

## AGENDA ITEM

16

**Title/Subject:** Redesign of Mental Health Services Update Paper  
**Meeting:** Integration Joint Board  
**Date:** 1<sup>st</sup> June 2018  
**Submitted By:** Kathy O'Neill, General Manager, NHS Forth Valley  
**Action:** For Noting

## **1. INTRODUCTION**

- 1.1 This report presents an update in relation to local changes in service design for Specialist Adult Mental Health Services, Specialist Dementia Services and the contribution of these redesign processes to delivering efficient and person-centred services.

## **2. RECOMMENDATION**

The IJB is asked to:

- 2.1 note the content of the report  
2.2 note the planned activities

## **3. BACKGROUND**

- 3.1 The purpose of this paper is to update the Integration Joint Board (IJB) on the progress with the redesign of Specialist Adult Mental Health and Specialist Dementia Services, including an update on Hope House. The Paper also updates on the implementation of the National Mental Health Strategy the National Dementia Strategy, and local Strategic Commissioning plans.
- 3.2 Since the last paper submitted to the board the redesign process for Specialist Adult Mental Health Services has begun and is advancing. Meanwhile a redesign of Specialist Dementia Services, following the publication of the National Dementia Strategy, is also underway.
- 3.3 Redesign implementation is monitored on an ongoing basis by a Multiagency Redesign Executive Group. Elements of the redesign processes are also report through the Primary Care Transformation Group.

## **4. NATIONAL STRATEGY UPDATES**

### **4.1 The Mental Health Strategy**

Published in 2017 Scotland's Mental Health Strategy (2017-2027) sets out the national direction for mental health services for the next ten years. In September a multi agency event was held in Forth Valley Royal Hospital which brought together stakeholders from across the forth valley area to review current progress against each of the commitments and begin developing a plan for achieving each of the actions outlined in the strategy.

- 4.2 A gap analysis exercise on the strategy recommendations was undertaken with participants being allocated one of the four themed facilitated workshops aligned to their area of work, namely:

- Prevention and Early Intervention
- Access to Treatment and Joined up, Accessible Services
- The Physical wellbeing of People with Mental Health Problems
- Rights, Information Use and Planning.

- 4.3 It was noted that a number of the strategy's recommendations will be taken forward centrally by the Scottish Government. Subsequently, each of these workshops was allocated the remaining recommendations and participants were asked to agree:

- The status of each of their allocated recommendations
- Who is involved in its implementation
- Future considerations/next steps

- 4.4 The outputs from this exercise will assist local services in determining priority areas and where action is needed to achieve the recommendations in the strategy.

- 4.5 Responsibility for implementing the commitments contained in the Strategy lies with a number of agencies and Partnerships including Integration Joint Boards, Community Justice Partnerships and Children's Planning Partnerships. Further discussion is required to agree a mechanism for overseeing the delivery of the Strategy overall which was a recommendation arising from the stakeholder event. However the redesign of Mental Health Services described below is evidence of work to deliver on the vision outlined in the strategy.

### **4.6 The Dementia Strategy**

In June 2017 the third National Dementia Strategy for Scotland was published. This strategy sets out 21 commitments to deliver improvement for those with dementia and their carers. A key element of the strategy was an ongoing commitment to deliver lifelong Post Diagnostic support to people. An event, following the same format as the Mental Health Strategy event, was held in January 2018.

At the event, delegates were engaged in determining the current position in achievement of each of these commitments (excluding those that sit with Government and National bodies), where the gaps were, who should lead on closing the gaps and how we could measure success. This was followed up by engagement with the Carers' Centres to ensure wide stakeholder participation. These outputs have informed the redesign of specialist dementia services detailed below and started the conversation of how communities and organisations can work together to achieve the commitments in the strategy.

## **5. STRATEGIC COMMISSIONING**

Strategic Commissioning work in relation to community based mental health services, directly aligns with changes being implemented within Adult Mental Health services. This work is intended to ensure appropriate pathways are in place to enable people to re-engage or remain within communities. In October 2017 a group was convened, bringing together leading clinicians and managers from across the HSCP involved in planning and delivering mental health services to begin building a plan for commissioning mental health services that have traditionally been delivered within the third sector.

Several Third Sector organisations are commissioned to provide services for improving, promoting or supporting the mental health and well being of the Falkirk population; however the process of commissioning these services has been fragmented with numerous funding streams created separately by Health and from Social Work. Fragmenting the funding and commissioning process has created challenges for planning and service delivery in both the statutory and third sector organisations across the HSCP.

The publication of the Scottish Government's Mental Health Strategy (2017-2027) in March 2017, the priority status allocated to Mental Health within local strategy such as the Community Planning Partnership's Strategic Outcomes and Local Delivery (SOLD) Plan and the requirement for Integration Authorities to discharge duties in line with local, regularly reviewed Strategic Plans, mean that the development of a commissioning plan specific to community based Mental Health Services is timely and critical.

The team agreed that in order to meet the needs of the local population it would be important to commission services based on need. This would include adult and older adult services with no distinction made, wherever possible, on the age group the intended intervention is for. Child and Adolescent specific services were excluded as these services are not within the scope of integration; however consideration was given to transition points. In addition, specialist alcohol and drugs services are commissioned through a separate process, which is led via the Alcohol and Drug Partnership and therefore specific alcohol and drugs services were not directly a remit of this group. However, owing to the incidence of co-morbid substance misuse within the group being considered it is essential that addictions services are considered within the overall context of need and provision.

Early meetings of the group focussed on learning how the current commissioning arrangements were working and what could be improved on in terms of process. An exercise was also undertaken to gather information about existing service provision, including internal provision, service funded by the NHS Forth Valley and/or Falkirk Council and independent provision. The group has also reviewed interventions employed, the consistency of performance information and data available from services and also communication across services as a network.

The group has begun to set in motion a plan for commissioning mental health services across the HSCP. A number of future actions have been identified, which will be progressed over the coming months. These include:

- Extend the commissioning group to include representation from GPs and facilitate a primary care event where the experience of GPs and other professionals in general practice is gathered
- Engage with the Third Sector to gather feedback on the proposed services and on the process of commissioning
- Gather views and feedback from service users
- Triangulate needs assessment, output from mapping exercise and input from Third Sector Partners and review against current provision.

## **6. LOCAL REDESIGN IMPLEMENTATION UPDATES**

### **6.1 Specialist Dementia Services**

Following a successful bid to the Primary Care Mental Health Transformation Fund the Post Diagnostic Support (PDS) Dementia project was awarded £150,000 over two years (across both Health and Social Care Partnerships (HSCP)). This funding was to support the transformation of services for post diagnostic support and deliver the commitment in the National Dementia Strategy. Consultation and engagement has been undertaken and appendix 1 describes the proposed PDS pathway. This has resulted in a consistent means of measuring performance with PDS by clarifying the point at which PDS begins to be delivered. Through engagement with this process it was identified that the pathway would be significantly enhanced by development of the relationship with Social Work services and improving joint working between all agencies. The Primary Care Transformation Fund has therefore been identified as being a potential way of funding time limited dedicated social worker posts that will have an exclusive remit for development of the Social Work element of an integrated model of dementia services and supports, facilitating redesign in a consultative, monitoring and advisory role. This would support the outcome of enhanced support for the shared assessment and ongoing support for people with dementia and their carers. To enhance this and ensure that joint working and information sharing is achieved it is proposed that a Dementia Team, comprised of staff from Alzheimer's Scotland, NHS Forth Valley and Social Work Services (one whole time equivalent per partnership) are co-located and the service delivered as a Integrated Team.

- 6.2 This team will have nursing staff from the Specialist Dementia Outreach Team (DOT), with supervision from a Consultant Psychiatrist, Alzheimer's Scotland Link Workers and Social Workers who have strong links with the localities. This needs a robust governance structure and lines of reporting for the team to ensure that links with localities are strengthened while supporting a specialist response to the delivery of post diagnostic support.
- 6.3 The Transformation fund will support the recruitment of Social Workers for the duration of this test of change until the end of 2019/20. Both Health and Social Care Partnerships and the Health Board support this plan in principle subject to further detailed implementation plan being developed. An implementation team comprised of service managers, and clinical staff from across the HSCPs have come together to plan the development of this team. Currently the work is focussed on developing a governance and integrated team structure which will provide robust support for this service and assurance for the respective HSCPs irrespective of the geographical location of the service or the hosting arrangements.
- 6.4 Work has begun on exploring potential bases for this team and the various managers are actively engaged with property/premise managers in their partnership area.
- 6.5 In addition to the benefits described above this co-located team will enable ease of access to day services provided through the partnership and will be well placed to make effective use of resources which will be shaped and commissioned in line with the review of older people's day services across the Falkirk Health and Social Care Services.
- 6.6 **Adult Mental Health Services**  
A case for change proposal was presented to the Integration Joint Board in June 2017 with the aim of delivering the following:
- A 24 hour Mental Health Assessment Services covering Intensive Home Treatment Team and Liaison
  - A Crisis Service which is attached to the Intensive Home Treatment Team but which interfaces closely with and directly supports the Community Mental Health Teams
  - Embed Assertive Outreach and Early Intervention approaches into the Community Mental Health Teams
- 6.7 Work to design and implement these new services has continued during 2017/18 and a detailed implementation proposal was considered and supported by Leadership Teams of both Integration Joint Boards and NHS Forth Valley in March 2018.
- 6.8 An implementation structure is in place which will:
- Manage the safe transition from the previous service arrangement to the new service
  - Develop patient pathways/standard operating procedures

- Support redeployment of staff where necessary and ensure staff side involvement
- Co-ordinate and optimise the changes to ensure maximum efficiency of the service

#### 6.9 The redesign will result in:

- A robust and sustainable assessment service which moves toward not being reliant on doctors in training
- Cohesion of multiple specialist services into one emergency service
- Reduction in unnecessary variation and consistent experience for patients
- All patients in secondary care mental health services will have access to enhanced support during times of crisis
- Streamlined processes for assessment and decision making
- Support for the delivery of Out-of-Hours GP Services by directing NHS24 Calls to the Mental Health Emergency Team
- A reduction in Emergency Department 4 hour breaches arising from specialist psychiatry presentations.

6.10 A significant part of the redesign has involved the Community Rehabilitation Team (CRT). The CRT will no longer operate as a stand-alone service and the work currently undertaken in CRT will be done through the CMHT and existing third sector service provision. A moratorium on referrals to CRT was introduced in November 2017 and the caseloads were reviewed to project discharge dates. Currently there are 14 patients remaining on the caseload of the CRT which has allowed for the staff within CRT to engage in a process of staff development and participate in a preference exercise to determine where they will work in the future. No individual patient's care has been impacted and the support and intervention offered is being continued until the patient is ready to be discharged from the CRT. For those patients whose care is likely to extend beyond the summer of 2018 this care will be transferred to the CMHT.

#### 6.11 **GP Out-of-Hours (GPOOH)**

From the 18<sup>th</sup> of September 2017 to the 18<sup>th</sup> of December 2017 there were 179 calls between the hours of 9PM and 8AM to the GPOOH Service. These resulted in 179 calls being handled by GPs and 16 face to face appointments. The composition of the GPOOH Service at that time did not support any other member of the team, other than the GP, handling these calls. The outcome of these calls resulted in 16 face to face consultations and nine house calls.

6.12 From the 18<sup>th</sup> of December 2017 to the 18<sup>th</sup> of March 2018 there were a total of 124 calls between 9PM and 8AM. The Mental Health Advanced Nurse Practitioners (ANP) undertook a test of change during this period where the calls with a Mental Health complaint were handled by the Mental Health ANPs instead of a GP (where appropriate). This resulted in a 124 calls being taken by Mental Health ANPs, eight face to face consultations (three of whom with the Mental Health Team) and five home visits.

6.13 The Mental Health ANPs were trained and given access to the Adastra system to ensure that communication with daytime GP Services was not compromised. The GP staff within the GPOOH Service expressed satisfaction with the introduction of this team to the GP OOH Service. It is intended that through the redesign of Specialist Mental Health Services that the period of operations can be extended to cover all Out-of-Hours calls and a recurring financial contribution will be made to the delivery of the 24 hour Mental Health Assessment Service by the GPOOH Service.

**6.14 Hope House: Specialist Low Secure Female Unit**

The IJB approved a proposal in 2017 to establish a six bedded low secure female unit on the Bellsdyke site. The unit has been open since August 2017.

6.15 Hope House is a specially designed resource for women of adult age who present with complex needs requiring treatment in a low secure care setting. In the design of Hope House there was significant consideration given to the therapeutic milieu of the environment and staff training was designed to support a homely model of care which is trauma-informed and highly risk-managed. Hope House has allowed us to repatriate three women who were cared for in private resources out-with the Forth Valley area, reducing the travel burden for families and providing care closer to home with the opportunity for appropriate community engagement and integration making discharge planning much smoother. The remaining three beds have been utilised for Forth Valley patients who were either in medium secure inpatient facilities or in the local mental health service. This prevented expenditure on out of sector treatment and care and embraced the principles of a least restrictive alternative without compromising on risk management. The demand for access to this service from within Forth Valley has meant that income generation, as was forecast in the original plan, has not been possible to date but remains a longer term option.

6.16 The first patients moved into Hope House in August 2017. Since that time the Mental Welfare Commission have visited the unit and reviewed the care and treatment. The findings of the Commission were very positive and in particular the model of care and therapeutic alliance with patients was identified as a real strength in the service.

**7. SPECIALIST MENTAL HEALTH & LEARNING DISABILITY INPATIENT SERVICES: MENTAL WELFARE COMMISSION FEEDBACK**

**Inpatient Mental Health & Learning Disability Services**

The Mental Welfare Commission (MWC) undertakes a rolling programme of visits to mental health and learning disability inpatient services. Some are planned visits (announced) and others are unannounced or are part of a national themed approach by the Commission.

Reports from all visits are published on the MWC website and services are asked to provide an action plan within 3 months of a Report being published. Reports cover areas of good practice as well as areas where the Commission would like to see improvements.



There have been seven reports published in Forth Valley in recent months covering inpatient facilities at FVRH, Bellsdyke and Lochview (Learning Disability).

### [Mental Health Publications - Mental Health Information & Resources](#)

A detailed Report is being prepared for discussion at the next meetings of both the Health Board Clinical Governance and IJB Clinical and Care Governance groups. Some of the highlighted by the Commission include:

- The need to ensure, through audit, that care plans are person centered and outcome focused
- The need to review and improve provision of meaningful activity within inpatient settings
- More priority needs to be given to providing a more comfortable therapeutic environment, particularly in acute admission wards.

Good practice examples were also highlighted in Reports including the improved focus on physical care in the acute admissions wards with the establishment of the National Early Warning Score (NEWS) system; positive feedback on the innovative and positive ethos developed in Hope House and the quality of leadership and care observed in Trystview, Russell Park and Lochview in particular.

## **8. CONCLUSIONS**

The Integration Joint Board is responsible for effective monitoring and reporting of the delivery of services and for achievement of the relevant targets and measures included in the integration functions and as set out by the Strategic Plan. This report presents an update to the Board on the progress with local redesign and implementation of National Strategies.

### **Resource Implications**

The redesign of the CRT generated the release of savings which were partly reinvested to support the development of the Emergency Mental Health Service. However this reinvestment has still provided a residual saving of £100,000 between the two Health and Social Care Partnerships.

### **Impact on IJB Outcomes and Priorities**

The Board has identified that Mental Health will be a key area for needs assessment to inform the next Strategic Plan for the Falkirk Health and Social Care Partnership (2019-2021).

### **Legal & Risk Implications**

There are no specific legal or risk implications for this paper. Risk and Issues logs are available for each project.

**Consultation**

Consultation has been achieved through the various project structures delivering on the strategies and redesigns explored in the document.

**Equalities Assessment**

Report not assessed. Content derived from separate projects.

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**List of Background Papers:**

Appendix 1.

