
Report To: Inverclyde Integration Joint Board **Date:** 29th March 21

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Chief Officer
Inverclyde Health & Social Care Partnership **Report No:** IJB

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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-refreshing 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 NHS GG&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 be done within the existing budgets 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 budgets 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
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 Serv 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 - Cuthbertson	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