
Report To:	Inverclyde Integration Joint Board	Date: 29 th 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 vision 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 fulfilling 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 Srereddy, 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 be provided to CVS Inverclyde who would manage the fund on behalf of the HSCP and will accept applications from other third sector organisations 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?

No

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.

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.

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 today's presentation what areas of work would you like Mental Health Services to develop further?

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

More on Young People's mental health services

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

Learning from other areas in the board to use learning
Increase the use of digital

peer support and more community engagement

Outcome measurement and reporting...

preventative approaches for children and young people's mental health

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

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