Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 6

Report To:	**Community Health & Care Partnership Sub Committee**	**Date: 24th October 2013**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/54/2013/SMcC**
Contact Officer:	**Susanna McCorry-Rice Head of Mental Health, Addictions & Homelessness**	**Contact No: 715375**
Subject:	**Summary of Mental Health Services - Presentation**	

1.0 PURPOSE

1.1 To update the Sub-Committee with a presentation on how and what mental health services are delivered to the people of Inverclyde.

2.0 SUMMARY

2.1 The report outlines the delivery of mental health services in Inverclyde.

2.2 It explains how mental services are delivered to ensure the whole population are able to access appropriate services.

2.3 It also notes that the population of Inverclyde has a high prevalence rate of mental health issues that impact upon the vulnerability of the local population and the demands for services.

3.0 RECOMMENDATIONS

3.1 To note the detail of this report on how mental health services are delivered to the people of Inverclyde by the CHCP.

3.2 To note the proposed developments for the period 2014/15.

Brian Moore
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4.0 BACKGROUND

4.1 The purpose of this report is to outline how mental health services are delivered by the CHCP

4.2 Inverclyde has a long history of providing mental health services in integrated health and social work teams. This approach has been strengthened by the establishment of the CHCP two years ago.

4.3 The approach Inverclyde has taken in how mental health services are delivered, places the CHCP in a positive position to adapt easily to the introduction of the new Health & Social Care Partnership requirements in 2015.

5.0 INTRODUCTION

5.1 Context for delivery of mental health services in Inverclyde .

5.2 NHS Scotland services at a national, board and local level are described in brief below .

Table 1		
National – Dimensions of Quality NHS Scotland Quality Strategy	Board : Community Services Review – clinical framework for mental health services	Local-Mental Health Service Redesign Integrated services in Inverclyde
• Person Centred • Safe • Effective • Efficient • Equitable • Timely	• Person Centred • Stepped/ Matched Care • Outcome focused • Efficient and Effective • Equity • Accessible	• Planned care locally accessible • Co-ordinated care at crisis/transition points for those most at risk • Comprehensive range of community services, accessible 24/7 • Hospital admission which focuses on early comprehensive assessment driving care in the right setting • Access to care is equitable • Low volume and high complexity care provided in defined units equipped to meet the care needs • Timely access to high quality Primary Care

5.3 NHS GG&C's aim is to ensure that MH Services across the board area have a systematic approach to the delivery of effective treatments for the following conditions:

1. Anxiety and depression
2. Bipolar disorder
3. Borderline personality disorder (including trauma and self-harm)
4. Psychosis
5. Dementia
6. Autistic Spectrum Disorder
7. Eating disorders
8. Drug and alcohol misuse

5.4 The clinical framework for mental health describes 5 levels of care that might apply to all clinical conditions – ranging from public (community mental health & well being) at one end of the scale to Intensive treatment at the other. Table 2 below describes in brief how care may be provided across the 5 levels.

5.5 **Table 2 Levels of care:**

Care level	**public (community mental health & wellbeing)**	**open access (self-care and peer support for vulnerable groups)**	**ERBI: early response, brief intervention (eg PCMHT)**	**longer-term, multi-disciplinary care (equivalent to CMHT)**	**intensive treatment (inpatient care, crisis and home treatment services)**
Who is the service for?	A public health and health improvement approach to the general population, but especially those who may be at risk of developing a condition	Anyone concerned about their own or other peoples' health.	A prompt response for people who develop symptoms/ problems associated with a condition	longer-term and more intensive care when when multidisciplinary or multi-agency input is required, or when brief interventions proved to be inappropriate or ineffective	Home care or inpatient care, typically requiring >3 contacts per week, especially to minimise risk of harm to self or others
Type of Interventions	information, screening, self-help	education, self-help, peer support, group classes	"low intensity" work: brief interventions, psychological therapies, guided self-help	longer-term psychological therapies; community rehabilitation;	risk management, physical health care
Access	everyone	open, self-referral	self-referral and GP referral	GP or secondary care referral	GP or secondary care referral
Step up to more intense care when…	service user chooses	service user chooses, GP referral	non-response or ERBI approach unlikely to be useful- by referral only	non-response, risk- by referral only	

5.6 In addition to *providing* care across the 5 levels above, in Inverclyde MH services are *organised* as tiered care, a model is widely accepted nationally.

5.7 **Tier 1:** This tier reflects level 1&2 proposed above in the framework. It acknowledges that a range of resources have to be available to support a community's mental well being and to prevent individuals from entering traditional statutory mental health (illness) services. This requires the co-ordination and further development of community activities that support issues such as employment, education, leisure and recreation. This should also include activities such as mental health promotion.

5.8 While Tier 1 is not specifically about services for people with a mental illness, it should include activities which reduce stigma and allow the majority of people with mental health problems to access mainstream activities. Examples in Inverclyde include 'Making Well-being Matter' the Inverclyde Mental Health Improvement Framework and training of all frontline staff to raise awareness of suicide prevention.

5.9 **Tier 2:** This tier reflects level 3 above. The majority of common mental health problems can (and are) responded to within primary care. In all but exceptional circumstances, the primary care team is the initial point of contact for people with mental health problems. In most cases their needs are addressed at this tier; however some people will require referral on to specialist mental health services. The main tier 2 services in Inverclyde is the Inverclyde Primary Care Mental Health Team, this ensures that each GP practice has direct access to mental health staff and that people with concerns about their mental health can self refer for advice and support. The team has an extended network of treatment clinics as demonstrated by their activity last year.

5.10 **Inverclyde Primary Care Mental Health Team** (Figures relate to period 01/10/12 to 30/09/13).

Annual Referrals	1900
Annual contacts	7293
Team Caseload at 02.10.13	397

5.11 **Tier 3:** This tier reflects level 4&5 above and provides an integrated service to people with severe/complex mental illness. Tier 3 services include the CMHTs and the local In-patient provision. The majority of clients who may require statutory intervention (under the mental health act or adults with incapacity act) fall into this group. Community services (Adult and Older persons Joint CMHT) form the core of Inverclyde's Mental Health System, acting as a gateway to a full range of specialist MH services the role of which is to:-

- Provide treatment and care and specialist interventions within a "stepped care approach" which includes day services and hospital admission
- Assessment and case/care management and access to specialist treatment and ongoing care for people with complex and enduring needs
- Provide advice, guidance and direct support to primary care and other agencies e.g. Addictions services and CAMHS
- Develop knowledge and facilitate access to a full range of local resources
- Provide assertive outreach function

5.12 **Inverclyde Community Mental Health Team** (Figures relate to period 01/10/12 to 30/09/13).

Annual Referrals	1040 (611 from GPs others internal)
Annual Contacts including Out-Patients	34020
Team Caseload at 02.10.13	1437

5.13 Acute inpatient services (adult and older people) are provided in purpose built, modern facilities on campus at Inverclyde Royal Hospital and include.

Adult	Acute admissions unit 20 bed	Intensive Psychiatric Care Unit (board wide resource)8 bed	Intensive Day service Liaison	ECT
Older people	Acute admissions unit 20 bed	Access to IPCU	Intensive Day service and Liaison	Memory assessment and fast tract assessment

5.14 In addition there are 30 older peoples and 20 adult continuing care beds, currently situated on Ravenscraig hospital site, an alternative purpose built dementia friendly facility is proposed on the IRH campus.

5.15 **Tier 4:** There is a range of mental health needs which cannot be met by locally provided services. This may be because the incidence of such need is so small as to make a local service response unsustainable, or because of a scarcity of specialist expertise available within Inverclyde. In such circumstances Inverclyde contributes toward (and have access to) regional services. These include:-

- Specialist mother & baby in-patient provision
- Eating disorder services
- Forensic Services (high risk or high tariff offenders)
- Personality Disorder Services (for those whose personality disorder requires statutory intervention)
- Intensive Psychiatric Care Beds- this facility provides 8 beds for both Renfrewshire and Inverclyde and provided at Langhill clinic Inverclyde Royal

Hospital

6.0 LOCAL CONTEXT

6.1 The tables below highlight a high level of need which the tiered model meets. Inverclyde has particular challenges in terms of its ageing population, its difficult relationship with drugs and alcohol and relatively high levels of serious mental disorders

6.2 **Table 3 Inverclyde Population Projections**

Age	2011	2016	2021	2026	2031
0-15	13686	13092	12729	11814	10650
16-29	13943	12793	11278	10414	10045
30-49	20477	18227	17067	16737	16026
50-64	16438	16932	16663	14509	11988
65-74	7807	8665	8945	9295	10120
75+	6837	7362	8123	9324	10112
All Ages	**79188**	**77071**	**74805**	**72093**	**68941**

Data extracted from General Register Office for Scotland

6.3 **Table 4 Comparison of Income Deprivation, Population and Mental Health**

	Population	Income Dep	Suicide	1st Adm	Alc Patients	Alc deaths	Drug Patients	Drug deaths
Inverclyde	81080	38%	22%	54%	61%	75%	85%	67%
South West Glasgow	117341	75%	7%	12%	73%	120%	115%	103%
South East Glasgow	101348	57%	2%	-3%	82%	45%	139%	91%
North Glasgow	99669	99%	71%	43%	66%	119%	89%	223%
West Glasgow	139853	47%	36%	25%	26%	113%	-1%	104%
East Glasgow	123729	114%	41%	22%	90%	153%	128%	227%
Renfrewshire	169600	7%	-2%	27%	12%	35%	-16%	-5%
West Dunbartonshire	91090	42%	31%	15%	29%	59%	-5%	37%
East Renfrewshire	87840	-46%	-44%	-36%	-19%	-26%	-44%	-47%
East Dunbartonshire	85322	-47%	-23%	-32%	-30%	-38%	-59%	-53%

GCPH data on income deprivation, suicide and drug and alcohol misuse expressed as % above or below Scottish average.

6.4 The relationship between income deprivation and poor mental health outcome in Inverclyde is not clear cut. Although a relationship seems clear at the extreme ends of both affluence and deprivation the relationship is less clear in the intermediate ranges. This is demonstrated more clearly below in

Table 5 severe mental disorder

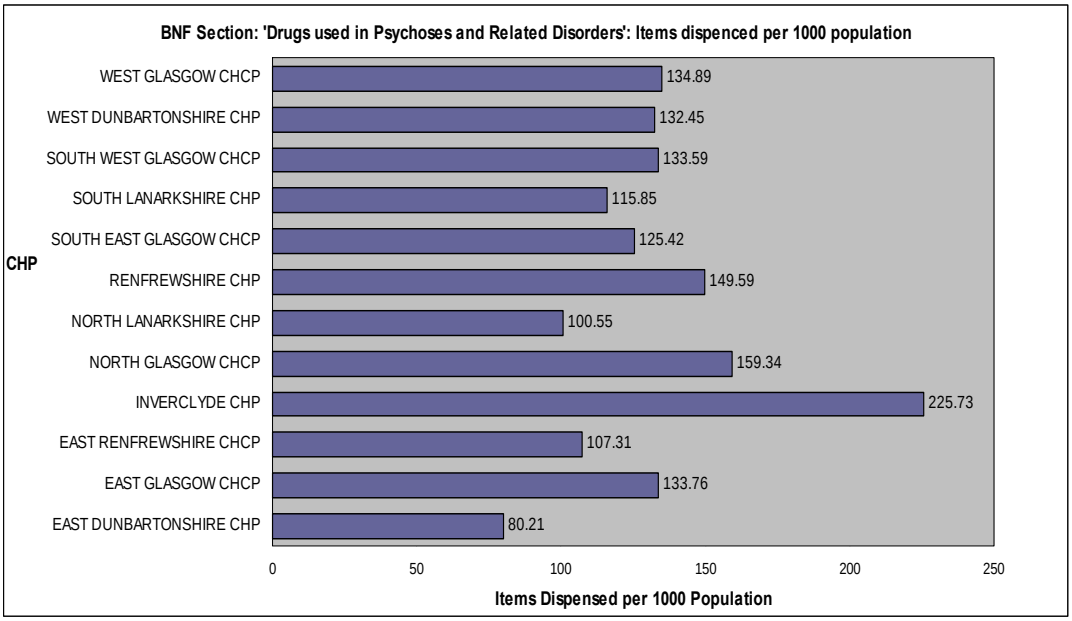
	Population	Income Dep	Psychosis*
Inverclyde	81080	38%	1011
South West Glasgow	117341	75%	872
South East Glasgow	101348	57%	840
North Glasgow	99669	99%	797
West Glasgow	139853	47%	754
East Glasgow	123729	114%	751
Renfrewshire	169600	7%	722
West Dunbartonshire	91090	42%	500
East Renfrewshire	87840	-46%	389
East Dunbartonshire	85322	-47%	327

7.0 OTHER SIGNIFICANT FACTORS

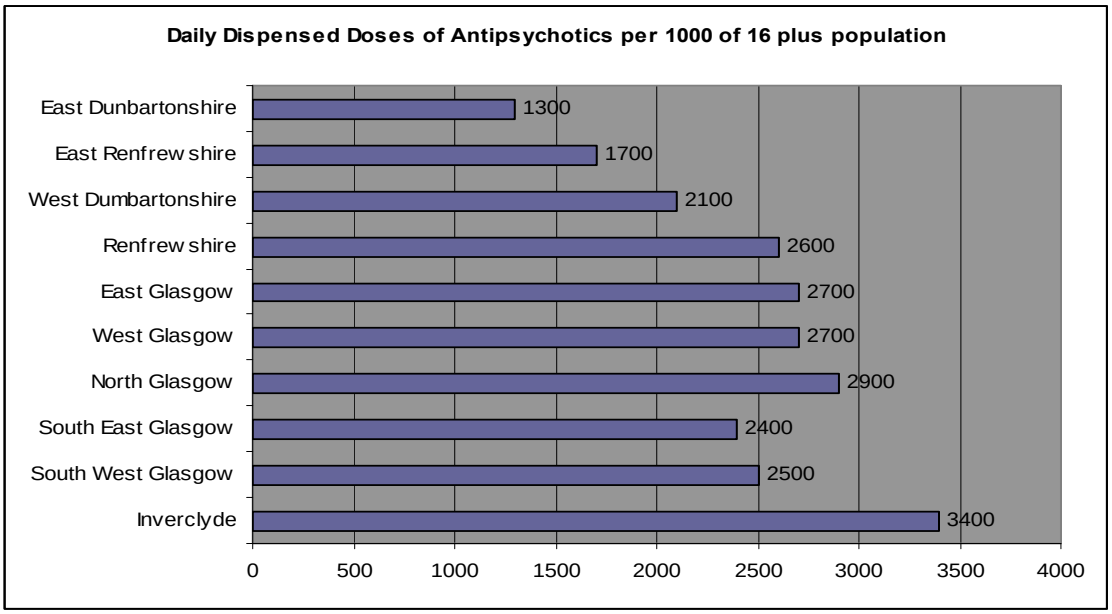
7.1

- The Scottish average for prevalence of mental health disorder per 100 population is 0.82. Within Inverclyde the prevalence is 1.03.
- The variation in presence of mental disorder is most significant in the prevalence rates for psychosis. Inverclyde has the highest prevalence of psychosis, per 100,000 of population, of all of greater Glasgow and Clyde at 1,011. This is significantly higher than the next highest area and approximately double the average for the rest of the health board area.
- The excessive consumption of alcohol and drugs can result in many health problems. As well as inducing physical problems excessive alcohol consumption can also lead to mental health problems such as dependency and depression.
- Regular consumption of alcohol, even in relatively moderate amounts and/or consumption of illicit substances can have a particularly negative impact on the health and wellbeing of people with a pre existing Mental Disorder. A study conducted in Inverclyde found that 21% of patients with a psychosis were drinking heavily or dependently and that 20% of patients with a psychosis were using illicit substances. This places a significant burden on the health and social care services within the area.
- Inverclyde has a significantly higher QOF prevalence of mental disorder than areas of comparable population and deprivation**.**
- Inverclyde's QOF prevalence is 33% higher than that of West Dunbartonshire which has a slightly higher population but a similar demographic profile.
- Inverclyde's prevalence of psychosis related diagnosis is 50% higher than its most comparable CHP area within GG&C and 35% higher than the average of the rest of GG&C CHP areas. This has clear implications for resource use as demonstrated within prescribing data.

7.2 Table 6 Anti Psychotic Drugs (Items dispensed).

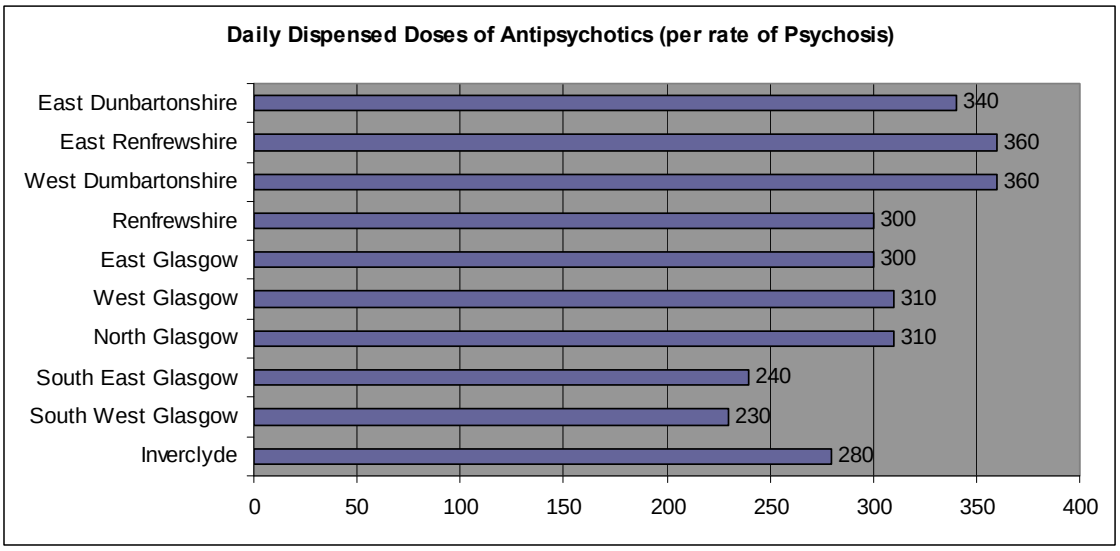


7.3 Table 7 Daily dispensed doses of Antipsychotic



7.4 Inverclyde shows a high level of antipsychotic daily dispensed doses (DDD) in relation to other CHP areas. This is a consequence of the higher levels of psychosis within the area. Using regression to consider both population and psychosis prevalence on antipsychotic prescribing reveals that psychosis accounts for 89% of the variance in antipsychotic DDD rates. The additional explanatory power of population is less than 3%. Adjusting antipsychotic DDD rates for psychosis rates shows considerably less variation in prescribing.

7.5 Table 8:DDD adjusted per rate of psychosis.



7.6 Although Inverclyde prescribing is appropriate to the rate of Psychosis, with prescribing some 3% lower than would be predicted against prevalence nevertheless the total cost of prescribing represents a significant resource burden on services. Prescribing per 1000 of population is 61% per cent higher than the CHP of most similar population and deprivation.

8.0 RECENT DEVELOPMENTS

8.1 Developments in mental health services in Inverclyde are based on ensuring for our populations:-

- *Equity;* overcoming barriers such as geography & language.
- *Access;* receiving services in a timely manner-*easy in easy out, responsive Interfaces and transitions*; delivering integrated care.
- *Person Centred*; Effective assessment and formulation focused on the individuals needs.
- *Effective and efficient*; Care pathways are organised by broad clinical conditions that are widely understood, care based on *minimum effective dose* delivered by the most appropriate person/professional.
- *Outcome focused;* Clinical outcome measures are applied and views of service users are sought to improve services.
- *Stepped/Matched care*; Seamless transitions and built upon existing knowledge of the service user.

8.2 Recent developments across the 5 care levels have included:-

Care level	**public (community mental health & wellbeing)**	**open access (self-care and peer support for vulnerable groups)**	**early response, brief intervention (eg PCMHT)**	**longer-term, multi-disciplinary care (equivalent to CMHT)**	**intensive treatment (inpatient care, crisis and home treatment services)**
Recent developments		Implementation of self referral procedures to PCMHT	Single point of access PCMHT Implementation of fast track assessment , Nurse led hospital liaison	Single point of access CMHT (adult and older people) Revised operational policy, standards and KPI's Ongoing work with HUB Scotland re proposals for continuing care facility on IRH campus	Revised operational standards, policy and KPI's for inpatient acute services and community response services

8.3 Proposed development to be implemented by Summer 2014.

Care level	**public (community mental health & wellbeing)**	**open access (self-care and peer support for vulnerable groups)**	**early response, brief intervention (eg PCMHT)**	**longer-term, multi-disciplinary care (equivalent to CMHT)**	**intensive treatment (inpatient care, crisis and home treatment services)**
Proposed development			Implementation of community based extended hours response to people with mental health crisis Implementation of memory assessment services (Older persons MH services) Implementation of assessment clinic model in CMHT	Developing 8 highly supported tenancies for individuals with long terms mental health problems Developing 12 specialist dementia care beds within an existing care home	Extending the ESTEEM specialist service for early intervention in psychosis to Inverclyde

9.0 CONCLUSION

9.1 The approach outlined takes account of the development of the integration of Health and Social Care Partnership as a way of delivering health and social care services. Inverclyde mental health services are delivered and managed by fully integrated health and social care teams.

10.0 IMPLICATIONS

10.1 Legal: none

10.2 Finance: None

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

10.3 Personnel: No implications.

10.4 Equalities: No implications.

10.5 Repopulation: Not applicable

11.0 CONSULTATION

11.1 None.

12.0 LIST OF BACKGROUND PAPERS

12.1 None.