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**Report To:** Inverclyde Integration Joint Board      **Date:** 11 September 2018

**Report By:** Louise Long  
Corporate Director (Chief Officer)  
Inverclyde Health & Social Care Partnership      **Report No:** IJB/47/2018/DG

**Contact Officer:** Deborah Gillespie  
Head of Service      **Contact No:** 715284

**Subject:** 5 YEAR MENTAL HEALTH STRATEGY

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integration Joint Board on the developments for implementation of the Mental Health Strategy within Inverclyde.
- 1.2 The report also advises of the new Mental Health monies available, and seeks approval for the plan for the use of these monies.

## **2.0 SUMMARY**

- 2.1 In January 2018 the Integration Joint Board received a report and presentation about the development of the 5 year Mental Health Strategy developed in partnership with NHS Greater Glasgow and Clyde and the six Health and Social Care Partnerships. The Board authorised the Chief Officer to engage with the other HSCPs to develop the implementation plan for the Strategy.
- 2.2 There is continuing work to take forward the implementation of the 5 year Mental Health Strategy through the GG&C wide Programme Board and key work streams which includes representatives from Inverclyde. The Programme Board reports to the Chief Officers Group.
- 2.3 The 5 year strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by the Scottish Government's Mental Health Strategy 2017-2027. In December 2017 the Scottish Government announced further funding for mental health services across Scotland. They set a target of introducing 800 additional mental health workers over a three year period to improve access to dedicated mental health workers across key settings including Accident and Emergency departments, GP practices, Police Station Custody suites and prisons (Action 15 of Mental Health Strategy 2017-2027).
- 2.4 In May 2018 the Scottish Government wrote to Chief Officers of Integration Authorities to advise of the funding being made available to each Integration Authority over a four year period, and the process by which this would be released. This required a local plan to be developed by July 2018 that outlined the goals for improving capacity within the settings outlined in Action 15. A further detailed plan is required to be submitted to the Scottish Government in September 2018.

- 2.5 The initial plan for Inverclyde has been developed in partnership with all services within Inverclyde HSCP, and has taken account of the outcome of consultation with service users with events focusing on recovery held in April 2018.

### **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note the report and agree the proposals outlined in the accompanying Action 15 Plan for Inverclyde.
- 3.2 The Integration Joint Board is asked to authorise the Chief Officer to prepare a further plan for submission in September 2018, and to engage with other HSCPs in preparation of this plan.
- 3.3 The Integration Joint Board is asked to agree that the Action 15 plan and strategy implementation plan for Inverclyde are presented to the next meeting of the IJB.

**Louise Long**  
**Chief Officer**

## 4.0 BACKGROUND

4.1 The 5 year Strategy for Mental Health Services in Greater Glasgow and Clyde 2018-2023 is informed by a range of documents including the Scottish Government's Mental Health Strategy 2017-2027 and the Healthy Minds 2017 report by NHS GG&C's Director of Public Health. The proposals within the Mental Health Strategy are consistent with the Health Board's vision for Moving Forward Together and are aligned to the national strategic direction and deliver a whole system programme across Mental Health.

4.2 The strategy identifies priorities for mental health services which include:

Medium to long term planning for the prevention of and early intervention with mental health problems; this includes wellbeing oriented 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;

Recovery oriented care: supporting people to develop the capacity to manage their own health, and developing a range of community based supports and services to underpin this, including within inpatient services;

Productivity initiatives in community services to enhance capacity while maintaining quality of care;

Unscheduled care across the health system including responses to distress (linked to prevention), crisis, home treatment and acute hospital liaison;

Shifting the balance of care identifying the plan for a review and reduction in inpatient capacity.

4.3 The work to take forward the implementation of the 5 year Mental Health Strategy is being developed through the Programme Board. The terms of reference, membership and governance are attached as appendix 1. In addition there are work streams now established, tasked with taking forward the detailed work required for implementation as follows:

1. Prevention, Early Intervention and Health Improvement
2. Effective and Efficient Community Services
3. Primary Care, PCMHT, and Physical Health (including prescribing)
4. Unscheduled Care
5. Adult Acute beds and site issues
6. Rehabilitation
7. Recovery Oriented and aware services
8. Users and Carers
9. Workforce
10. Finance
11. Communications and Engagement
12. Older peoples Strategy

4.4 The development of the implementation plan is continuing in respect of priority actions required which will enable the shifts anticipated within the strategy.

4.5 In December 2017 the Scottish Government announced further funding for mental health services across Scotland. They set a target of introducing 800 additional mental health workers over a three year period to improve access to dedicated mental health workers across key settings including Accident and Emergency departments, GP practices, Police Station Custody suites and prisons (Action 15 of Mental Health Strategy 2017-2027).

4.6 In May 2018, the Chief Officer received a letter in relation to Action 15 planning and

funding. Nationally the funding to support additional mental health workers will increase over four years to £32 million by 2021-22, with an initial £11 million being made available to support the first phase of this commitment in 2018/19. Inverclyde's allocation of this funding is £181,485 in 2018/19, rising to £527,957 in 2021/22. The phased approach is to allow local and national service providers to coordinate service developments to provide effective models of care and efficient use of resources. The letter outlines the timescales for funding release and the requirement to submit an initial plan by the end of July 2018 about our approach and initial use of funds released in year 1, to be followed by a further plan of how spend will be profiled over the four years, to the Scottish Government by mid September 2018.

4.7 Financial allocations are as follows for Inverclyde:

	NHS GG&C 22.33%	Inverclyde HSCP 1.65%
2018 – 2019 share of £11 million total	£2,457,118	£181,485
2019 – 2020 share of £17 million total	£3,797,395	£280,477
2020 – 2021 share of £24 million total	£5,360,986	£395,568
2021 – 2022 share of £32 million total	£7,147,981	£527,957

4.8 A further £5 million has been identified for Children's mental health services across the country. The details of this funding are awaited.

4.9 The Scottish Government expects that the Action 15 stream of funding and the additional funding for primary care are coordinated to ensure there are effective and coordinated pathways for service users.

4.10 In response to the funding allocation Inverclyde has developed an initial plan which outlines our intended approach going forward. The initial plan was submitted to the Scottish Government at the end of July and is attached at appendix 2.

4.11 This will be developed further to support key priorities of the mental health strategy with the aim of developing some Board wide coherence in the development of new services in the context of the mental health system across the Board, whilst meeting the needs of Inverclyde. This means sharing our proposals and it is anticipated that some developments will require support financially on a proportionate basis by HSCPs within the Board area from their individual allocation of Action 15 funds. This is currently being coordinated via the Programme Board and with the Chief Officers.

4.12 Locally the intention is to develop a steering group for Mental Health Strategy implementation work of which Action 15 will form a part.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

The funding allocation for Action 15 is contained, as identified above. A further detailed plan for spend will be developed for submission in September.

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

Annually Recurring Costs / (Savings)

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

N/A					
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## LEGAL

5.2 There are no legal consequences arising from this report.

## HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

## EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?  
This will be undertaken as part of the implementation work.

	YES
√	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.

5.4.1 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	The Action 15 initiatives aim to increase access to mental health support.
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	The 5 year mental health strategy includes actions to promote mental health and destigmatise mental health to support inclusion and recovery.
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	The service user and carer reference group is engaged with the 5 year mental health strategy.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

## 5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	A key element of the strategy is on prevention, early intervention and improving self management
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	The strategy aims to enable people with significant mental illhealth to remain within their own community with appropriate support
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	A key element of the strategy is the further development of supports that enable peoples recovery and inclusion.
Health and social care services contribute to reducing health inequalities.	A central aim of the mental health strategy is to ensure people with mental ill health receive care and treatment that has parity with physical health needs.
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.	The focus on prevention and early intervention will address the needs of carers.
People using health and social care services are safe from harm.	None
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.	The strategy includes the development of the workforce, both in mental health and to develop the awareness of mental health needs across the wider HSCP workforce.
Resources are used effectively in the provision of health and social care services.	The strategy implementation is supported by the development of a financial framework, and includes GG&C wide service provision where this enables an effective, safe and responsive service.

## **6.0 CONSULTATION**

- 6.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## **7.0 BACKGROUND PAPERS**

- 7.1 Adult Mental Health Strategy; report to IJB 30<sup>th</sup> January 2018. Report no: IJB/07/2018/DG

## 14y Mental Health Collegiate Programme Board Function

Greater Glasgow and Clyde Mental Health Programme Board

Terms of Reference and Membership

V June 2018

### 1) Objectives

1. To develop strategies for adult and older people's mental health supported by an implementation plan, workforce plan and financial framework set within a national and local vision for mental health services. The programme will also oversee the delivery of mental health prevention and health improvement work in relation to children and young people, including where this is delivered through child and adolescent service mechanisms. The programme of work will seek to identify consequential impacts as a result of bed modelling and oversee the delivery of implementation and related adult and older peoples workforce proposals.

### 2) Context

1. HSCPs recognise that significant challenges face adult and older people's mental health services over coming years in terms of rising demand, standardising performance, improving outcomes and financial uncertainties. There remains a desire to shift the balance of care while protecting front line services
2. Services have a history of whole system planning and in-patient / estate rationalisation with appropriate community development.

### 3) Outputs

1. A core element will be a bed model including numbers, mix and locations
2. Identification of community, social care and health infrastructure required to support a smaller in patient cohort
3. The development of HSCPs mental health commissioning proposals
4. A financial framework that supports shifts in the balance of care within the HSCP financial plans
5. Development of a performance and accountability framework

### 4) The outputs will be informed by the following

1. National strategies and guidance
2. Local visions
3. UK and local benchmarking analyses
4. Best practice and best value

### 5) Governance

1. In terms of reporting and accountability the Programme Board will report on a regular basis to the Chief Officers and through them to the Moving Forward Together Health and Social Care Transformation Programme.

### 6) The Programme Board will receive reports from the Finance Group comprising Chief Finance Officers and Joint Planning Group for Older people's mental health services

### 7) To deliver the work a range of HSCPs staff will be required. It was agreed by HSCP Chief Officers the function and individual elements of the programme be delivered via supplementing the collegiate Adult Mental Health Planning Group (GG&C wide) to implement the function of the programme approach. The Programme Board membership will include:



## 14y Mental Health Collegiate Programme Board Function

• Programme Sponsor & Chair	Designated Lead Director for Mental Health Services GG&C system wide	David Walker
• East Dunbartonshire HSCP	Head of Mental Health, Learning Disability, Addictions Services and Health Improvement	Caroline Sinclair (David Aitken)
• East Dunbartonshire HSCP	Commissioning	<i>via Head of Mental Health, Learning Disability and Addictions</i>
• East Renfrewshire HSCP	Head of Mental Health & Partnerships	Cindy Wallis
• East Renfrewshire HSCP	Commissioning	<i>via Head of Mental Health &amp; Partnerships</i>
• Inverclyde HSCP	Head of Mental Health, Addictions & Homelessness	Deborah Gillespie
• Inverclyde HSCP	Commissioning	<i>via Head of Mental Health, Addictions &amp; Homelessness</i>
• Renfrewshire HSCP	Head of Mental Health & Addictions	Christine Laverty
• Renfrewshire HSCP	Commissioning	<i>via Head of Mental Health &amp; Addictions</i>
• West Dunbartonshire HSCP	Head of Mental Health, Addictions and Learning Disabilities	Julie Lusk
• West Dunbartonshire HSCP	Commissioning	<i>via Head of Mental Health, Addictions and Learning Disabilities</i>
• Glasgow City HSCP	Assistant Chief Officer Older Peoples Services	Stephen Fitzpatrick
• Glasgow City HSCP	Assistant Chief Officer Adult Services	Jacqueline Kerr
• Glasgow City HSCP	Heads of Adult Services x 3	Colin McCormack Katrina Phillips Fiona McNeill
• Glasgow City HSCP	Heads of Older Peoples Services	Anne Mitchell
• Glasgow City HSCP	Commissioning	Debbie Miller
• Staff Partnership	MHP Staff Partnership representative	Claire Craig Andrew Gray Kenny Mathews Diana McCrone Greg Usrey
• User & Carer	Mental Health Network	Ann Jones
• Governance - Clinical Model	Lead Associate Medical Director, Mental Health	Michael Smith
• Governance - Clinical Model	Clinical Director for Old Age Psychiatry GG&C	Liz Quinn
• Chair Primary Care Group	Clinical Director	Kerri Neylon
• Professional Lead	Nursing – Mental Health	Linda Hall
	Clinical Psychology	George Ralston
	Occupational Therapy – Mental Health	Julie McKelvie
• NHS GG&C Regional Services	General Manager – Forensic Psychiatry	James Meade
• Health Improvement	Head of Health Improvement & Inequality Glasgow City CHP	Fiona Moss
• Organisational	Head/s of Organisational	Isla Hyslop

**14y Mental Health Collegiate Programme Board Function**

Development	Development	
• Human Resources	Head/s of People and Change	Sybil Canavan
• Planning	Head/s of Planning Adult	Janet Hayes
• eHealth	Business Intelligence Manager	Francis Paton
• Facilities	General Manager	David Pace
• Finance	Head of Finance / Management Accountant	Margaret Hogg
• Planning	Planning Strategy input for Mental Health Services	David Harley
• Programme Management	Planning Strategy input for Mental Health Services	David Harley

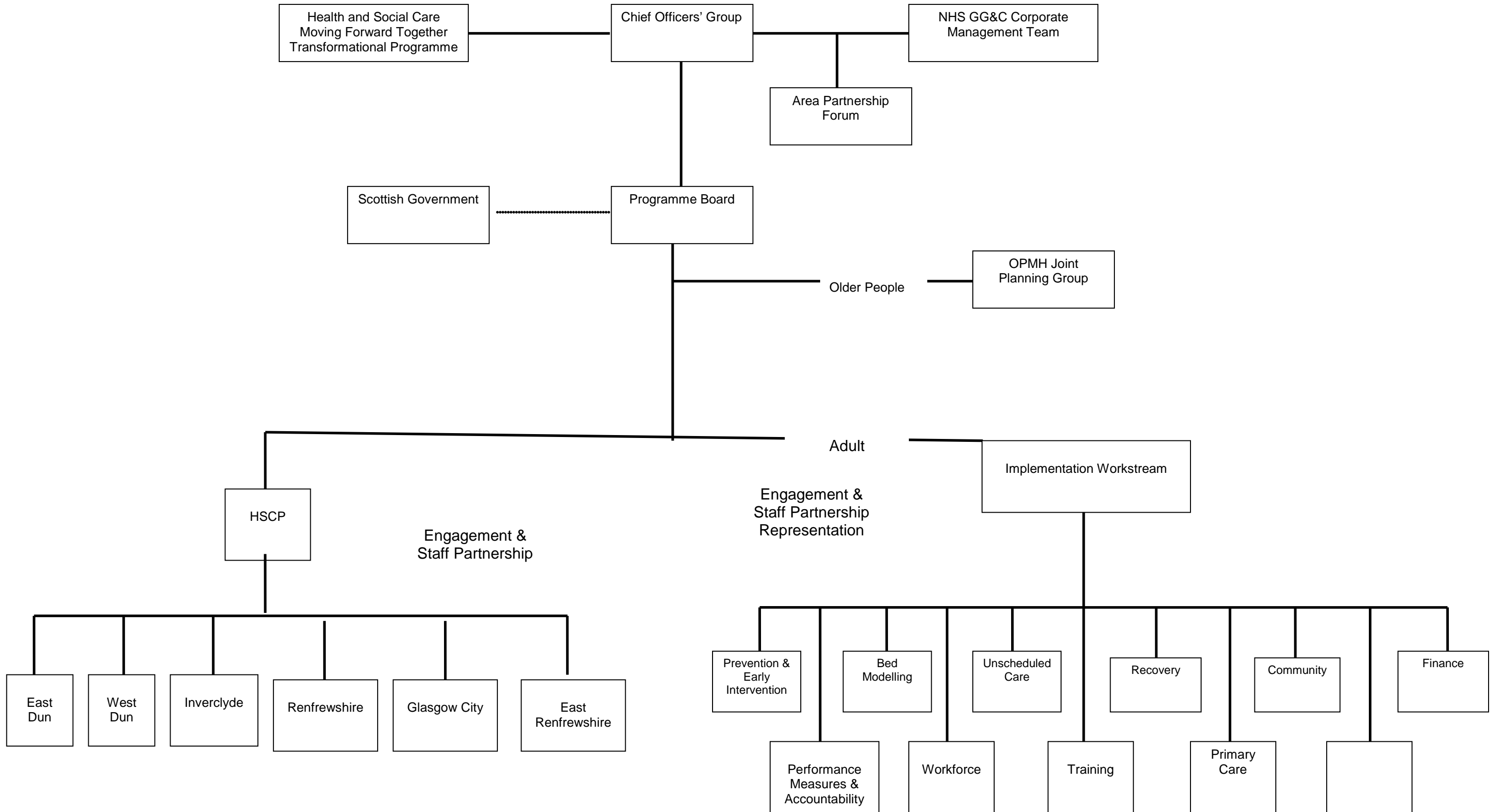
\* Other members may be co-opted as required

**1. Communication**

1.1 HSCP and service colleagues will have a collective communication role to the meeting responsible for delivering the programme objectives in addition to their responsibility to their HSCP and

- confirming the mechanisms for monitoring reports on progress (e.g. system wide community and bed management system)
- identifying any potential risks following bed modelling
- Close working between all HSCP mental health services
- Engaging and communicating with user and carer fora
- Engaging and communicating with staff

Glasgow Greater and Clyde Mental Health Strategy and Implementation Planning: Governance Group





# **Inverclyde Health & Social Care Partnership**

## **Inverclyde Mental Health Action 15 Implementation Plan 2018/19**

## **Mental Health Action 15 Implementation Plan 2018 – 2019**

### **Our Vision:**

Inverclyde's Health and Social Care Partnership's Strategic Plan for 2016 – 2019 presents the partnership's vision "Improving Lives", underpinned by our values:

- We put people first
- We work better together
- We strive to do better
- We are accountable

The partnership is focussed on delivering outcomes for everyone in Inverclyde based on five strategic commissioning themes, which enables the partnership to work across the services that will contribute to:

- Early Intervention, prevention and reablement
- Employability and meaningful activity
- Recovery and support to live independently
- Support for families
- Inclusion and empowerment.

In delivering on these Inverclyde Health and Social Care Partnership aims to make a positive contribution to the national health and wellbeing outcomes as defined by the Scottish Government<sup>1</sup>. The national Health and Wellbeing outcomes are as follows:

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 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.

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5 - Health and social care services contribute to reducing health inequalities.

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7 - People using health and social care services are safe from harm.

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<sup>1</sup> <http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>

Outcome 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.

Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services.

### **Our Approach to Mental Health:**

Our approach to improving mental health within Inverclyde is based on developing a population wide approach, with the development of partnerships across agencies and sectors in our community to enable better awareness of actions and approaches that support mental wellbeing as well as responding to people with mental health needs. Inverclyde, as part of our Mental Health Implementation Plan, will develop a range of initiatives to deliver on the prevention and early intervention agenda.

Our Mental Health Services are an important part of delivering on our outcomes. Mental Health services benefit from a single system approach within NHS Greater Glasgow and Clyde, which has strengthened service planning, management and governance across Health and Social Care Partnerships. Cross system interdependencies are strong and complex and need to be coordinated in an NHS GG&C context. This coordination is led by Glasgow City HSCP Chief Officer but requires a continuing collegiate approach across HSCP's and NHS GG&C.

NHS Greater Glasgow and Clyde in partnership with the six HSCP's has developed a five year mental health strategy. The strategy takes a whole system approach, linking the planning of services across the whole Health Board area, incorporating the priorities of the six Health and Social Care Partnerships, and is aligned with delivery of the Scottish Government's Mental Health Strategy 2017 – 2027.

The NHS Greater Glasgow and Clyde five year strategy focuses on the following themes:

- Prevention, early intervention and health improvement
- Physical health
- Recovery orientated and trauma aware services
- Primary care
- Community and specialist teams
- Social care
- Unscheduled care
- Bed modelling

Currently Inverclyde is developing a wider Mental Health Strategy Implementation plan in collaboration with NHS GG&C and the other HSCP's.

### **National Mental Health Strategy - Action 15**

Action 15 is one of the 42 commitments in the national Mental Health Strategy 2017 – 2027. Scottish Government Ministers gave a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access to mental health services for those in need. The goal is to 'Increase the workforce to give

access to dedicated mental health professionals to all Accident and Emergency departments, all GP practices, every police station custody suite, and to our prisons.'

Funding to support the delivery of this commitment is being provided to each Integration Authority and this requires the development of this local plan that sets out the goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy.

This plan is required to demonstrate how it contributes to the broad local improvement principles in the key areas for action 15, and requires to show the application of additional resources resulting in additional services commensurate with the commitment to provide additional mental workers by 2021-22. The additional capacity can be broad ranging including roles such as peer and support workers, and may include the provision of services through digital platforms or telephone support. It may also include development of staff who are not currently working within the field of mental health. The initial plan is identified below, and this will be supplemented by a detailed Action 15 plan by the end of September 2018.

At a Greater Glasgow and Clyde level the share of national workforce target, were it to be distributed equally, is 179 additional mental health workers to be achieved in 4 years. This is equivalent to 13.2 additional workers within Inverclyde. Whilst this will be the basis for the full Inverclyde plan it remains essential that Inverclyde work with the Health Board and other HSCPs across boundaries in a collaborative approach due to the way that mental health services are delivered, and this will enable us to optimise use of resources in support of delivery of the GG&C wide Mental Health Strategy. A key principle underpinning the collaborative approach is that there should be equitable contributions from HSCPs to agreed pan-GG&C investments based on NRAC shares. The priority areas for investment are currently being identified, and this Action 15 plan will form part of our wider local mental health strategy implementation plan.

### **Interface with Primary Care Improvement Plan:**

Within the National Mental Health Strategy 2017-27 there are a number of commitments that are linked to the transformation programme for primary care. These include

- Action 23 – Scottish Government will "test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019".
- Action 15 - to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and prisons. Over 5 years the Government has committed to additional investment to recruit 800 additional mental health workers in these key settings.

This plan will have a focus on the interface between primary care and specialist Mental Health services and the resources required to enable primary care responses to low level mental health need, and ensure effective pathways for those patients coming into and going out of specialist Mental Health services.

### **Interface with Children's Services**

A significant part of NHSGG&Cs Mental Health Strategy focuses on early intervention and prevention. It recognises that mental illness in children, young people and adults is strongly

correlated with the exposure to childhood adversity and trauma and adverse childhood experiences (ACEs) are an established indicator to trauma.

Inverclyde, as part of our Mental Health Implementation Plan, will develop a range of initiatives to deliver on the prevention and early intervention agenda and specifically focussing on children's services. These will in part be directed towards the specific funding identified by the Scottish Government to improve mental health for children and will also be included within Action 15 considerations.

### **Interface with Community Justice:**

Action 15 specifically identifies the need to improve access to mental health support within prisons and police custody suites. Inverclyde has HMP Greenock, and an extensive Police Custody suite in Greenock Police Station. Whilst the responsibility for provision of mental health care in these settings rests with NHS GG&C Police Custody Healthcare and Prison Healthcare services hosted by Glasgow City HSCP, proposed developments for these settings in context of Action 15 will require further discussion including in respect of local contributions. This will be addressed in the full plan in September 2018. We also recognise the opportunity to develop further approaches to mental health improvement for people within criminal justice services, including throughcare from prison and specifically within our women offenders development work.

### **Interface with Alcohol and Drugs Partnership**

Inverclyde will continue to develop connectivity between the work of the Mental Health Implementation Programme and the Alcohol and Drugs Partnership. It will particularly focus on and tailor services to those adults with complex needs who access both services and require significant support from accident and emergency, criminal justice services and primary care. We will develop a more generic recovery pathway across the whole system to facilitate better signposting and use of services, including the development of a Recovery Hub.

### **Engagement and Consultation:**

This initial plan has been developed in partnership with all the service areas within Inverclyde HSCP which includes our Children's services, Criminal Justice Partnership representation, and representation from the local Primary Care Improvement Implementation Group. The plan has also taken into account the outcome of consultation with service users with events focussing on recovery held earlier in 2018.

We anticipate developing a Programme Board for the Mental Health Strategy Implementation work, of which Action 15 will form a part, and which will also include local NHS GG&C acute sector representatives. The initiatives in respect of A&E within this initial plan are based on existing work with our acute colleagues as reflected in the 5 year Mental Health Strategy for Greater Glasgow and Clyde. This will also include representatives from our local community and service users and carers.



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2019 – 2020 share of £17 million total	£3,797,395	£280,477
2020 – 2021 share of £24 million total	£5,360,986	£395,568
2021 – 2022 share of £32 million total	£7,147,981	£527,957

### **Other linked plans/planning processes**

This plan will link through the three locality planning partnerships who have responsibility for the Inequalities outcome within Inverclyde's Community Planning Partnership; Inverclyde Alliance, Local Outcome Improvement Plan (LOIP). Other relevant plans include:

- IJB Strategic Plan
- Children's Service Plan
- Corporate Parenting Plan
- Community Justice Plan
- ADP Development Plan
- Locality Planning/Local Improvement Plans

**Areas identified for investment of Action 15 money - Year 1 2018/19**

Proposal	Strategic Links
Investment in Primary Care Mental Health Pathways - developing and extending provision of brief psychological interventions for older people	Action 15; Primary Care Improvement Plan; Action 23
Development of age appropriate MH promotion literature. Working to destigmatise MH issues across older people service user group	Action 15; 5 year Mental Health Strategy
Extend access to Psychiatric Liaison service within A&E and acute hospital care	Action 15; 5 year Mental Health Strategy
Responses to Stress and Distress to extend training to additional groups and individuals eg carers; develop distress response for primary care and direct access	Action 15; Primary Care Improvement Plan
Young people with parental mental ill health and substance misuse - widen the current approach for children affected by parental substance misuse to mental health	Action 15; 5 year mental health strategy
Prevention and Recovery Practice development to build resilience through primary care prevention and supporting sustained recovery. This will include capacity building, peer support, additional training and digital access pathways	Action 15; 5 year Mental Health Strategy
Young Onset Dementia GG&C wide project to increase access to post diagnostic support and psychological interventions	Action 15