Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 22 March 2021

I refer to the agenda for the meeting of the Inverclyde Integration Joint Board to be held on Monday 29 March 2021 at 1pm and attach report as undernoted which was not available on the day of issue and a further item, also as undernoted.

Anne Sinclair
Interim Head of Legal Services

10. **Greater Glasgow and Clyde Mental Health Strategy Update**
Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership

FURTHER ITEM

14. **Mental Health Development Session**
Report by Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership

Enquiries to – **Diane Sweeney** - Tel 01475 712147

AGENDA ITEM NO: 10

Report To:	**Inverclyde Integration Joint Board**	**Date: 29th March 21**
Report By:	**Louise Long Chief Officer Inverclyde Health & Social Care Partnership**	**Report No: IJB**
Contact Officer:	**Anne Malarkey Head of Mental Health, ADRS and Homelessness**	**Contact No:**
Subject:	**GREATER GLASGOW AND CLYDE MENTAL HEALTH STRATEGY UPDATE**	

1.0 PURPOSE

1.1 To update the IJB on the development of the Board-wide Mental Health strategy. The paper was the GG&C Mental Health Programme board. Similar reports are being considered by the other five IJBs in GG&C.

2.0 SUMMARY

2.1 Work on a Board-wide mental health strategy was commenced in 2017 as a key part of the Moving Forward Together Programme. This work is also key to delivering on the IJB's Strategic Plan and specifically shifting the balance of care. The Adult Mental Health Programme Board to oversee the strategy was set up that year and work on a specific older people's mental health strategy began in 2018. The Programme Board includes clinical, managerial and staff representatives from across the mental health system in GG&C. The approach has been to view mental health services as one integrated system albeit serving different needs with specific care pathways. Supporting work streams have been set up on:

- Covid recovery planning;
- capacity, effectiveness and efficiency of community services;
- inpatient bed models and estate;
- workforce planning;
- unscheduled care;
- overall financial framework; and,
- engagement & involvement.

2.2 In recent months a specific focus has been reviewing and re-freshing the draft strategy in the light of our response to the pandemic. A key assumption in our recovery planning is that demand for mental health services and support will increase post the pandemic; the scale of which is difficult to quantify at this juncture.

2.3 It is planned to conclude this work later this year in time for a period of service user and stakeholder engagement details of which will be reported to IJB.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to approve this report, including the financial framework. Note the further work being undertaken to develop the strategies and receive an updated report in June 2021. A further paper will follow after the IJB Development Session on 17th March with specific funding requests when agreement has on a local action plan.

Louise Long
Chief Officer

4.0 OPMH Update

4.1 The focus of the OPMH strategy has been to design a system of care that is patient-centered, with professional and organisational arrangements working in support, with a presumption that a shift in the existing balance of care is possible. Specifically the strategy group has focused on:

- develop the community social care and health infrastructure required to meet future needs and changes in inpatient care including a coordinated system of unscheduled care;
- review the inpatient bed model for NHSGG&C, including commissioned beds and residential care models
- design an efficient and sustainable overall OPMH system of care underpinned by an agreed financial framework; and,
- develop an HSCP older people mental health performance and accountability framework.

4.2 Progress on the two key strands of the strategy – community services and the inpatient bed model and the key issues to emerge are summarised below.

4.3 The emerging thinking on the community model is that:

- we take a staged approach in line with but in advance of changes in inpatient services (bridging resources might be required);
- needs as a consequence of future demographic changes in the over 65 population should be met through the development of community services rather than more inpatient beds;
- we should build on learning from the impact of the Covid 19 pandemic taking into account the changed environment within which services now operate; and,
- include commissioning intentions for third and independent sector support including housing.

4.4 The specific areas of focus for development of community services include:

- early intervention & prevention and health education messages, particularly highlighting healthy lifestyles with prevention or delay of onset of dementia;
- implement the efficient and effective teams model so that community teams have capacity to focus on patients with more complex needs; and,
- as a first step, prioritise community based “crisis’’ or “intensive support services’’. It has been highlighted that there is a gap in crises response services for older adults, both for those in the community and in care homes.

4.5 In respect of dementia it is proposed that HSCPs build on the pathfinder approach to care co-ordination in Inverclyde and develop similar care co-ordination pathways for people with dementia, as an integral part of the community model for OPMH.

4.6 A detailed analysis has been undertaken of bed occupancy rates, bed usage, data on so-called “boarders” both external and internal to GG&C, the results of last year’s day of care audit, and local and UK benchmarking data. The day of care audit show that:

- of acute admission beds 13% were occupied by patients who did not meet the day of care audit criteria; and,
- in Hospital Based Complex Care beds it was 11%.

The conclusion from this work was that compared to other healthcare systems, GG&C it is possible to reduce bed numbers over time without de-stabilising the care system, and that there is considerable scope for a more efficient use of existing bed capacity.

4.7 The future bed model for both acute admissions and HBCC beds is currently being worked through to take account of:

- the optimum split between organic and functional beds;
- with adult mental health, the estate impact, potential capital requirements and workforce implications;
- develop a timeline for any changes so that implementation is a 'stepped process' and is managed in a way that has patient safety and quality at its core; and,
- clarify whether the needs of neighbouring Health Board's should be factored into our future bed model, and if so the numbers involved and financial arrangements (this also applies to adult mental health inpatient services).

5.0 Adult Mental Health Strategy Update

5.1 The focus of the adult mental health strategy has been on:

- prevention, early intervention and health improvement including up-scaling mental health training, support community planning partners to address child poverty, and work with multiple partners to build awareness of and promote mental wellbeing including a focus on higher risk groups;
- implementation of the physical healthcare and mental health policy including improved assessment and referral pathways, and staff training/development;
- recovery-oriented and trauma aware services and co-production approaches to promoting recovery;
- primary care ensuring mental health contribution to primary care improvement plans, including work to support those with long term conditions;
- community & specialist teams with a focus on maximising efficiency and effectiveness of CMHTs in order to manage increases in demand, including exploiting the opportunities of integration with social care services;
- in unscheduled care development of a single adult mental health Liaison/Out of Hours service across NHSGGC, including crisis resolution and home treatment / OOH to provide a consistent model of treatment across the Board area as an alternative to hospital admission; and,
- inpatient bed model a combined reduction to adult mental health inpatient bed capacity in line with benchmarking analysis and proposed reinvestments in community services including pathway development, a proactive approach to discharge planning, including closer integration with community and social care services for smoother patient flow across inpatient and community settings.

5.2 Closely linked to the work on inpatient flow is the future bed model including proposals for intensive and high dependency rehabilitation and HBCC recognising the increased pressure on inpatient services from the pandemic. This work is currently underway.

5.3 There are also a range of health and safety design issues that have been identified and which are part of a longer term process of assessment of mental health inpatient accommodation. This includes safety risk assessments and minor capital works that will require temporary closure and remediation work. The short-term identified work will impact on mental health wards on the Dykebar, Leverndale and Stobhill Hospital sites. It is anticipated that further remedial work will be identified in the short-medium term on the majority of mental health in-patient sites for which minor and capital works costs will be identified. Any medium term changes in mental health specialty use of accommodation may also require additional financial investment.

5.4 Specific developments are also planned in respect of forensic mental health service at Stobhill managed jointly between Adult Mental Health and the Forensic Directorate.

6.0 Next Steps

6.1 This report updates the IJB on both the OPMH and adult mental health strategies. Similar reports are being considered by the other five IJBs in GG&C. The next steps include:

- further work on both the community and inpatient service models, including the

commissioning implications for third and independent sector support including housing;
- building on learning from our response to the pandemic;
- developing a sustainable workforce plan that reflects the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges;
- progressing with Scottish Health Council and GG&C community and wider stakeholder involvement and engagement on the strategy;
- developing an overall financial framework to support delivery of the strategies, and a performance management framework. This will done within the existing budgets of of £150.318m and £38.383m which exist for both Adults and Older People. Details are attached in Appendix One and Two;
- development of proposals for the future delivery of inpatient services; and,
- progressing forensic low secure bed developments with the Forensic Directorate and low secure adult rehabilitation at Stobhill Hospital.

7.0 IMPLICATIONS

7.1 FINANCE

A financial framework is currently being developed to support the implementation of the overall Adult and Older People Mental Health Strategy. This will be developed within the financial envelope which currently exists within these budget which is £150.318m for Adult Mental Health across Greater Glasgow and Clyde and £38.383 m for Older People Mental health across Greater Glasgow and Clyde. Inverclyde IJB has a development session planned for the 17th March 21, a paper will follow with specific funding requests when agreement has been reached on key priority areas.

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					

7.2 LEGAL

There are no specific legal implications arising from this report.

7.3 HUMAN RESOURCES

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

7.4 **EQUALITIES**

Has an Equality Impact Assessment been carried out?

	YES
X	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.

How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive – improve access to services
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive – improve range and platforms for access to services.
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
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

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

7.6 **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.	Paper for noting however direction of strategy will assist to meet all 9 National Wellbeing Outcomes.
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	As above-

People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As Above
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.	As above
People using health and social care services are safe from harm.	As above
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.	Paper for noting however MH strategy will involve staff communication and engagement.
Resources are used effectively in the provision of health and social care services.	As above

8.0 DIRECTIONS

8.1

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

9.0 CONSULTATION

9.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers across NHS GG&C area.

10.0 BACKGROUND PAPERS

10.1 None.

Appendix One Financial Framework for Adult Mental Health

	Site	No of beds	Gross Exp Budget 2021 £000's	Income budget 2021 £000's	Net Exp Budget 2021 £000's
Men Health - Adult Inpatient beds:	Leverndale	164	11,665	-2,919	8,745
	Gartnavel Royal	122	9,129	-769	8,359
	Stobhill	112	8,823	-398	8,425
	Inverclyde Royal Hospital	40	3,819	-178	3,641
	Dykebar	35	3,006	-3	3,004
					0
Supporting services:	Adult Mh Management & Admin		5,534	-176	5,358
	Adult Mh Ahps		3,265	-2	3,263
	Adult Mh Medical		4,654	-421	4,233
	Adult Mh Accommodation		1,651	-340	1,311
Men Health - Adult Inpatient Total		**473**	**51,545**	**-5,206**	**46,340**
Men Health - Adult Community	Adult Mh Psychology		4,308	-124	4,184
	Crisis		4,917	-392	4,525
	Community Mh Teams incl CRT		19,543	-710	18,833
	Primary Care Mh		5,150	-208	4,943
	Other Community Services		1,688	-253	1,434
	Comm MH Medical		7,463		7,463
	Management		1,957		1,957
Men Health - Adult Community Total			**45,026**	**-1,687**	**43,339**
Men Health - Specialist Service	Mh Community Specialist Serv		10,854	-1,081	9,773
	Mh Inpatient Specialist Serv		4,342	-743	3,599
Men Health - Specialist Servic Total			**15,196**	**-1,824**	**13,371**
Men Health - Central	Advocacy Services		1,169		1,169
	Mh Clinical Psychology		2,645	-2,497	147
	Mh Management Services		416	-142	275
	Mh Central Nursing		2,203	-461	1,741
	Mh Medical Central Services		1,117		1,117
	Primary Care Junior Doctors		8,572	-6,672	1,900
Men Health - Central Total			**16,123**	**-9,772**	**6,351**
Other indicative funding:	**Action 15 allocations**		**7,144**		**7,144**
Total Health Budget			**135,034**	**-18,489**	**116,545**
Social Work	**Expenditure**				
Men Health - Adult Residential & Community	Social Care Purchased Services		4,836	0	4,836
	Payments to Other Bodies		158		158
	Purchased/Commisioned Services		25,522	-121	25,401
	Health Board Resource Transfer			-2,973	-2,973
	SW Direct Care		440	-72	368
	SW Operational		6,302	-50	6,252
	Any other SW Funded Services which may incorporate an element of MH			-269	-269
Men Health - Adult Residential & Community Total			**37,258**	**-3,484**	**33,774**
Total Social Work Budget			**37,258**	**-3,484**	**33,774**
Grand Total Health			**135,034**	**-18,489**	**116,545**
Grand Total Social Work			**37,258**	**-3,484**	**33,774**
Adult MH Strategy in-scope budget £000's			172,292	-21,974	150,318

Appendix Two Financial Framework for Older People Mental Health

	Site/Ward	No of Beds	Gross Exp Budget 2021 (£000)	Income Budget 2021 (£000)	Net Exp Budget 2021 (£000)
OPMH Acute Admission Beds:	Stobhill - Isla	24	1,321	- 116	1,205
	Stobhill - Jura	20	1,391	- 116	1,275
	Gartnavel Royal - Cutherbertson	20	1,405	- 9	1,396
	Gartnavel Royal - Timbury	25	1,279		1,279
	Leverndale - Balmore	18	1,530	- 251	1,279
	Leverndale - Banff	20	1,342	- 251	1,090
	Inverclyde Royal - Larkfield - Ward 4	20	1,455	- 141	1,315
	Royal Alexandria - RAH Ward 37	20	1,618		1,618
	Royal Alexandria - RAH Ward 39	20	1,484		1,484
	Vale of Leven - Fruin	12	1,402	- 780	622
	Vale of Leven - Katrine	6	479	- 267	212
OPMH Acute Admission Beds		**205**	**14,706**	**- 1,932**	**12,774**
OPMH Hospital Based Complex Care Beds:	Stobhill - Appin	20	1,481		1,481
	Gartnavel Royal - Iona	20	1,231		1,231
	Darnley Court - Fleming	28	1,441		1,441
	Rogerpark - Woodburn	10	709	- 159	550
	Rogerpark - Millhouse	10	709	- 159	550
	Orchard View - Willow	30	1,875		1,875
	Dykebar - North	21	1,421		1,421
	Dykebar - East	21	1,320		1,320
	Dumbarton Joint Hospital - Glenarn	12	907	- 127	780
OPMH HBCC Beds		**172**	**11,093**	**- 446**	**10,647**
OPMH Beds Total		**377**	**25,798**	**- 2,377**	**23,421**
Supporting Services:	Medical		1,866	- 35	1,832
	AHP's		302		302
	Other Support Services		112		112
OPMH Inpatient Supporting Services			**2,280**	**- 35**	**2,245**
OPMH Inpatient Total Budget			**28,079**	**- 2,412**	**25,667**
OPMH Community Services:	Glasgow City HSCP		8,262	- 135	8,127
	East Dunbartonshire HSCP		1,245	- 161	1,084
	East Renfrewshire HSCP		867	- 42	825
	Inverclyde HSCP		583	-	583
	Renfrewshire HSCP		1,077	-	1,077
	West Dunbartonshire HSCP		1,201	- 182	1,019
OPMH Community Services Total Budget			**13,236**	**- 520**	**12,716**
Total OPMH Budget			**41,315**	**- 2,932**	**38,383**

AGENDA ITEM NO: 14

Report To:	**Inverclyde Integration Joint Board**	**Date: 29th March 2021**
Report By:	**Louise Long Chief Officer Inverclyde Health & Social Care Partnership**	**Report No: IJB/17/2021/AM**
Contact Officer:	**Anne Malarkey**	**Contact No: 01475715284**
Subject:	**MENTAL HEALTH DEVELOPMENT SESSION**	

1.0 PURPOSE

1.1 To summarise the outcome of the Mental Health session of the IJB Development Session on 17th March 2020

2.0 SUMMARY

2.1 A development session of the Inverclyde IJB took place on the 17th March 2021. Part of the session focused on Mental Health services within Inverclyde and an update of the GG&C wide Mental Health Strategy.

2.2 Louise Long, Chief Officer opened the session by restating the vison and the values that underpin the vision created by Inverclyde people, including carers, service users and Inverclyde HSCP- *Inverclyde is a caring and compassionate community, working together to address inequalities and assist everyone to live active, health and fulling lives.*

2.3 Anne Malarkey, Interim Head of Mental Health, ADRS and Homelessness Services provided information around the current challenges, particularly around staffing issues within medical and psychology workforce, recommendation from the Deanery Scotland around junior doctor training, caseloads and increased demand for mental health services due to Covid 19 pandemic.

2.4 Dr Michael Smith, Associate Medical Director for NHS Greater Glasgow & Clyde, Dr Pavan Srireddy, Consultant Psychiatrist and Lead for Mental Health Strategy attended and provided an update on the progress of the Mental Health Strategy and highlighted particular areas that may be helpful to develop services within Inverclyde. These areas included developing diagnosis specific treatment pathways, work force changes, task shifting and considering which elements of services can be delivered locally , central and digitally.

2.5 Views on the priorities for mental health services for the people of Inverclyde what areas of work would the IJB like Mental Health Services to develop further were gathered. These are collated and attached as appendix 1 however require further thematic analysis to develop a work plan.

3.0 RECOMMENDATIONS

3.1 IJB approves the proposal to set up a fund of £35,000 to support the work undertaken by local third sector services. The fund will provided to CVS Inverclyde who would manage the fund on behalf on the HSCP and will accept applications from other third sector organisation who are responding to trauma, distress, suicidality and the needs of people with mental health problems.

3.2 IJB notes the implementation of Patient Initiated Follow Up within Glasgow and supports improving pathways for patients and managing workload effectively.

3.3 Further scoping required to develop diagnosis specific pathways, work force model and roles and to determine which services require to be delivered locally, centrally and digitally. IJB agree that mental health services carry out scoping work around above and produce a proposal with indicative costs required to introduce new roles and service models. This scoping exercise will use the comments from development session on 17th March as guiding principles where possible.

3.4 Note the MHO review and creation of four additional posts from reconfiguration of existing budgets.

Louise Long
Chief Officer

4.0 Challenges

4.1 Psychology posts have proven difficult to recruit to despite multiple advertising and changing banding of posts. Two posts remain vacant within adult services one in community and one in inpatients. Addressing this issue will be taken forward with recommendation 3 in determining which services require to be delivered locally, centrally or digitally.

4.2 Throughout session reference was made by presenters and by IJB members through discussion and in response to questions about the need to develop community assets, peer support and the importance of local communities to support wellbeing within the population.

4.3 As part of NHS GG&C remobilisation plan a submission was made to the Scottish Government for funding, a significant section on Public Mental Health set out a number of interlinked development and investment areas that were seen as being crucial to ensuring a robust response to population mental health needs in the time of the COVID-19 pandemic.

4.4 As community groups and organisations continue their work in challenging circumstances and modify their practices to ensure the safety of those they support financial assistance is needed. Inverclyde HSCP has been allocated RAM allocation of £47,679 from this fund and would like to propose that £35,000 it is used to support the work undertaken by local third sector services. Inverclyde HSCP would like to propose that a fund is set up and managed by CVS Inverclyde.

5.0 Pathways

5.1 As part of the Mental Health Strategy a Patient Initiated Follow Up (PIFU) pathway has been developed and tested, this pathways allows defined group of patients to be discharged from services with clear guidance on how to access services in future if required. Progressing implementation of PIFU could begin with immediate effect. This could assist to address medical caseloads and allow a defined group of service user's access to services at times when they feel they require input. Other diagnosis specific pathways require further scoping and planning.

6.0 Workforce and task shifting

6.1 Introducing new roles within mental health services is a longer term solution to workforce issues. The Inverclyde Mental Health Programme will establish workforce group to developing a programme of work to scope the roles required and models of service would need to be undertaken to identify any new resource required.

7.0 Local, Central and Digital

7.1 In order to ensure people from Inverclyde can access a wide range of services including specialist mental health services scoping out of which services require to be delivered locally, centrally and digitally is required. Vacancies within Psychology will be considered within this work to ensure that the people of Inverclyde receive a psychologist service that meets their needs

8.0 Mental Health Officer Service Review

8.1 The Inverclyde Health and Social Care Partnership commissioned a review of the Mental Health Officer (MHO) Service provided within Inverclyde. An MHO is a specially trained social worker who has the training, education, experience and skills to work with people with a mental disorder. MHOs work for the local authorities who have legal duties under the Mental Health (Care and Treatment) (Scotland) Act 2003. As a result of the review a team leader post and three additional posts have been created from unallocated pressures funding from 20/21 and existing resource. These post and are currently being recruited to.

9.0 IMPLICATIONS

FINANCE

9.1 Make direct award to CVS from NHSGG&C remobilisation monies from Scottish Government.

MHO service post from unallocated pressures funding and existing resource Recruitment to a locum post – speak to Helen McGurk.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
	CVS Fund	20/21	£35,000	Scottish Government funding	

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
	MHO Service	20/21	£169, 000	Council Budget- Unallocated pressures funding and existing resource	

LEGAL

9.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

9.3 There no specific human resources implications arising from this report at this stage however any change to current service models will have future HR implications.

EQUALITIES

9.4.1 Has an Equality Impact Assessment been carried out?

	YES
No	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.

9.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	**Implications**
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive - Increase access to mental health support and interventions
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive – increase access to mental health support and interventions
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	Positive – continuing involvement in service development particularly through the work of the third sector organisations.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive – training of staff across HSCP services and wider agencies to ensure all are aware of their values and beliefs to ensure non-discrimination.
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

9.5 There are no clinical or care governance implications arising from this report however changes to service models will require review of governance structures.

9.6 **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.	Positive impact- recruiting to locum would increase access to services
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	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Yes, improving capacity of service and access
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
Health and social care services contribute to reducing health inequalities.	Yes, by addressing mental health and wellbeing issues of local population
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.	None
People using health and social care services are safe from harm.	Development of responses to distress and unscheduled care will support management of people experiencing mental health crises at risk of harm
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.	Potential in longer term to create new roles within Mental health services and career opportunities for staff.
Resources are used effectively in the provision of health and social care services.	The focus of work to enhance and support prevention, early intervention and self-management will enable best use of resources targeted to need

10.0 DIRECTIONS

10.1

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

11.0 CONSULTATION

11.1 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.

12.0 BACKGROUND PAPERS

12.1 None.

Appendix 1

What do you see as the priorities for mental health services for the people of Inverclyde?

Quick access to services, young people's mental health, Sustainable services (staffing).(from Webex chat)

From todays presentation what areas of work would you like Mental Health Services to develop further?

Quick access to services - stronger duty system/ability to respond

Learning from other areas in the board to use learningIncrease the use of digital

preventative approaches for children and young peoples mental health

More on Young People's mental health services

peer support and more community engagement

Working with growing national work on MH community pathways, (ie NHS 24 Mental Health hub, Police Scotland and SAS collaborative work)

Supporting partners to not only identify and signpost appropriate alternative prevention/early intervention services/initiatives but practically facilitate access/referrals to these agencies.

Outcome measurement and reporting.....

Setting out a practical pathway to developing Inverclyde as a centre of excellence for mental health - for the benefit of the local population, as a service point for the whole board, and to make Inverclyde an attractive place to come to work