Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Health and Social Care Committee**	**Date:**	**1 March 2017**
Report By:	**Louise Long Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**SW/20/2018/DG**
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Subject:	**Mental Health Strategy**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee 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 HSCP's.

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 Health and Social Care Committee is asked to note the report and the strategic direction.

3.2 The Health and Social Care Committee is asked to agree that the full strategy and implementation plan are presented to a future meeting of the Committee.

Louise Long
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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 GG&C level. This approach has successfully overcome previous challenges and pressures with the predecessors to HSCPs collaborating to deliver a mutually beneficial outcome.

4.4 HSCP's 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.

5.3 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.

5.4 **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

5.5 A parallel piece of work is being completed in relation to OPMH bed modelling and reinvestment and it is anticipated that this will include the further development of community based services. This will also take account of the requirements of the National Dementia

Strategy for Scotland, 2017.

5.6 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

5.7 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.

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.

6.0 IMPLEMENTATION

6.1 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.

6.2 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 of how the system of care is responding to the stepped changes in provision.

6.3 Working together is vital because mental health services in GG& C operate as a single system. Engineering further sustainable changes, securing benefits and minimising risk can be optimised by working together.

6.4 The Integrated Joint Board received a report and presentation of the Strategy at its meeting on 30th January 2018, and agreed to receive a further report with the implementation plan at a future meeting. The IJB authorised the Chief Officer to engage with other HSCP’s in the preparation of the implementation plan.

6.5 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

7.0 IMPLICATIONS

7.1 Finance

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.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 There are no legal implications contained with this report.

Human Resources

7.3 There are no human resource implications contained within this report.

Equalities

7.4 There will be a full equality impact assessment undertaken of the Strategy.

Repopulation

7.5 There are no implications contained within this report.

8.0 CONSULTATION

8.1 The development of the strategy has included engagement with service users led by the Mental Health Network. This will continue including further local consultation with service users, and carers in the development of the implementation plan.

9.0 LIST OF BACKGROUND PAPERS

9.1 None