INVERCLYDE HSCP Health and Social Care Partnership

AGENDA ITEM NO: 2

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**30 January 2018**
Report By:	**Louise Long** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/07/2018/DG**
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Subject:	**ADULT MENTAL HEALTH STRATEGY**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Integration Joint Board of the development of a whole system five year strategy for mental health services.

2.0 SUMMARY

2.1 The current service delivery model for mental health across NHS Greater Glasgow and Clyde was set out in an original framework, and reiterated in the subsequent NHS GGC Clinical Services Review of 2012 -13.

2.2 Within Inverclyde the 2006 Clyde Modernising Mental Health Strategy established the framework for development of comprehensive local community services and the reconfiguration of inpatient beds as part of the whole system of mental health care. The recent opening of Orchard View concluded implementation of the Clyde Strategy.

2.3 Work to develop a new five year strategy has been underway throughout 2017 based on a whole system approach and was initiated as a result of the need to address the consistent pressure of demand on inpatient beds, the need to continue to implement the recommendations from the clinical services review and the need to respond to the prevailing financial challenges facing HSCPs.

2.4 Mental Health services benefit from a single system approach within GGC, which has strengthened service planning, management and governance across HSCP's. Cross system interdependencies are strong and complex and need to be coordinated in a GGC context. This coordination is led by Glasgow City HSCP Chief Officer but requires a continuing collegiate approach across HSCP's and NHS GGC.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the report and the strategic direction.

3.2 The Integration Joint Board is asked to agree that the full strategy and implementation plan are presented to the next meeting of the IJB.

3.3 The Integration Joint Board is asked to authorise the Chief Officer to engage with other HSCPs in the preparation of the implementation plan.

Louise Long
Corporate Director, (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 Over the past two decades Adult Mental Health Services in Greater Glasgow and Clyde have been subject to transformational change with a pronounced shift in the balance of care significantly reducing the level of inpatient beds and reinvesting progressively in a spectrum of evidence based quality community and specialist services.

4.2 The current service delivery model for mental health within NHSGGC was set out in an original framework and re-iterated in the subsequent NHSGGC Clinical Service Review of 2012-13.

4.3 Provision of mental health services have largely been planned and in some cases managed at a GGC level. This approach has successfully overcome previous challenges and pressures with the predecessors to HSCPs collaborating to deliver a mutually beneficial outcome.

4.4 HSCPs in NHS GG&C are currently working together to develop a whole system five-year strategy for mental health because:

- The adult mental health system is operating under unsustainable pressure with 3% annual growth demand and bed occupancy frequently operating at over 100%. There is no prospect of an easing of these pressures in the short to medium term.

- Implementing conventional efficiencies and seeking modest incremental change will not be sufficient to meet financial targets while maintaining safe and effective services.

- There is still some scope for system-wide pooling and consolidation of resources, including performance improvement, pathway redesign and innovative forms of support.

Cross-system interdependencies are strong and complex, and need to be co-ordinated in a GGC-wide context

5.0 PRINCIPLES AND LEVELS OF CARE

5.1 The strategy requires system wide engagement by all HSCPs, and of the NHS GG&C Board. The following principles underpin the 5 year strategy:

Key Principles

- A whole-system approach to Mental Health across the NHS GG&C Board area, recognising the importance of interfaces with primary care, Acute, public health, health improvement, social care and third sector provision.

- A model of stepped/matched care responding to routine clinical outcome measurement and with an emphasis on using low-intensity interventions whenever appropriate

- A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”.

- Identification and delivery of condition pathways, based on the provision of

evidence-based and cost-effective forms of treatment.

- Attention to trauma and adversity where that influences the presentation and response to treatment.
- Prevention and early intervention.
- Recognition of the importance of recovery-based approaches, including peer support
- Meaningful service user and carer engagement and involvement to help guide the implementation process
- A workforce development approach that supports staff through the change process and equips staff with the necessary training and skills for the future
- A robust risk management process to inform and guide the implementation process.

5.2 The "care needed" means timely access to the full range of interventions recommended by NICE, SIGN, the Matrix and other accepted care standards in Scotland. Using a "stepped" or "matched" care model, services tailor the intensity of care provided to meet patient needs. To this end, five levels of care were identified within the Clinical Services Review:

- public health interventions
- open access services that did not require referral and supported self-care
- early responses and brief interventions
- longer-term multidisciplinary ongoing care
- intensive treatment and support.

An "unscheduled care" element is also needed to respond to crises and emergency needs, for all conditions and setting.

6.0 THE STRATEGY

6.1 Mental Health services can be considered to be a "complex adaptive system" in which each service element is dependent on many others to function properly. Changes in one part of the system are likely to have consequences elsewhere, and those inter-dependencies need to be identified and managed carefully.

6.2 The principal work streams of the strategy.

To address the challenge, the 5 year strategy has concentrated on the following 7 strands of work:

1. **Unscheduled care**, including crisis responses, home treatment, and acute MH inpatient care.
2. **Recovery-oriented care** including inpatient provision and a range of community-based services, including local authority and third sector provision.
3. **Well-being-orientated care including working with children's services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start.**

4. **Productivity** initiatives in community services to enhance capacity while maintaining quality of care
5. Medium-long term planning for **prevention** of mental health problems.
6. **Bed modelling - Short Stay mental health beds:** underpinning the first three strands is the need to estimate the number and type of hospital beds that the system needs to provide in order to deliver effective care.
7. **Shifting the Balance of Care - Rehabilitation and Long Stay Beds:** moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care, with residual mental health rehabilitation hospital beds working to a consistent, recovery-focussed model

6.3 A parallel piece of work also requires to be completed in relation to OPMH bed modelling and reinvestment.

6.4 Some of the complexity that needs to be considered includes achieving the appropriate balance between:

- investing in prevention, and spending money on treatment
- self-care and professional support
- inpatient and community-based services
- managing both access to care ("gatekeeping") and the duration of that care
- specialist and generalist services

7.0 SAVINGS AND RE-INVESTMENT

7.1 The strategy aims to deliver a system which generates savings in the following ways:

- provides inpatient services with fewer beds or less intensive forms of inpatient care
- avoids depleting community and specialist services but seeks improved productivity for any given caseload
- promoting good mental health, strengthening resilience and preventing crisis by earlier intervention as cost effective and providing long term savings
- minimises spend on other services including prescribing costs, management, facilities and procurement.

7.2 Given that inpatient costs represent the largest component of mental health expenditure, unless a reduction in beds is achieved, there is limited scope to reinvest in alternative provision, and there would be a correspondingly adverse impact on community services. The strategy proposes a reduction in inpatient mental health bed numbers over the five subsequent years beginning from 2018-19. The rationale is based on internal and external benchmarking and best practice within NHSGG&C and across the UK.

7.3 The aspiration is to provide alternatives to inpatient care, which would seek to sustain bed occupancy at or below 95%, and release significant resources to fund the development of community alternatives to inpatient care with a pronounced emphasis on recovery, supported self-management, community resource and resilience.

7.4 The nature of the changes proposed will therefore require some additional investment in key areas with the identification of priorities for bridging finance to meet double running costs to allow new services to be put in place and bedded in before changes implemented to contract in-patient capacity.

8.0 RISK

8.1 By comparison with others, re-modelling of inpatient and community services and resources places us on the leading edge of the balance of care and therefore requires to be carefully planned, implemented and evaluated by tests of change to ensure continued stability of the system and its capacity to meet needs.

8.2 Implementation of this 5 year strategy will be underpinned by a risk management framework to provide robust patient/ service user and service indicators to inform how the system of care is responding to the stepped changes in provision.

8.3 The risk management framework will aim to identify and pre-empt risk to the system of care in advance of each phase of the programme to enable corrective actions to be taken and risk to be mitigated. For this reason, implementation is likely to be a very dynamic process where planning assumptions will be tested and learned from as implementation progresses.

9.0 IMPLEMENTATION

9.1 Working together is vital because mental health services in GGC operate as a single system. Engineering further sustainable changes, securing benefits and minimising risk can be optimised by working together and therefore requires endorsement for the strategy from the IJB of each HSCP.

9.2 With backing for the strategy, the implementation phase can proceed. It is proposed that the implementation plan will be presented to the spring IJB.

9.3 The implementation plan will address a range of issues including:

- Identification of specific sites and wards
- Future financial framework advised by the Finance Group of HSCOP Chief Finance Officers
- Levels and attribution of re investment relative to savings
- Beds across GGC are occupied by non-local patients from other HSCPs in GGC and from other Health Board areas
- Discussions with other affected Health Boards
- Each HSCP operates its own financial planning regime
- Progress requires collective and comprehensive agreement and commitment

10.0 IMPLICATIONS

FINANCE

10.1 **Financial Implications**:

Currently the Strategy's Finance Group is developing the financial framework, including consideration of the indicative allocation of the Health budget to GG&C

Health Board.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

10.2 There are no legal issues within this report.

HUMAN RESOURCES

10.3 There are no human resources issues within this report.

EQUALITIES

10.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required. A full equality impact assessment will be undertaken on the five year strategy.

10.4.1 How does this report address our Equality Outcomes.

10.4.1.2 People, including individuals from the above protected characteristic groups, can access HSCP services.

10.4.1.3 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.

10.4.1.4 People with protected characteristics feel safe within their communities.

10.4.1.5 People with protected characteristics feel included in the planning and developing of services.

10.4.1.6 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.

10.4.1.7 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.

10.4.1.8 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

10.5 There are no governance issues within this report.

NATIONAL WELLBEING OUTCOMES

10.6 How does this report support delivery of the National Wellbeing Outcomes.

10.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.

10.6.2 People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

10.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

10.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

10.6.5 Health and social care services contribute to reducing health inequalities.

10.6.6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.

10.6.7 People using health and social care services are safe from harm.

10.6.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

11.0 CONSULTATION

11.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP). The work to develop the 5 year strategy has included consultation with mental health service users via the Mental Health Network. The final strategy and implementation plan will require further consultation work with service users and our community.

12.0 LIST OF BACKGROUND PAPERS

12.1 Mental Health Services in Inverclyde; 24th January 2017 [IJB/06/2017/DG]