

**Report To:** Inverclyde Integration Joint Board    **Date:** 24 January 2017

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Partnership (HSCP)    **Report No:**  
IJB/06/2017/DG

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**Subject:** Mental Health Services in Inverclyde

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integration Joint Board of the mental health service provision within Inverclyde.

## **2.0 SUMMARY**

- 2.1 The main driver for the development of mental health services locally has been the implementation of the Clyde Strategy "Modernising and Improving Mental Health Services Across Clyde" 2008. This laid out the principles for the investment in and development of our services within the wider system of mental health services in Greater Glasgow and Clyde.
- 2.2 The modernisation programme has been supported by capital investment for improving the existing acute estate and the reprovision of continuing care inpatient facilities, and reinvestment in community services, alongside the requirement to meet savings. Bridging funding has enabled the community service development in advance of the inpatient bed reduction, and supported service redesign pending the full release of site based savings when Ravenscraig Hospital closes.
- 2.3 The local redesign programme has been based on principles underpinning our integrated mental health system. These are that we provide a single point of access into a single system for mental health services, within a tiered model of care enabling service users changing needs to be quickly responded to via step up/step down to appropriate levels of service and including quick access and response from the service when someone is experiencing a crisis. Services are based on clinical care pathways ensuring treatment appropriate to condition, and with a strong emphasis on recovery.
- 2.4 The report provides an overview of service provision and the key developments within the services.

## **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board is asked to note the content of this report.

**Brian Moore**  
Corporate Director, (Chief Officer)  
Inverclyde HSCP

## 4.0 BACKGROUND

- 4.1 It is estimated that one in four adults in Scotland will experience some form of mental health problem in a given year; taken together, depression, anxiety and stress are the single largest cause for presenting to health services with mental health problems in Scotland.<sup>1</sup> Mental ill-health is thought to cost the Scottish economy over £10.7bn per year, with around £1.9bn of these costs falling on health and social care services and a further £3.2bn arising from output losses such as sickness absence - a large proportion of which are borne by the NHS and local authorities as major employers in Scotland.<sup>2</sup>
- 4.2 The design and delivery of mental health services within Inverclyde is based on the legislative and strategic policy imperatives, primarily the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Mental Health Strategy for Scotland 2011-15. The Scottish Government is currently developing the next national mental health strategy for 2016, in partnership with COSLA.
- 4.3 *Good Mental Health for All*, a discussion document published by NHS Scotland in October 2015 outlined the evidence base and gives an analysis of the determinants of mental health and of what is needed to promote mental wellbeing and address mental health problems. It identified the role for community planning and the opportunities presented with the advent of Integration Authorities. The document represented a basis for future policy development to ensure focus on prevention, mental health improvement and tackling inequality, alongside care and treatment.
- 4.4 From work to date to develop the new strategy, it is anticipated there will be focus on key themes including prevention and early intervention; responses in primary care settings; improving the physical health of people with mental health problems; and improving access to mental health services. This will be organised around life stages, based on starting well, living well and ageing well. The Scottish Government has stated that they anticipate that this will require new models to meet the needs in primary care, with an objective of ensuring the changes ensure people are supported to look after their mental health equally alongside their physical health. There will be a continuing focus on improving access to support and treatment, and ensuring mental health services are more efficient and safe.

It is anticipated that the strategy will be published in early 2017. A further report will be presented to the Integration Joint Board in due course in respect of the final strategy.

- 4.5 Significant local work has been carried over recent years responding to the national policy drivers and statutory requirements. This has included:

Implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003, which came into effect in 2005, and which introduced principles for the discharge of duties under the act, and specific duties to ensure the provision of services promoting wellbeing and social development for people who have or have had a mental disorder.

“With Inclusion In Mind” provided guidance and a framework to support the 2003 Act, with particular emphasis on the protection of people with experience of mental ill health as being socially excluded. The local response has been based on co production approaches through our Recovery Inclusion Group, and associated work under sections 25-31 of the Act, to enable appropriate responses to the wellbeing needs of people with severe and enduring mental health problems.

“Delivering for Mental Health” [2006] and associated HEAT targets were developed

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<sup>1</sup> Scottish Association for Mental Health (SAMH), 2007.

<sup>2</sup> *What's It Worth Now?: The social and economic costs of mental health problems in Scotland*, Scottish Association for Mental Health, 2009.

out of Delivering for Health [2005], and have been key drivers within mental health service delivery.

“Towards a Mentally Flourishing Scotland”, a whole population approach to mental health has been taken forward via the Making Wellbeing Matter in Inverclyde, Mental Health Improvement Plan. This has also linked with the work within the Local Anti Stigma Partnership.

Scotland’s National Dementia Strategies have been a major driver for the development and implementation of the Inverclyde Dementia Strategy 2013-16. This strategy also emphasises the whole pathway of care for people with dementia, across the wide ranges of settings that people with dementia and their families and carers engage, based on an improved understanding of the needs of people with dementia, respect and promotion of rights within the care being provided. This is taken forward through the Inverclyde Dementia Strategy Implementation Group, a broad partnership led by the HSCP. We are currently awaiting the publication of the third national strategy, following consultative Dementia Dialogue events held in late 2015.

- 4.6 The main driver for the development of mental health services locally has been the implementation of the Clyde Strategy “Modernising and Improving Mental Health Services Across Clyde” 2008. This laid out the principles for the investment in and development of our services within the wider system of mental health services in Greater Glasgow and Clyde.

The areas of work in Inverclyde have focused on:

- The redesign and development of community services for adults and older people;
- Closure and reprovion of long stay continuing care beds, shifting the balance of care from hospital to care within or closer to peoples community;
- Reconfiguration of inpatient services and refurbishment of acute inpatient wards;
- Enabling access to specialist services provided on GG&C wide basis.

- 4.7 The modernisation programme has been supported by capital investment for improving the existing acute estate and the reprovion of continuing care inpatient facilities, and reinvestment in community services, alongside the requirement to meet savings. Bridging funding has enabled the community service development in advance of the inpatient bed reduction, and supported service redesign pending the full release of site based savings when Ravenscraig Hospital closes.

- 4.8 The local redesign programme has been based on principles underpinning our integrated mental health system. These are that we provide a single point of access into a single system for mental health services, within a tiered model of care enabling service users changing needs to be quickly responded to via step up/step down to appropriate levels of service and including quick access and response from the service when someone is experiencing a crisis. Services are based on clinical care pathways ensuring treatment appropriate to condition, and with a strong emphasis on recovery.

- 4.9 More recently the outcome of the Clinical Services Review and Community and Specialist Services Review (CSSR) in mental health has informed the continuing development of service responses. Work was undertaken in 2013 – 15 to review the ways in which patient care was delivered to ensure elements of the system were able to deliver effective services that would achieve consistent and equitable outcomes. This included the active participation of staff and services users, and was led by the (previous) Inverclyde Head of Mental Health Services, with significant input from local practitioners.

A number of issues were identified in the review which required to be addressed

including further development of patient pathways; systematic recording of patient outcomes; using service improvement methodologies to improve productivity; review of services to ensure they are equally available across the Board area, and that services and pathways are understandable to patients.

This has resulted in a service specification for mental health services in the community, and an operational framework which promotes a recovery based model of person centred care that takes into account service user needs, preferences and strengths and drives consistency of service delivery processes. This also sets out a framework for key performance measures. The community services are currently working to implement this framework locally, which is due for completion by March 2017.

#### **4.10 Community Service provision:**

The primary focus of the community service is for people with a functional mental illness, assessment of people presenting with symptoms of dementia and cognitive impairment requiring diagnosis, and treatment of people with more complex cognitive conditions primarily dementia.

Development of new services within the community has focused on extending access to primary care services provided within GP practices, including the ability to self refer, and extending thereby access to psychological therapies of low intensity, Cognitive Behavioural Therapy. The objective is to provide time limited treatment using alternatives to drug therapy where appropriate for people with mild to moderate mental health problems. This has also extended the reach of PCMHT to explicitly include older people.

4.11 Wider developments include access to specialist GG&C wide services previously unavailable out with the local service provision. This has enabled access for people from Inverclyde with a first episode of psychosis to the ESTEEM Team. This team provides specialist assessment and interventions to people for an initial period of up to 2 years, with care being transferred to the CMHT if required. The Perinatal mental health service, previously provided via a Community Psychiatric Nurse and Consultant Psychiatrist from our CMHT, has been redesigned and our service is now provided from a GG&C wide team. This service works closely with Health Visitors, and can access other community mental health services if required for the ongoing care of women.

4.12 The Older Persons' Mental Health Team has remained within the wider system of mental health services in Inverclyde. This model varies from other areas within GG&C where older people's mental health services are based within wider older people's services. The basis for our approach has been to capitalise on the flexibility of a single system that enables transitions of care for people from "adult" service to older people when needs indicate rather than being defined by age. This also supports the specific needs of staff in respect of their continuing mental health professional development.

The older persons' team responds to the needs of people presenting with cognitive difficulties irrespective of age, and older people with functional mental health problems requiring ongoing mental health care.

4.13 Some of the service developments have previously been reported to the Integration Joint Board in March 2016 as part of the Inverclyde Dementia Strategy Update, ref IJB/21/2016/DG. This work is underpinned by the Dementia Service Framework, which was the outcome of work undertaken as part of the Clinical Services Review, alongside the national strategy and developments in best practice for people with dementia.

Key areas of work have focused on the development of the memory assessment service ensuring linkage into post diagnostic support for people diagnosed with dementia. In addition Inverclyde now has access to the Early Onset Dementia Service

which is provided across the Board area.

4.14 During 2016 the recruitment of a Psychologist has enabled work to be taken forward to improve psychological interventions for older people. Initially this has centred on the development of staff skills and activities with patients in inpatient settings, specifically Stress and Distress training and this is in response to a recommendation from a Mental Welfare Commission report on Inverclyde inpatient services. This work is now extending into community services and will result in a development plan for improving access to psychological therapies for older people.

4.15 A significant development for OPMHT has been the provision of a dedicated liaison service to Inverclyde Royal Hospital and into care homes locally. The inpatient liaison service sees patients who require further mental health assessment including people who, when discharged, require ongoing mental health input enabling people to be stepped up/down to the most appropriate element of service for follow up e.g. Consultant out patients clinics, memory service or OPMHT for care management. When patients are discharged back to care homes following acute admissions, the care home liaison nurse is requested to review these patients.

The care home liaison service enables integrated working between liaison staff, GPs, Older Persons' Mental Health Team (OPMHT) and has a wider interface with other health and social care services to provide specialist mental health advice, education and support to staff to prevent residents being admitted to hospital and to support the management of residents care and treatment by staff within the care homes.

4.16 The mental health service now operates a single point of access for people referred. This provides for access into the service at any point in community and hospital based services, with management by internal transfer for people requiring a different level of care. The service improvement work currently being taken forward as part of the Community and Specialist Services Review will ensure standardisation of response across all elements of service, and provide a clearer framework for people to understand what they can expect from the mental health service at any point.

#### 4.17 **Inpatient Services**

The Modernising Mental Health Strategy Clyde, 2008 established the bed model for Inverclyde in the context of the wider mental health inpatient service configuration. This included the move into Inverclyde of the Intensive Psychiatric Care Unit to provide for South Clyde and the consolidation of inpatient rehabilitation onto the Dykebar site for South Clyde.

Inpatient acute psychiatric services are provided at the newly refurbished (April 2012) Langhill Clinic, Inverclyde Royal Hospital, which has 20 acute adult inpatient beds and 8 IPCU beds. There are 20 acute beds for older people based adjacent within the Larkfield Unit.

4.18 Both the adult and older people's inpatient service base previously provided day hospital facilities on site. The new model of service has resulted in changes to the functioning of the day hospitals themselves, with redesign of elements of service utilising the existing physical space and staff. The day programme provided from the Langhill Clinic for adults is currently suspended, and work is progressing to review this in conjunction with developing a more comprehensive programme of psychological therapies. The unit continues to provide ECT from a dedicated suite. Our continuing ability to provide ECT locally is directly dependent on the adjacent services within Inverclyde Royal Hospital. In order to safely provide the treatment the service has input from an Anaesthetist and Theatre Nurse. The service has achieved Accreditation with Excellence, from the Scottish ECT Accreditation Network Standards.

4.19 The Argyll Unit previously provided a placement based day hospital service for older people with both functional and organic disorders. Working in conjunction with the

Day Care Review within wider older peoples' services the function of this unit has changed, and this is now the base for the memory assessment and post diagnostic service for people with dementia, operating on a clinic basis. Further consideration is being given to consolidating the older people's community mental health services into this unit. An initial step in this process has been to change the management arrangement of the staff based within the Unit from inpatient services to the OPMHT.

4.20 The reprovision of Continuing Care inpatient services from Ravenscraig is now in the build stage, with an investment of £7.3 million. Work began on Orchard View in April 2016, and is on schedule for completion by summer 2017. The new facility is being delivered in partnership between NHS Greater Glasgow and Clyde, the HSCP and HUB West Scotland. The building, which is adjacent to the IRH on the site of the previous hospital residencies, has been designed by Archial Norr, and constructed by Morgan Sindall. The new centre provides:

- Elderly mental illness – 30 beds including 24 beds for people with dementia, and 6 for people with dementia and comorbid conditions;
- Adult – 12 continuing care beds;
- Social enterprise space, including a cafe/server and hair dressers;
- Treatment rooms;
- Multipurpose social spaces for use of the patients.

4.21 The purpose of the project is much more than the simple replacement of existing facilities. This is an opportunity to enable and facilitate a fundamental change in the way in which care is delivered for people with more complex needs.

The development of the facility has involved staff, service users and carers in the design of the building to ensure that Orchard View meets both the needs and aspirations of people working and living there in the future. The design to ensure a dementia friendly environment has also been supported with input from the Scottish Dementia Development Centre based at Stirling University. Involvement is continuing through the service user and carer reference group and will include input to how the building will operate once it is complete.

4.22 Wider engagement with the local community has been established through the arts and environment strategy, "Hearts, Hands and Minds", seeking to ensure the facility is very much part of the local community. The strategy aims to help us look beyond the illness and see the person first. This includes commissioning work from the local arts community, which will be placed within the grounds and buildings, and engagement with community and voluntary groups in providing both the art works and undertaking activities with service users as the project has developed. The first commission to provide memory boxes is complete. This was a joint project with RIG arts, a local carpenter and children from P7 at Ardgowan Primary School.

In October the ten artists commissioned to produce the artworks, films, interior designs photographs and sculptures shared their creative ideas in a special one day event at the Beacon Arts Centre. The aim of the event was to highlight the innovative approaches taken. Over 70 healthcare professionals, carers and artists from across Scotland attended to discuss the clinical learning that has been achieved from the artist's residencies.

4.23 The planned development for specialist dementia care home beds for up to 12 people, aimed at enabling a rapid response to people with increased needs for care has been unsuccessful with the care home sector. This was primarily related to costs, but increasingly the ability of the care home sector to meet more challenging needs and the investment in dedicated mental health care home liaison requires us to rethink what may be required going forward. This work is now being undertaken as part of the wider considerations of care home provision, with mental health working together with older people's services in the HSCP. This will inform the focus of further investment from resources released as Ravenscraig closes this year.

#### 4.24 Recovery Focused developments:

As a result of shifting the balance of care from inpatient to community based care and support, resources have been released for the commissioning of social care services. For 8 adults who have lived within continuing care at Ravenscraig a specialist mental health intensive supported living service was commissioned. This service is now being provided by Turning Point, in a partnership with River Clyde Homes who refurbished a block of their property with additional features to support the specific needs of the individuals and which is leased to Turning Point. The residents have individual tenancies and receive their support based on individualised support plans. Whilst enabling 8 people to move into a more appropriate setting the project has the capacity to expand within the property itself for up to 12 flats, and to further develop with the resources allocated to a wider core and cluster approach.

The following is a summary of core outcomes expected for the service users:

- Successful Maintenance of their Tenancy
- Feeling Safe and Secure
- Feeling Part of their Community
- A Reduction in Negative and/or Criminal Behaviour
- Feeling Listened to and Respected
- Stable Mental Health and Wellbeing
- Maximisation of Recovery Potential

Financially the project has been “frontloaded” with guaranteed hours of support as a minimum for all the services users, with capacity for additional support to address particular challenges faced by the service user. The 8 service users took up their tenancies from September 2015, and an evaluation of the first year of operation has been concluded. This will provide the basis for consideration of how the resources are being utilised, and the opportunities to be taken forward including the opening up of the further 3 flats where needs are identified.

4.25 In terms of outcomes for service users, the transition to independent living has been successful, with service users reporting feeling safe and well supported within the project. There has been an impact on service users’ engagement with their wider community as social activity outwith the property has been encouraged and some are now travelling outwith the district to undertake activities such as shopping and visiting galleries/museums etc. One individual has applied for a provisional driving licence, a long term ambition. This is an example of the kind of individualised social recovery focused progress being made. Another individual with notable and regular offending behaviour prior to being referred to the project has had no offending incidents recorded since moving into the project. It appears at this stage that the project is working very well for all individuals and their care and support needs are being met. Progress towards each person's longer term outcomes appears to be being realised and the service as a whole is operating in a progressive and recovery focused way.

4.26 The Mental Health (Care and Treatment) (Scotland) Act 2003 places a number of duties specifically on the Local Authority to provide services to promote wellbeing and social development for people who have or have had a mental disorder within the meaning of the act, including for children and young people. To meet these duties there are a number of services commissioned within mental health to support people in recovery and requiring ongoing specific mental health support. Our key partners are Richmond Fellowship, Scottish Association for Mental Health, Inverclyde Association for Mental Health, Alzheimer Scotland and more recently Turning Point, illustrated above.

The services include support at home with varying and tailored packages of support to individuals. This has been supported by well developed relationships with Registered Social Landlords to enable appropriate access to housing and avoiding use of homelessness facilities particularly on discharge from hospital. The Gateways service which extends access to people within addiction services, and from primary care services, provides bridging support for people to engage or reengage with activities

within their community including taking steps towards employment. This has been extended recently with the introduction in 2016 of an Individual Placement Support worker, based within the CMHT and funded by SAMH. This approach aims to embed employability work at the earliest stages of someone's recovery, and provides support right through to achieving employment and beyond if required.

4.27 Inverclyde has a strong tradition of commissioning and delivering recovery based practice. This is evidenced by the services described above, and in the established Recovery Inclusion Group (RIG) which acts as a network of organisations seeking to collaborate around recovery pathways for people experiencing mental ill health. Over the last period there has been a renewed focus on what recovery means for services locally now that the service models are mostly established and being bedded in. Recovery has been the underpinning rationale for the work within the community services, with current work to implement use of the recovery star, and consideration of CAPA within the adult CMHT. The latter is currently on hold locally as it has been taken up within the next stage of the Community and Specialist Services work across the Board. Unfortunately Inverclyde is not currently a pilot site but will learn from initial work being undertaken elsewhere.

4.28 A service user event "Taking time to Listen" was held at the Beacon Arts centre. This event was developed by services users led by Your Voice following the more recent establishment of a service user reference group for community based services. A number of themes have been identified from this which require further consideration both within the mental health services specifically, and the wider network via the RIG. These include improving services with respect to collaborative working, addressing powerlessness, and communication; building social capital and tackling inequality linking with employment, community understanding and housing approaches; understanding personal resilience and building personal assets.

4.29 There is a clear opportunity within our approach in the HSCP's strategic plan to develop recovery further within the strategic commissioning theme of recovery and support to live independently. A proposal is in development to consider a recovery strategy recognising the cross cutting nature of recovery, alongside person centred work and co production. This includes consideration of a recovery college approach, and means to promote and celebrate best practice within all the services. This will be taken forward during 2017.

#### 4.30 **Governance and Performance**

This report does not intend to focus on the performance per se of the mental health services. The recent implementation of EMIS, the new E-health system, within community services has resulted in down time of the reporting systems and there is a gap in data from April 2016. This will be available again early in 2017, with reports being designed to reflect the changed service configuration and the standardised KPI's developed within the CSSR framework. This will include updated reporting on inpatient services.

The implementation of Recovery Star within services will enable us to report both individual and collective outcomes for service users. This will progress further into 2017.

4.31 The Mental Health Clinical Services Group provides the formal governance structure for all the mental health services. This has continued to operate jointly with Renfrewshire mental health services, following review of structures with the development of clinical and care governance arrangements within HSCPs. This provides useful shared learning and supportive peer challenge across our respective services.

4.32 The Mental Welfare Commission has a statutory role in the governance of our services, visiting people receiving mental health care and the services that are



providing care. Reports with recommendations are sent to services involved and published on the MWC website.

During 2016 the Commission visited Ward 4, the acute unit for older people at Larkfield, and Wards Dunrod E & F in Ravenscraig, also older peoples' wards. Both visits resulted in a number of recommendations which have been acted upon.

Within ward 4 the focus was on the need to further individualise care plans, including where restraint is being used and the provision of therapeutic activities to provide a meaningful day for patients. The latter was exacerbated by the vacancy within OT in the ward, which is now resolved. In the continuing care areas in Dunrod, the requirement for improvements to individualised care plans including where patients are restrained was also reflected; access to psychological therapies and training of staff for the management of stress and distress; recording of activities for a meaningful day, and improvements to ensure recording of the legal authority for treatment where individuals cannot consent themselves, either under the Adults with Incapacity Act or Mental Health Act.

The IPCU and Adult Acute units were visited in 2015, with no specific recommendations.

- 4.33 The major challenge in respect of inpatient areas has been reported to the IJB via financial reports. As reported, an action plan is in place within inpatients to seek to manage the pressures arising from the changed demands from our service users resulting in higher levels of enhanced observation and workforce pressures from turnover with retirements and sickness absence amongst an ageing workforce. This plan also includes work to retract appropriately from protection arrangements for staff displaced within the earlier phases of bed retraction and revised staffing models within inpatient areas. Progress is being made, but there will remain an unbudgeted financial pressure from the observation requirements in particular. It is to be noted that the costs of these arise from patients not necessarily resident in Inverclyde, and reflects the GG&C system within which our services function specifically for inpatient provision.

## 5.0 IMPLICATIONS

### FINANCE

#### 5.1 Financial Implications:

There are no financial implications from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

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**LEGAL**

5.2 There are/are no legal issues within this report.

**HUMAN RESOURCES**

5.3 There are/are no human resources issues within this report.

**EQUALITIES**

5.4 There are/are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	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.

- 5.4.1.1 **People, including individuals from the above protected characteristic groups, can access HSCP services.** This report evidences the improved arrangements for single points of access to mental health services, including self referral.
- 5.4.1.2 **Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.** Mental Health services within Inverclyde are actively engaged with service users, and wider initiatives to tackle the stigma and discrimination experienced by people with mental ill health. Investment of resources in recovery targets those experiencing the most significant challenge of inclusion within our community
- 5.4.1.3 **People with protected characteristics feel safe within their communities.** The provision of support services including housing initiatives enable people to engage with their communities.
- 5.4.1.4 **People with protected characteristics feel included in the planning and developing of services.** Service users are actively involved in the planning and development of both the new build Orchard View and our community services, via the Service User Reference Group.
- 5.4.1.5 **HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.** Staff within the service are engaged with equality and diversity training, and recovery focussed approaches to care and support which are person centred recognising the uniqueness of each individual.
- 5.4.1.6 **Opportunities to support Learning Disability service users experiencing gender based violence are maximised.** Not relevant.
- 5.4.1.7 **Positive attitudes towards the resettled refugee community in Inverclyde are promoted.** Not relevant.

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no governance issues within this report.

## 5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes.

This report evidences the range of services and approaches that in combination and alone supports the following national outcomes. Work is continuing within the service to implement the recovery star based on reporting individual outcomes, and which will be able to aggregate information across our service users.

- 5.6.1 **People are able to look after and improve their own health and wellbeing and live in good health for longer.** As the report details, the focus of mental health services is to enable people to receive the appropriate mental health care and treatment at the right time and to support people maintaining their own recovery as their need for specific mental health interventions reduces. The development of psychological therapies and approaches to promote inclusion is aimed at enabling peoples own resilience and self management. The service actively works with GP's to promote and support self management. People with more severe and enduring mental ill health and those in receipt of anti psychotic medication have access to physical health support from within the service.
- 5.6.2 **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 report demonstrates the range of services which support people to live independently within their own home or community. The specific developments of Care Home liaison services and Orchard View recognise the needs of people who require different care settings to live within a responsive and homely environment and remain connected to the community.
- 5.6.3 **People who use health and social care services have positive experiences of those services, and have their dignity respected.** The report describes the developments in engaging people who use services in providing feedback and involvement in service improvement. The service engages with the Advisory Network Mental Health sub group. These mechanisms alongside the governance arrangements ensure that the service can respond to address any shortcomings in service user experiences.
- 5.6.4 **Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.** The report has described the range of approaches which promote and continue to support recovery and people living well with long term mental health conditions.
- 5.6.5 **Health and social care services contribute to reducing health inequalities.** The work described in the report in relation to Taking Time to Listen reflects the active consideration of the inequalities experienced by people with mental ill health. The specific investment in services to promote wellbeing including employment based initiatives recognises the particular disadvantage faced. The focus of service is to improve and maintain health.
- 5.6.6 **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 service works directly with carers to support their role in the recovery of mental health on an individual basis and within the carer support groups linked with psychological approaches tin mental health care. Carers are represented within the planning groups for service developments.
- 5.6.7 **People using health and social care services are safe from harm.** A key role of mental health services is to protect people from harm arising from their mental

health, including with use of legislation. This legislation underpins our service delivery.

- 5.6.8 **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 report describes the engagement of staff in developments within the service area, and through practice development linked to the governance arrangements.

## 6.0 CONSULTATION

- 6.1 There was no consultation undertaken in the preparation of this report.

## 7.0 LIST OF BACKGROUND PAPERS

- 7.1 “Modernising and Improving Mental Health Services Across Clyde” 2008. NHS Greater Glasgow and Clyde.  
Mental Health in Focus: A profile of mental health and wellbeing in Greater Glasgow and Clyde [2011] Glasgow Centre for Population Health.  
*Good Mental Health for All*, NHS Scotland October 2015  
Mental Health Strategy for Scotland 2011-15. Scottish Government 2011  
With Inclusion in Mind.  
“Delivering for Mental Health” [2006] Scottish Government.  
“Towards a Mentally Flourishing Scotland”, 2009-2011, Scottish Government 2009.  
Inverclyde Dementia Strategy Update, ref IJB/21/2016/DG.  
Scottish Association for Mental Health (SAMH), 2007.  
*What's It Worth Now?: The social and economic costs of mental health problems in Scotland*, Scottish Association for Mental Health, 2009.