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**Report To:** Inverclyde Integration Joint Board      **Date:** 19 March 2019

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Inverclyde Health & Social Care  
Partnership      **Report No:** IJB/16/2019/DG

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**Subject:** **UPDATE REPORT: 5 YEAR MENTAL HEALTH STRATEGY AND  
ACTION 15 IMPLEMENTATION**

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integration Joint Board on progress with the implementation plan for the 5 year Mental Health Strategy within Inverclyde, and Action 15, and the proposal to establish a local mental health programme board.

## **2.0 SUMMARY**

- 2.1 In September 2018 the Integration Joint Board received a report detailing the establishment of work streams and the emerging work plan for implementation of the 5 year 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 A local implementation plan has been developed to map key local actions for 2019/20 to the wider implementation plan and to support safe sustainable services.
- 2.4 The delivery of the mental health strategy extends beyond the mental health services, and the programme of work requires wider engagement to focus on key developments to achieve the outcomes anticipated.
- 2.5 A local Mental Health Programme Board is being established to enable this work.

## **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note ongoing progress with this work and to agree to receive further updates on a six monthly basis.

**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 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). 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.
- 4.3 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.
- 4.4 The work to take forward the implementation of the 5 year Mental Health Strategy is led by the Programme Board, with implementation work streams undertaking the detailed work to deliver the strategy. The full project plan with timetable for delivery of the actions required from the strategy is currently being finalised.
- 4.5 This includes work in relation to the financial framework which includes both HSCP financial commitments to mental health aligned to service delivery, and the use of additional money committed by the HSCP's from Action 15 to support board wide developments required to enable the strategy to be delivered. The detail of the spend for 2018/19, and key areas for ongoing investment over the 4 years is attached at appendix 1.
- 4.6 Within Inverclyde a local implementation plan has been developed within the mental health service to map local actions to the strategy and the board wide work for 2019/20. As the project plan is finalised this will inform more detail of timescales for changes within the local service. The current plan is attached at appendix 2.
- 4.7 Within the Adult Mental Health Strategy there are identified areas of development which cross cut to other services. Within the Action 15 Plan for Inverclyde we identified further opportunities to develop our approach to improving responses to mental health and distress across our system of care. The key elements of the strategy which are cross cutting relate to prevention and early intervention, managing distress and better

responses to urgent or unscheduled care and supporting and sustaining recovery.

- 4.8 A local Mental Health Programme Board is currently being established to provide oversight and enable coordination of the whole programme of work across the HSCP to deliver on the strategic objectives of the 5 year Mental Health Strategy, Action 15 of the National Mental Health Strategy and the actions within the new Strategic Plan. There are issues with recruitment and retention of clinical and community staff that are having an impact on how the mental health service is operating. A review to support a safe sustainable model for now and the future is being undertaken and this will report to the Programme Board and future report to IJB. The Programme Board will be chaired by the Chief Officer.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

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					

### 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 ill-health 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 people's 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 DIRECTIONS

6.1	<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

## 7.0 CONSULTATION

7.1 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.

## 8.0 BACKGROUND PAPERS

8.1 Adult Mental Health Strategy; report to IJB 30<sup>th</sup> January 2018. Report no: IJB/07/2018/DG; 5 year Mental Health Strategy report to IJB, 11<sup>th</sup> September IJB/47/2018/DG

**INVERCLYDE HSCP - MENTAL HEALTH ACTION 15 PLAN**

Plan as submitted to Scottish Government 05/10/2018

**Action 15 Mental Health Workforce Funding - Expenditure Forecast 2018-19**

Expenditure Category (choose from drop down list):	Brief Description of Funded Activities:	Total Costs 2018-19
	<b>LOCAL ACTIVITIES/PROJECTS</b>	
Staff Costs (new workforce)	Extend access to Psychiatric Liaison Service within A&E & Acute hospital care	23.0
Staff Costs (new workforce)	Investment in Primary Care Mental Health pathways	23.0
Staff Costs (new workforce)	Prevention & Recovery development	23.0
	<b>INVERCLYDE SHARE OF GG&amp;C WIDE ACTIVITIES &amp; PROJECTS</b>	
	<b>Prevention and Early Intervention</b>	
Staff Costs (new workforce)	Computerised CBT Service	0.0
	<i>Collection Prevention Programme</i>	
Training costs	- Mental Health and Suicide Prevention Training	1.6
Staff Costs (new workforce)	- Digital Support	2.2
Staff Costs (new workforce)	Bipolar Hub	0.0
Staff Costs (new workforce)	Dementia - Young Onset Dementia	1.1
	<b>Productivity</b>	
	<i>Unscheduled Care</i>	
Staff Costs (new workforce)	- Adult Liaison services to Acute Hospitals	6.2
Staff Costs (new workforce)	- Out of Hours CPNs	0.0
Staff Costs (new workforce)	Police Custody	0.0
Staff Costs (new workforce)	Borderline Personality Disorder	24.2
Planning / Project Mgmt / Mgmt support	Project Management Support	2.1
	<b>Recovery</b>	
Staff Costs (new workforce)	Recovery Peer support workers	8.1
Staff Costs (new workforce)	Psychological Interventions in Prisons	9.7
<b>Total Expenditure</b>		<b>124.2</b>

## Planned Spend over 4 Years

Financial Year	A&Es	Custody Suites	GP Practices	Prisons	Other Settings / Other	Total Planned Expenditure
2018-19	29.2	0.0	23.0	9.7	62.2	124.2
2019-20	77.0	8.8	48.0	18.5	112.3	264.6
2020-21	104.1	11.2	49.0	25.9	138.1	328.2
2021-22	116.9	13.3	51.0	26.7	175.7	383.6
<b>Total Expenditure</b>	<b>327</b>	<b>33</b>	<b>171</b>	<b>81</b>	<b>488</b>	<b>1,101</b>

## Planned additional WTE over 4 Years

Financial Year	A&Es	Custody Suites	GP Practices	Prisons	Other Settings	Total
2018-19	1.1	0.0	1.0	0.2	1.2	3.5
2019-20	0.2	0.1	0.0	0.2	1.2	1.8
2020-21	0.3	0.1	0.0	0.2	1.2	1.8
2021-22	0.3	0.1	0.0	0.2	1.3	1.9
<b>Total WTE</b>	<b>1.9</b>	<b>0.3</b>	<b>1.0</b>	<b>0.8</b>	<b>4.9</b>	<b>8.9</b>

Workforce planning locally and GG&C wide is still under development so these figures will change as the detailed workforce requirements are identified

These figures do not include any additional skills development WTEs

**MENTAL HEALTH 5 year STRATEGY IMPLEMENTATION PLAN 2019/20**

**APPENDIX 2**

Updated for February 2019

<b>Key Areas of Development</b>	<b>What are the Board wide Actions</b>	<b>What are the local actions currently</b>	<b>Local Resources &amp; Workforce Implications</b>	<b>Timescales &amp; Leads [Bold denotes rep on Board wide workstream]</b>
<b>Prevention &amp; Early Intervention; Digital</b>	Self-management - computerised- Cognitive Behavioural Therapy [cCBT] Training: Trauma Informed & Mental Health Training (e.g. Suicide prevention) Health Improvement post re Wellbeing Peri-natal mental health pathway improvement Band 6 post to support training implementation	Provide Survive & Thrive training in mental health  Wider roll out within HSCP  Explore 3 <sup>rd</sup> Sector options		<b>Maureen O’Neil-Craig</b> Mary Howley John Smith
<b>Primary Care</b>	Identifying workstream group to take forward. Shared learning from SHIP and Jigsaw approaches; models for managing distress Primary Care/Mental Health Interface group	Additional post in Primary Care Mental Health Team [PCMHT] focus on older people’s needs  Link in with local Primary Care Improvement Plan work to discuss further developments	Action 15 funded permanent post	Susan Lindsay  Deborah G Emma C [PCIP]
<b>Community Services</b>	Improving Efficiency & Effectiveness  Referrals management  Initial Assessment Template  Discharges & Rapid access back to service  Capacity modelling linked to performance Activity  Group approaches to common	Data quality and use of information systems- EMIS and Psycis data  Caseload waiting and management; link to capacity modelling work- plan in development  Group development work underway  Training for staff – Stabilisation NHS Education Scotland [NES]	Assistant Psychology role – work on info/audits/ improvements  Input from Board Mental Health Planning/ Clinical Lead for 3 month project	<b>Alan Crawford</b> Kate Lowson CMHT Team Leads       Susan Lindsay Mary Howley

Key Areas of Development	What are the Board wide Actions	What are the local actions currently	Local Resources & Workforce Implications	Timescales & Leads [Bold denotes rep on Board wide workstream]
<b>Community Services (con't)</b>	MH conditions- proposals developed by Psychology	2 days – staff to access Feb 2019  Risk Assessment and management – 31/01/19		
<b>Recovery</b>	Peer Support Workers [IMROC] model – community based working in to inpatients  Recovery College	Peer Support Worker scoping work – Renfrewshire to employ  Discussion re interface with wider service areas, e.g. Addictions  Peer evaluation of services – development of capacity Scottish Recovery Network training 6 people  Embedding recovery outcomes within support planning – need to link into caseload weighting  Maintain the profile of recovery across all components of service  Develop Recovery strategy linking with Addictions review outcomes, including with providers and service users	Identify Lead for Peer support implementation – Occupational Therapy [OT]  Need to identify Champions Role – OT lead  Action 15 development money agreed - local	<b>John Smith</b> <b>Kate Lowson</b>  Lorraine McFarlane ACUMEN; Mental Health Network
<b>Unscheduled Care</b>	Liaison / Emergency Department pathway  Crisis and home treatment  Board wide Liaison Service	Current scoping change to a board wide liaison service; staff engagement sessions in March 2019  Explore approach to Distress e.g. Hubs – link with Addictions	Action 15 investment – additional post into Crisis Response Service	<b>Deborah G Steering Group</b> <b>Carol F Liaison subgroup</b> <b>Alan Crawford Crisis subgroup</b>  Carolanne McCormick





Key Areas of Development	What are the Board wide Actions	What are the local actions currently	Local Resources & Workforce Implications	Timescales & Leads [Bold denotes rep on Board wide workstream]
<b>Workforce Development (con't)</b>	Union engaged	Reporting to Staff Partnership Forum  Undertake review of current staffing model to support a safe sustainable model for the future	Input from Board MH Planning/ Clinical Lead for 3 month project	
<b>Older Peoples Mental Health</b>	Workstream established- initial work underway CPN and Psychologist input to extend Cognitive Stimulation Therapy [CST] and approaches across GG&C	Young Onset Dementia development – linked to recommissioning specialist day care	Action 15 investment in Board wide Psychology for Young Onset Dementia	<b>Deborah Gillespie</b> Vicky O'Reilly; Alan Crawford
<b>Community Engagement &amp; Consultation with service users</b>	Mental Health Network led engagement in localities	Service user Recovery focussed engagement events held  Service User reference group established Input to local working groups to be enabled – for Recovery and Crisis /Distress developments Link with HSCP Strategic Plan – locality consultation complete		Deborah Gillespie John Smith ACUMEN Mental Health Network