



Integration Joint Board

30th January 2019

This Report relates to
Item 16 on the Agenda

Mental Health Strategy Progress Update 2017-2027

(Paper presented by Denise Moffat)

For Noting

Approved for Submission by	Denise Moffat, General Manager Mental Health Services
Author	Lynda Forrest, Performance Manager and Allied Health Professional Lead
List of Background Papers	Mental Health Strategy 2017-2027
Appendices	Not Applicable

SECTION 1: REPORT CONTENT

Title/Subject: Mental Health Strategy Progress Update 2017-2027

Meeting: Integration Joint Board

Date: 30th January 2019

Submitted By: Denise Moffat, General Manager Mental Health Services

Action: For Noting

1. Introduction

1.1 In August 2017 the Health and Social Care Senior Management Team approved a multi-agency Mental Health Strategy Group (MHSG), to coordinate and oversee a collaborative response to the delivery of the 40 actions set out in the Mental Health Strategy (2017-18). The group submitted a progress report in July 2018. This paper provides a further update, illustrating progress in context to the following recent developments;

- Primary Care Transformation Funds
- Mental Health Strategy Action 15 – Additional funding to support workforce development
- Mental Health Strategy: Action 38 – Specifically, the Quality Indicator Profile
- Locally identified indicators to support local performance and quality monitoring

2. Recommendations

2.1 **The Integration Joint Board is asked to:**

- **Continue to support the MHSG, and their objective and function**
- **Note the local indicators within the MHSG work plan**
- **Continue to contribute to the delivery of this agenda, through service-specific performance-related activity**
- **Note the current and proposed workforce development plans that will support delivery of the strategy**

3. Background

3.1 The over-arching deliverables for the MHSG are to oversee, direct, monitor and evaluate the partnership's activity in relation to the delivery of this agenda. This requires on-going development of the action plan, to ensure that it remains current, and takes account of emerging local and national drivers and priorities. Recent developments of particular relevance for MHSG are the recurring funding sources for primary care transformations, and for Action 15 of the Mental Health Strategy.

3.2 Primary Care Transformational Fund

In February 2016 Scottish Government Health Secretary announced the need to increase the role that other health professionals play in delivering primary care, making it much more of a team approach and enabling GPs to focus on those patients specifically in need of their care.

The funding encourages GPs to take a multi-disciplinary approach to patient care within the community. This included mental health professionals in delivering aspects of patient care – freeing up GPs to focus on more complex cases and provide clinical leadership.

Through a collaborative decision-making process between GP Cluster Leads and the Mental Health Directorate, The Primary Care Transformation Programme Board agreed to the development of 11.5 WTE Band 6 registered specialist mental health staff, with support for clinical supervision, working in all GP practices across the region. Pilots were also approved to test OT and HCSW early intervention roles in primary care in Stewartry Locality.

3.3 Action 15 Funding

As part of the strategy, Scottish Government Ministers committed to financial support for 800 additional mental health workers to improve access to specialist mental health workers in key settings.

Action 15 funding is available to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons.

A financial plan to support the development of posts across services is being developed. This includes additional staffing in AHP (Dietician), Psychology, Perinatal Mental Health, Liaison Services, Leadership, Nursing, CAMHS and Criminal Justice Services.

4. Main Body of the Report

4.1 Allocation of primary care transformation funding and action 15 monies will support delivery of the MH strategy actions through a developed workforce.

4.2 The MHSG has agreed a set of indicators that will benchmark and monitor performance against each of the 40 actions that are within local scope. Current and planned developments are outlined in this report, in context to the 5 themes in the MH strategy.

4.3 Prevention and early intervention are key to minimising prevalence and incidence of mental ill health, and therefore must be a focus of activity and use of funding.

4.4 **CAMHS**

4.4.1 Key actions within this theme include improving access to support for children and young people with emotional and mental well-being needs, and address behavioural and emotional issues.

4.4.2 Following national audit there is a need to develop a timely model of early access for all children, young people and families wishing access to mental health advice and support. Using a quality improvement framework an access project has been initiated in Gillbrae medical practice. Waiting times between referral and first assessment are now less than 4 weeks. It has evaluated well from GPs and patients, and the process is being adapted for a second GP practice. A further aim of this work is to be able to calculate the capacity required to deliver the model across all GP practices in Dumfries and Galloway. Initial capacity calculations indicate this will require 5 band 6 mental health workers. The next steps in improving access will be to try and develop a timely model for education settings.

4.4.3 Innovation money was used by CAMHS in 2017/2018 to develop a participation officer post. This post evaluated extremely well both by people using CAMHS and by staff involved in delivering change ideas. This has led to better user involvement in service improvement projects, real time feedback on experience of CAMH service and closer links with community young people groups. In order to further develop the service through coproduction and co design CAMHS requires a permanent Band 6 participation officer.

4.4.4 Digital access to advice and appointments needs developed in order to signpost children and young people to other services, the work needs to be co-designed with third sector organisations and children and young people. This work requires the development and maintenance of a mental health and well being website for Dumfries and Galloway. This work has yet to be scoped but would involve the participation officer.

4.4.5 A need to scope the additional support required across services, to meet the needs of young people presenting with high risk behaviours has also been identified. These young people present to multiple services, often in an unplanned way with multiple risks. They require a more cohesive risk support system. Over the first year key stake holders will work collaboratively with the community to scope the extent of the needs and demand locally, and develop a shared strategic plan for this group of children and young people. Best practice models and shared commissioning will be explored to inform the development of a local model.

4.5 **Access to Treatment and Joined-up, Accessible Services**

- 4.5.1 People with mental health problems being able to access services within a clinically appropriate timescale is basic issue of equality. This theme looks to having a developed workforce in the right place at the right time, widening the reach to primary and unscheduled care settings, and to our police custody suites and prisons. This helps ensure that the principle of 'ask once, get help fast' is met. The Mental Health Directorate is beginning to address these areas by developing access to psychological interventions to individuals presenting to the emergency service including trauma-informed training; supervision of frontline staff and offering fast track service for those who need it – particularly in relation to trauma.

Crisis and Treatment Services (CATS)

- 4.5.2 Providing a more sustainable 24/7 cover across Accident and Emergency Department, including mental health cover for Out of Hours Services. The service will require additional registered Band 6 nurses on night shift to provide the necessary additional resource

Police Triage

- 4.5.3 By building on the Police Triage pilot project currently running in the partnership and examining the data collection from this pilot a potential platform to further develop the link between the Police Service and Mental Health Services is emerging. Additional resource to take this model forward, providing access for individuals in police custody, is now being considered.
- 4.5.4 In line with the model currently used in Accident and Emergency to manage frequent attendees, we are working with police to help develop their psychological expertise. Discussion with current Police Triage leads to scope out the level of demand for this service is on-going.

Mentally Disordered Offenders

- 4.5.5 We are currently reviewing the provision of additional resources into Forensic Mental Health Services. There is a need for development of Forensic Nursing Services to provide direct care and treatment for individuals with mental health diagnosis who have offended or are at risk of doing so. This service may be incorporated in to other aspects of forensic work including supporting the police and courts. This capacity would also support those already working in forensic services, and develop links with other partner organisations in this area.

Forensic and Risk Nurse Consultant

- 4.5.6 Managing risks associated with individuals with distressing and risky behaviours who come into contact with A&E, SAS, Out Of Hours Services, Community Justice Services and Prisons requires expert leadership and advice. Training, learning and development is crucial to enabling staff to build their skills in the assessment and management of risk associated with a level of complex mental health issues. Recruitment to a dedicated post working across the partnership to build a sustainable system that supports robust clinical risk management, with positive outcomes for patients and staff is underway.

Primary Care Liaison

4.5.7 Dumfries and Galloway Primary Care Transformation funds will support the development of Primary Mental Health Services. Recruitment to Band 6 registered staff to work across all GP practices is underway. Development of support workers would be key to the delivery of this service, and a collaborative approach between public health, primary and secondary care are considering community link workers as a viable option. In addition to this, primary care psychology pilots are currently being tested. The model has been adapted to include an increase in band 5 staffing to ensure continuation of the approach with GPs. This allows us to sustain our current present position within GPs practices in Dalbeattie and Annan with additional presence in Dumfries. However, within current resource we are not able to roll-out the model any further despite positive outcomes from pilot phase including reduction in DNA rates for those referred to secondary care. Further data in relation to demand, capacity and outcomes has been collated with a view to developing this model further.

Eating Disorders Services

4.5.8 Early detection and treatment of eating disorders can help improve outcomes in children and young people and adults. Community studies suggest that less than half of clinical cases are identified in primary care, yet people with eating disorders present to GP practices more frequently with a variety of symptoms.

4.5.9 The advanced psychologically-based approaches dieticians use encourage behaviour change, which can lead to better mental and physical health outcomes for the individual, and reduced public spending.

4.5.10 Dumfries and Galloway would benefit from development of the eating disorder service, which currently has 0.6WTE of dietetic input. This would enable earlier identification and treatment of the condition, prevention of co-morbidities, and a reduction in the need for hospital admission and medication.

Perinatal Mental Health

4.5.11 The Managed Clinical Network (MCN) will be carrying out a mapping exercise across all Boards in Scotland in relation to specialist perinatal services. To ensure equity of care in line with MCN recommendations NHS Dumfries and Galloway 4 sessions of ring-fenced specialist time from a consultant psychiatrist, Senior Nurse to co-ordinate perinatal mental health services; Specialist perinatal link workers in each locality CMHT who have additional training and ring-fenced time, co-ordinated by the Senior Nurse.

4.5.12 This model would anticipate the Senior Nurse to be a core member of the weekly multidisciplinary vulnerability clinic for women in the antenatal period; currently mental health is the profession missing from this clinic due to limited resources. Improving links with children's services is also important, including pre-birth teams, children and social work where they are involved in parenting capacity and support to vulnerable parents.

4.6 **The Physical Well-being of People with Mental Health Problems**

- 4.6.1 Significant health inequalities exist for people with mental illness, and a key deliverable of the strategy seeks to address parity of esteem between mental and physical health outcomes, especially where co-morbidity exists. Proposals for development include.

Physical Health Monitoring

- 4.6.2 Physical health monitoring for individuals with long standing mental health problems requires improvement. The project to achieve this will focus on ensuring good communication with GPs, and training for patients and third and independent sector staff on the value of regular physical health monitoring. The need to improve patient engagement with monitoring, and to make the service more adherent to local and national guidelines has been identified.
- 4.6.3 The overall aim for year 1 would be to scope and develop pathways, which will require a Band 6 to work in conjunction with Third and Independent Sector.

Acute Liaison Services

- 4.6.4 Liaison services to both acute hospitals require additional resource to ensure sustainability. The current liaison service is designed primarily for individuals with a diagnosis of cognitive impairment who have been admitted for physical health reasons.
- 4.6.5 People being treated in acute hospital settings for physical disorders associated with alcohol or substance misuse can also access an alcohol liaison service.
- 4.6.6 A test of change is underway to support individuals with co-morbid physical and mental health disorders, such as people whose physical health impacts on their mental health. The service aims to increase the detection, recognition and early treatment of impaired mental wellbeing and mental disorder to reduce excess morbidity and mortality associated with co-morbid mental and physical disorder. This will help reduce length of stay, reduce risk of harm through specialist risk assessment and management, and ensure care is delivered in the least restrictive and disruptive way.
- 4.6.7 There is a need to create additional capacity to better manage very complex individuals who need to be supported for treatment in an acute hospital setting, and to manage and support individuals who require nurse escort under psychiatric emergencies.

4.7 **Rights, Information and Planning**

- 4.7.1 A human rights approach is intrinsic to the delivery of this strategy. The key aims within this theme are around ensuring that legislation is fit for purpose (which will require national attention), and that people are supported to remain in, or return to work. The ways in which the Mental Health Directorate seek to meet these aims includes

Vocational Rehabilitation Available at GP Practice Level

- 4.7.2 The proposal is for a similar model to the primary care liaison service, whereby an occupational therapist will triage direct referrals within the GP practice, with a view to supporting people with mental ill health to continue to engage in work-related activities. The service will outreach to work collaboratively with employers, enabling them to make the necessary adjustments to support employees, and through the use of the AHP Fit Note seek to reduce demand on our scarce GP resource. Funding for this from the Primary Care Transformational Fund has now been confirmed.

Psychological Interventions for Front Line Staff

- 4.7.3 A scoping exercise is required to better understand the current availability of therapy services for staff on front line. There is, for example, evidence of increasing referrals on behalf of police officers, with requests to expedite their referrals to the top of the list. A recent survey of paramedics across Scotland indicated a high prevalence of post traumatic stress disorder, and stress and anxiety is among the most commonly reported reasons for sickness absence across the board.

4.8 **Data and Measurement**

Action 38: Mental Health Strategy

- 4.8.1 Action 38 of the strategy commits Scottish Government to creating a Quality Indicator Profile to support monitoring and improvement of services. While the application is primarily towards secondary care, the indicators are important in helping Boards, IJBs and partners to consider improvement more broadly. To this end, the Mental Health Directorate have developed a performance framework that aligns to the Board and IJB existing performance reporting frameworks, and allows for a range of both qualitative and quantitative measures to be considered.
- 4.8.2 This has been cross-referenced and reviewed against the indicators, to ensure that quality is mainstreamed at every level of mental health service delivery.

MHSG Work Plan

- 4.8.3 The MHSG has developed a similar performance framework that relates specifically to the delivery of the mental health strategy actions, to help reduce the potential for duplication of effort in how actions are delivered. The first draft of the performance report was included with the previous progress report, together with a work plan setting out responsibilities for local delivery. The work plan has now been updated to include the agreed indicators that will support on-going monitoring and review of the partnerships actions that will contribute to the delivery of the strategy.

5. **Conclusions**

- 5.1 Delivering the actions within the 10 year Mental Health Strategy will require on-going attention and commitment. Key aims within the agenda include improved

access and parity of esteem. To achieve this, early intervention and prevention needs to be a focus of activity and use of funding. This calls for a developed workforce and extended reach of secondary care service, in order to deliver better quality, more timely, safe and person-centred care and support.

- 5.2 HSCSMT can help to prioritise the necessary service-level operational activities required to meet these aims, and support the development plans described within this report.
- 5.3 Challenges in accessing some data-sets that are required for benchmarking and evaluation continue to exist, and more work is required to meet these challenges.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

- 6.1 The group seek to operate within existing resource, however as outlined in the initial paper in August 2017, delivering this agenda fully may present some financial risks and challenges for the board. This has been mitigated by the use of action 15 and primary care transformation monies, as outlines in this paper.

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 7.1 The Mental Health Strategy has clear links with the delivery of the nine national outcomes, and is aligned to the six dimensions of quality. These are mapped against the actions on the work plan in the main body of this report.

8. Legal & Risk Implications

- 8.1 The delivery of the MHSG agenda relies on a collaborative approach from a range of partners, and therefore could not realise its full potential without endorsement from the HSCSMT.
- 8.2 The shift of emphasis to early intervention and prevention may call for services to disengage from other areas in order to re-focus resource.
- 8.3 The strategy cross-cuts multiple policy areas, across the life-curve, and therefore may lack focus on specific issues, especially in regard to local context and need.

9. Consultation

- 9.1 Consultation will be on-going throughout the delivery period of the strategy, primarily through the HSCSMT.

10. Equality and Human Rights Impact Assessment

- 10.1 An EQIA is not applicable to this paper. EQIAs will continue to be considered as part of ongoing developments, and in line with the board's commitment to reducing inequalities.

11. Glossary

A&E	Accident and Emergency
AHP	Allied Health Professional
CAMHS	Children and Adolescent Mental Health Services
DNA	Did Not Attend
EQIA	Equality Impact Assessment
GP	General Practitioner

HSCSMT	Health and Social Care Senior Management Team
HSCW	Health and Social Care Worker
MH	Mental Health
MHSG	Mental Health Strategy Group
OT	Occupational Therapist
SAS	Scottish Ambulance Service
WTE	Whole Time Equivalent