this has had a positive impact on the need for access to specialist acute in-patient care. For this patient
group recent bed occupancy data also shows that there is a reduced level of bed utilization from over 85% to around 75% with some fluctuation between specialties.

This picture for both adults and older people clearly demonstrates that the Lanarkshire mental health service strategy is delivering on the vision within the National Policy document “Delivering for Mental Health” (SEHD, 2006), which states that, “the development of alternatives to admission are essential to a modern mental health service and in-patient care should only be to provide support and treatment in an acute phase of illness when it is no longer possible to provide safe and effective care in the community”.

As treatment and care options for those with mental health problems in Lanarkshire is advanced in accordance with both national policy and mental health legislation this has impacted significantly on the required pattern of in-patient provision. Taken together with the estate code surveys carried out on existing facilities in terms of both physical condition and functional suitability it is imperative that further improvement of in-patient accommodation takes place. This will not only make them more fit for purpose but also has the potential to release resources to support further investment in modern community based care in accordance with the objective of shifting the balance of care.

3. **PROPOSED SERVICE MODEL**

The principle aim of the proposed changes is to enhance the ability of locality services to respond to and meet the needs of those with mental health problems. The concentration of inpatient resource will also require changes in the clinical model, with a focus on rapid assessment and initial management of acute clinical situations, with a view to transferring ongoing management and care back to the individual’s local area as soon as it is safe to do so.

In a system less reliant on beds, locality teams will need to be equipped with the resources and skills necessary to care for more individuals with higher needs at home. In addition to the significant progress already made in relation to crisis assessment and out of hours services provided by the community mental health teams, it is proposed that this model is extended further to provide intensive home treatment to facilitate prevention of admissions and where admission has been necessary, to promote shorter lengths of hospital stay. This will require additional skills enhancement in interventions to support positive risk taking.

Community team staffing and hours of work will need to be extended further to fulfill this ambition and resource released from inpatient units will be redeployed to meet these objectives. A focus on high intensity, greater complexity and intensive psychiatric care in the remaining inpatient units will necessitate changes in staffing, with dedicated inpatient medical staff on site working closely with colleagues based entirely in the community.
The continuing shift in the balance of care with the emphasis moving away from investments in bricks and mortar towards further development of service and treatment options delivered by community based teams will continue to see a reduced reliance on inpatient service delivery.

Continuity of care will be maintained and enhanced through use of Integrated Care Pathways ensuring seamless transfer of care between hospital and community to ensure safe and effective communication between clinical teams, patients and carers across the entire system.

IPCU is the required care setting for people with higher levels of acuity who need a more intensive level of in-patient support and intervention due to high levels of risk. In a system with fewer beds the level of intensity and risk will be more concentrated and it is proposed that NHS Lanarkshire makes local provision to ensure patients at this highest level of need receive care and treatment in the most appropriate environment and in the least restrictive way in accordance with Millan Principles. An IPCU unit needs to be adjacent to an acute admission unit.

4. CURRENT SERVICE DESIGN

The generic integrated care pathway for mental health identifies a whole system approach to service delivery with each component tier of service being inter-dependent on the other. This ensures service users receive the most appropriate evidence based care and treatment delivered within the most effective and appropriate level of service.

TABLE 1. Tiers of Service and the Patient Pathway

| Tier 0 - Community Health and Wellbeing | Generic services providing education, health improvement and preventative approaches | voluntary services, public health services, local authority education and leisure services |
| Tier 1 - Primary Care and Mental Health Services | Entry level for care where professionals will seek to address issues before they may require referral on to more specialised and focused mental health services | general practitioner, public health nurse, long term conditions nurse, midwife, allied health professionals, e.g. dietetics, physiotherapy, occupational therapy |
| Tier 2 - Secondary Care Community Mental Health Services | Specialist community and inpatient based structured treatment service accessed by referral from Tier 1 | community mental health services and mental health inpatient services - incorporating crisis response and intensive home treatment and locality based psychological therapies |
| Tier 3 - Tertiary Care | Specialist and high intensity treatment services. Access by referral from Tier 2 | addiction services, IPCU, low secure forensic unit, eating disorder service, mother and baby mental health unit, complex needs |
TABLE 2. Map of Proposed Generic Patient Journey

The map of the proposed patient journey is not significantly changed from the current model, but completes the pathway through inclusion of intensive psychiatric care. The flow through the model will, however, alter as the number of admissions and lengths of stay will reduce as more people are supported through extended community services.

5. ADULT ACUTE INPATIENT SERVICE, NORTH LANARKSHIRE - OPTIONS AVAILABLE

As is often the case there are a number of options as to how we can proceed. There are 4 options currently being considered for the provision of an Adult Acute Inpatient Service on one site for North Lanarkshire.

OPTION A – DO NOTHING

Retain adult inpatient services over three sites.

This option has been included for comparative purposes only as it would act as a barrier to further shifting the balance of care in terms of developing community

Key:
- Green = Tier 0
- Blue = Tier 1
- Yellow = Tier 2
- Red = Tier 3

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services; would fail to address the concerns of the Mental Welfare Commission; would not address the under utilisation of resources; would not address the challenges of providing 24/7 medical cover and the environmental issues.

Benefits

- Retains inpatient provision on 3 sites
- Retains the accessibility to the existing populations

Disbenefits

- Poor environment – as highlighted in the estate code survey
- Underutilised accommodation and workforce due to reduced bed occupancy
- Functionally unsuitable with major backlog maintenance requirements
- Financial implications for Lanarkshire of increased external boarders
- Financial implications of retaining 3 sites, both capital and revenue
- Restricts further development of Community Services in line with shifting the balance of care as resources are ‘tied up’ in inpatient buildings
- Increasing challenges in providing 24/7 medical cover
- Increasing risk to rota compliance

OPTION B – NEW BUILD

Develop a new purpose built unit on a District General Hospital site in North Lanarkshire, as stated in the Initial Agreement (August 2009).

Benefits

- Fit for purpose facility with single room ensuite accommodation
- Meets National Guidelines and standards for acute admission facilities
- Opportunity to provide environments and interventions for specific care groups
- Environment designed to support safety, privacy and dignity
- Environment designed to support risk management
- Will have the flexibility to meet future service changes
- Improve functional relationships between clinical services
- Will facilitate the delivery of new models of care including Integrated Care Pathways

Disbenefits

- Affordability – in current economic climate due to the availability of capital funding, this option is not affordable
• Increased travel for some service users and carers
• Would compromise the ability and the time frame to develop the unit if Monklands Hospital was the chosen site. This is due to the complexities of redeveloping Monklands Hospital as a level 3 site.

OPTION C – REFURBISHMENT AT MONKLANDS DISTRICT GENERAL

Refurbishment of existing Mental Health accommodation at Monklands Hospital consisting of two wards. This would result in transferring services from Wishaw General Hospital.

Benefits
• Retains service within Monklands District
• Retains accessibility for Monklands District
• Maintains links with acute services including diagnostic facilities
• Will facilitate delivery of Integrated Care Pathways

Disbenefits
• Restricted development opportunity within existing footprint
• Would compromise the ability and the time frame to develop the unit if Monklands Hospital was the chosen site. This is due to the complexities of redeveloping Monklands Hospital as a level 3 site.
• Existing fabric of Monklands poor
• No opportunity to provide IPCU provision adjacent to acute inpatient unit
• Increased travel for staff and services users and carers from Wishaw area
• Require to use existing Electro Convulsive Therapy (ECT) accommodation placing more demand on Hairmyres with additional travel for patients and staff
• Traffic management, increased demand on car parking
• Would be unable to provide the 50% single room provision as recommended by SGHD guidance

OPTION D – REFURBISHMENT AT WISHAW GENERAL HOSPITAL

Some refurbishment of existing Mental Health accommodation of three wards and the day care unit at Wishaw General Hospital.

Benefits
• Most modern Adult Acute accommodation requiring least refurbishment
• Capacity to create IPCU within existing footprint
- Has existing internal courtyard space
- ECT provision on site
- Lower expenditure to secure clinical benefits
- Will facilitate delivery of Integrated Care Pathways
- Maintains links with acute services including diagnostic facilities
- Good public transport links
- Would be able to provide the 50% single room provision as recommended by SGHD guidance

**Disbenefits**

- Potential for greater complexity in delivering changes due to Private Funded Initiative (PFI) owned hospital
- Increased travel for staff and service users and carers from Monklands Area
- Traffic Management, increased demand on car parking.

6. **INTENSIVE PSYCHIATRIC CARE UNIT (IPCU) - OPTIONS AVAILABLE**

**OPTION A – DO NOTHING**

This continued gap in service provision would not be desirable or acceptable in relation to meeting National policy and guidelines this unit needs to be adjacent to an acute admission unit. To do nothing would continue to attract criticism from the Mental Welfare Commission and service user and carer organisations. Work is ongoing to determine the number of beds required.

**Benefits**

- No capital costs

**Disbenefits**

- Ad hoc fragmented care with increased clinical risk for the most severely ill patients
- Accessibility
- Lack of continuity of care
- Unfamiliar environment
- Reduced family support
- Mental Health Officer provision difficult to facilitate
- Increased staff travel for reviews and tribunals
- No specialist environment
OPTION B - SERVICE LEVEL AGREEMENT

This would require NHS Lanarkshire to enter into a formal service level agreement with a neighbouring Health Board to provide a specialist number of beds within their IPCU.

Benefits

- No capital cost
- Formal arrangement in place
- Specialist environment
- Specialist trained staff

Disbenefits

- Access restricted to number of beds specified within the service agreement
- Accessibility
- Lack of continuity of care
- Unfamiliar patient environment
- Reduced family support
- Mental Health Officer provision difficult to facilitate
- Increased staff travel for reviews and tribunals

OPTION C – NEW BUILD

Develop a new build stand alone facility on a NHS site, yet to be determined.

Benefits

- Purpose built, fit for purpose
- Meets guidelines and standards for IPCU provision
- Accessible
- Local service provision
- Specialist trained staff
- Reduce usage of independent sector providers
- Compliance with National expectations
- Satisfy Mental Welfare Commission concerns re - compliance with Millan principles

Disbenefits

- Affordability – both capital and revenue
- Increased staffing requirements
- Not adjacent to Acute inpatient wards Specialist environment
OPTION D – CONVERSION OF EXISTING ACCOMMODATION

Refurbishment of the day care area at Wishaw General Hospital to create a small IPCU facility adjacent to ward 1.

Benefits

- Specialist environment
- Accessible
- Local service provision within Lanarkshire Health Board
- Specialist trained staff
- Adjacent to acute inpatient ward
- Reduce usage of independent sector providers
- Compliance with National expectations
- Satisfy Mental Welfare Commission concerns re. compliance with Millan principles
- Improved continuity of care

Disbenefits

- Affordability – both capital and revenue
- Requirement to relocate current office accommodation (minimal)

7. OPTIONS APPRAISAL PROCESS

A benefit appraisal scoring process should be undertaken to assess the relative benefits of all options. This will be taken forward with full Stakeholder participation and in line with the Quality Strategy.

8. WORKFORCE IMPLICATIONS

A more detailed analysis of each option will require to be undertaken to scope out the resource, skill mix and skills and competencies framework required for the workforce, particularly in relation to the IPCU service.

9. RISKS

The main risks associated with this plan are considered to be:

- Timescale to achieve full implementation
- Affordability
- Key stakeholder support
- Political buy in
- Clinical buy in
10. STAKEHOLDER ENGAGEMENT

The process of engagement that led to the proposed move to a two-site model for acute mental health care began the Lanarkshire’s Mental Health Services Discussion Paper in summer 2004.

An Acute Psychiatry Redesign - Patient Pathway Workshop for stakeholders was held in January 2005 with an Acute Psychiatry Steering Group established to progress the options that emerged. The group included mental health staff, patients and carers, and local authorities.

In April/May 2005, Acute Psychiatry Redesign – Benefits Analysis Scoring Workshops were held to engage stakeholders in scoring the clinically and financially viable options. General agreement was identified on:

- The need for change to improve services and to cope with workforce pressures on medical cover as a result of factors including the European Working Directive.
- Acute psychiatry should move from its existing three sites to two and old age psychiatry inpatient services should be located at the same two sites.
- One site should be located in the north and one in the south.
- The location of the unit in North Lanarkshire should be determined by logistical factors such as cost, space on site and availability of car parking.

The resulting option that went forward for public consultation in January 2006 as part of A Picture of Health was to provide acute adult and old age mental health inpatient services at two general hospitals rather than three - one located in south Lanarkshire at Hairmyres Hospital and one in the north at either Monklands Hospital or Wishaw General Hospital.

The NHS Lanarkshire Board agreed in March 2008 that a new inpatient mental health unit for the north would be one of the Board’s eight prioritised projects to be taken forward in the following five years.

At this time it was intended that the unit for the north would be based at Monklands Hospital. However, it was subsequently apparent that due to the decision to retain full Accident and Emergency Services at Monklands and its impact on the site development plan, it may not have been possible to locate the new unit there. Its location was therefore kept under consideration.

Work began during 2008 to develop acute psychiatry clinical and service models for the new unit with involvement from stakeholders including advocacy services and representation from Lanarkshire Links, service user and carer organisation. This included:

- Capacity to Deliver stakeholder event in December 2008
Meeting to discuss the draft clinical brief for the new unit in April 2009
Old Age Psychiatry Strategy event in April 2009
Summary paper outlining the clinical model and a short questionnaire circulated to over 250 members of Lanarkshire Links in May 2009.
Attendance by mental health planning colleagues at a service user and carer meeting regarding the clinical model June 2009.

NHS Lanarkshire approved the initial agreement for the new unit for the North at its meeting on 26 August 2009 following which an update was sent to stakeholders.

11. CONCLUSIONS AND RECOMMENDATIONS

Following extensive discussions with a wide range of stakeholder interests, including service users and carers, it is clear that NHS Lanarkshire’s strategy is in accordance with what is desirable within a modern mental health care system.

The proposed model is consistent with current National policy in relation to recovery focused care and is in keeping with the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003. When the modernisation plan has been fully implemented it will also deliver the ambitions of NHS Scotland’s Health Care Quality Strategy in delivering services that are more person centred, safe, effective, efficient, equitable and timely. It is, therefore, imperative that we continue to move forward.

It is also clear that development of specialist inpatient facilities without the development of improved community based capacity and capability would in itself be a partial solution at best. For this reason any agreed option must seek to enhance the interface between inpatient and community elements of service and continue to shift the balance of care.

The two ‘do nothing’ options for Adult Acute Inpatient Services and IPCU are an inefficient use of existing resources. The Service Level Agreement option for IPCU would have recurring cost implications. All other options have both capital and revenue requirements. The exact details of these would only be known once more detailed work has been completed.
The Board is asked to agree the recommendations in this paper:

- That a full options appraisal exercise involving all stakeholder groups is undertaken including a technical appraisal to provide high level costs to facilitate decision making

- That service improvements are measured against targets and commitments contained within Delivering for Mental Health (2006); the principles of the Mental Health (Care and Treatment) (Scotland) Act 2003; and the objectives of the Mental Health Collaborative and the LEAN programme. The core data requirements to track performance against these goals, and also to shape future service delivery, will be captured using the recently developed MiLan information system

- That a continued process of engagement and consultation takes place throughout the implementation of the proposed plan. This will involve various methods; including existing structures such as joint governance arrangements with local authority; user focus groups; Public Partnership Fora; themed stakeholder events; briefings and regular reports to NHS Lanarkshire Modernisation Board and the Mental Health Service Improvement Board.

- That an Acute In-Patient Project Board be established to lead on developing and implementing the work required, this would include development of a new clinical model for adult acute inpatient services and the development of a business case for NHS Lanarkshire’s IPCU requirements. This group will report on progress via the Mental Health Service Improvement Board to NHS Lanarkshire’s Corporate Management Team.

Colin Sloey
Executive Director North CHP
16th February 2011