

Report To: Health & Social Care Committee **Date:** 11 October 2018

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Officer)
Inverclyde Health & Social Care
Partnership **Report No:** SW/50/2018/DG

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Subject: 5 YEAR MENTAL HEALTH STRATEGY

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health & Social Care Committee of the development of a whole system five year strategy for mental health services.
- 1.2 The report also advises of the new Mental Health monies available, and the plan for the use of these monies.

2.0 SUMMARY

- 2.1 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.
- 2.2 Work to develop a new five year strategy was undertaken in 2017 in partnership with NHSGG&C and the six Health & Social Care Partnerships. It is 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, the continuing increasing demand on mental health services including in the context of prevailing financial challenges for HSCPs.
- 2.3 Work continues to take forward the implementation of the 5 year Mental Health Strategy through the GG&C wide Programme Board and key work streams which include representatives from Inverclyde. The Programme Board reports to the Chief Officers Group.
- 2.4 The 5 year strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2027 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).
- 2.5 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.

- 2.6 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 Health & Social Care Committee is asked to note the report and the proposals outlined in the accompanying Action 15 Plan for Inverclyde.
- 3.2 The Health & Social Care Committee is asked to agree the strategic direction outlined in the Action 15 implementation plan.

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 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.

4.4 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 multi-disciplinary 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.

4.5 Mental Health services benefit from a single system approach within GGC, which has strengthened service planning, management and governance across HSCPs. 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 HSCPs and NHS GGC.

4.6 The work to take forward the implementation of the 5 year Mental Health Strategy is being developed through the Programme Board. The governance has been agreed. 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 People’s Strategy

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

4.8 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).

4.9 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.

4.10 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

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

4.12 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.

4.13 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 1.

4.14 This is being developed further to support key priorities of the mental health strategy with the aim of ensuring 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. The final plan will include some developments that 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.

4.15 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.

REPOPULATION

5.5 There are no repopulation implications arising from this report.

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 None.



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 Government¹. 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.

¹ <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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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