

North Lanarkshire Council Report

Policy and Strategy Committee

approval noting

Ref

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Mental Health Strategy

From Anne Armstrong: Nurse Director, Health and Social Care North
Lanarkshire

Email annearmstrong@lanarkshire.scot.nhs.uk **Telephone** 01698 858116

Executive Summary

Health and Social Care North Lanarkshire's Strategic Commissioning Plan, 2018/19 identified the intention to develop a Mental Health Strategy for Lanarkshire in line with the national Mental Health Strategy and Action 15 developments.

A population needs approach is being utilised taking cognisance of national policy. A range of stakeholder engagement events and work streams have been established see Appendix 1. The draft Lanarkshire Mental Health & Wellbeing Strategy will be considered by the North Lanarkshire Integrated Joint Board at their March meeting. Thereafter a wide range of stakeholder engagement events will be undertaken during spring.

The council and NHS Lanarkshire, alongside other local partners, will be fully engaged in the strategy development process ahead of final sign off by the Integration Joint Board in summer 2019.

Recommendations

The Policy and Strategy Committee is asked to:

- (1) Note the report
- (2) As part of the engagement process provide feedback to the Integrated Joint Board on the draft Mental Health Strategy, available from 31 March 2019, with a view to influencing the strategic direction.
- (3) Request further updates in due course.

Supporting Documents

Appendix 1: Mental Health Programme Governance Structure

Appendix 2: Mental Health: Quality Indicator Profile

Appendix 3: Mental Health & Wellbeing Strategy Timeline

1. Background

- 1.1 Scottish Government ambition is to ensure Scotland prevents and treats mental health problems with the same commitment, passion and drive as we do with physical health problems.
 - 1.2 The national Mental Health Strategy 2017-27 takes a population health approach setting out 40 initial commitments as the early stages of a wider programme to transform the way Scotland supports the mental health and well-being of the population. As the strategy takes shape there are a number of work streams emerging such as action 15, public mental health and well-being that will contribute to the delivery of the overall ambition.
 - 1.3 As part of the national Mental Health Strategy, the Scottish Government made a commitment to provide funding to support the employment of 800 additional mental health workers across Scotland to improve access in key settings such as Accident and Emergency Departments, GP practices, Police custody suites and Prisons. The detail is set out in Action 15 of the national Mental Health Strategy. The funding available from this year is £12 million rising to £35 million in 2021-22. Lanarkshire's share is circa £4m.
 - 1.4 Public mental health and well-being will be supported through the implementation of "Good Mental Health for All"; work to improve the mental health and well-being of our children and young people will be the subject of a national Task Force; and the Mental Welfare Commission is leading work on rights that will be cross cutting alongside the strategy.
 - 1.5 NHS Lanarkshire's Healthcare Strategy, Achieving Excellence (March, 2017) set out a vision for Mental Health Services in Lanarkshire. The strategy brings together the outputs of local reflection and engagement with key stakeholders; review of the evidence, local needs and assets; consideration of key national policy drivers, commitments and legal requirements; and consultation with people who have a lived experience of mental ill-health or learning disability and their families and carers.
 - 1.6 The development of the Lanarkshire Mental Health & Wellbeing strategy will require to ensure the above policy drivers are achieved.
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2. Report

2.1 Strategy Development Approach

- 2.1.1 Similar to the national mental health strategy, the Lanarkshire Strategy will take a system wide, population health approach. In taking the strategy development forward a programme management methodology is being utilised. In support of this a Mental Health Strategy Group (MHSG), 5 separate work streams, sub groups and cross cutting themes have been identified, such as needs assessment; workforce; estates; communication and engagement; and evaluation.
- 2.1.2 A dedicated Programme Management Team led by the Head of Service Change & Transformation, NHS Lanarkshire and specialist Programme Management and Project Support from National Services Scotland are working with the subject matter experts (mental health and departments and services) to design the scope

and scale of the strategy, direct the change process, lead on the planning, development and facilitation of programme content and deliverables has been secured till end March 2019. Support requirements to enable implementation of the strategy will be scoped by end March 2019.

2.1.3 The MHSG will report to the Addictions, Mental Health, Learning Disability and Justice Programme Board as detailed in appendix 1. Work streams include:

- WS1 - Good Mental Health for All
- WS2 Action 15 – Improving Access to Mental Health in Primary Care, Emergency Department, Police Custody and Prison Service
- Dementia and Mental Health
- Children’s Services and Mental Health
- Specialist Mental Health Services

2.1.4 The strategy content will also take into consideration interdependencies such as safe use of medicines and lived experience, especially those with enduring mental health challenges including a dual diagnosis of Mental Health and Addictions.

2.1.5 The programme team are working with all workstream leads (see detail in appendix 1) and key stakeholders to host facilitated workshops for the above work streams. These are scheduled for January and February with a view to producing a suite of documents to support the writing of the relevant chapters of the strategy. Work has commenced on developing the strategy content with the programme director and workstream leads agreeing the framework and progressing the production of the strategy. This work is in line with the time line set out at Appendix 3 and is currently on track.

2.1.6 The Team are on target to produce the draft Lanarkshire Mental Health & Wellbeing Strategy for consideration at the March meeting of the North Lanarkshire Integrated Joint Board. Thereafter a period of engagement with key stakeholder will be undertaken ensuring the needs of the local population have been addressed within the final strategy document. It is anticipated that the Integrated Joint Board will consider the final draft strategy in the summer.

2.2 Stakeholder Engagement

2.2.1 A stakeholder engagement strategy had been developed with an accompanying communication and engagement plan to ensure a detailed and inclusive two-way ongoing engagement can be undertaken at a variety of meetings. This includes:

- Two development sessions with multi-stakeholder groups
- North Lanarkshire Strategic Planning Group
- Many meetings and work stream engagement events

2.2.2 This work has engaged over 300 people to date in the development stages progressed so far.

2.2.3 The planned facilitated sessions in January and February have included representation from a wide range of stakeholders ensuring national engagement standards are achieved. In addition, further engagement will be undertaken during the spring with a wide range of stakeholder providing an opportunity to influence the final version of the strategy.

3. Equality and Diversity

3.1 Fairer Scotland

- 3.1.1 The intention underpinning The Fairer Scotland Duty is to reduce the inequalities of outcome caused by socio-economic disadvantage. Socioeconomic disadvantage is defined as *“living on a low income compared to others in Scotland, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services”*.
- 3.1.2 The guidance also asserts that socio-economic disadvantage can be experienced by (a) communities of place - people who are bound together because of where they reside, work or visit, and (b) communities of interest - groups of people who share an identity, experience, or one or more of the protected characteristics listed in the Equality Act 2010.
- 3.1.3 The Fairer Scotland Duty is intended to reduce the inequalities of outcomes caused by socio-economic disadvantage. Inequalities of outcome mean any measurable differences between those who have experienced social-economic disadvantage and the rest of the population.
- 3.1.4 The statutory focus of The Fairer Scotland Duty is on strategic decision making and, as such, the proposals outlined in this report require to be considered under the Duty. The Fairer Scotland assessment process will therefore be carried out as part of the strategy development and creation of implementation plans.

3.2 Equality Impact Assessment

- 3.2.1 The process of developing the strategy will include an Equity Diversity Impact Assessment to enable all stakeholders to identify the needs of vulnerable, at risk, out of reach and hard to reach groups. The strategy may present implications for future town planning, housing plans and community planning to promote Good Mental Health for All and ensure this is central to all relevant plans.
- 3.2.2 Another aspect will be to consider how all local authority, health and community planning partners such as Police and Education can build in elements to the Lanarkshire Mental Health & Wellbeing Strategy. This is especially the case when it comes to proactively addressing stigma and discrimination to support families, carers and those people with severe and enduring mental health challenges to live safely mental health

4. Implications

4.1 Financial Impact

- 4.1.1 An assessment of financial implications will be undertaken in line with the development of the strategy. This will include Lanarkshire's share of the utilisation of national funding for key work streams such as Action 15, (mental health services and support provision within Emergency Departments, Primary Care, Custody and Prison Service).

4.2 HR/Policy/Legislative Impact

- 4.2.1 Lanarkshire's Mental Health & Wellbeing strategy will align with the requirements of the national Mental Health Strategy. This will require Lanarkshire to contribute to the growth of 800 additional mental health workers in Scotland identified as part of action 15. Lanarkshire's share is circa 87 whole time equivalent (WTE)

staff. It is anticipated that they will come from a wide range of backgrounds such as the NHS, Local Authority and third sector.

- 4.2.2 Working in partnership and ensuring synergies with the Primary Care Improvement Plans and GMS2018 implementation a range of tests of change is underway to determine the future service model and workforce required to deliver it. It is anticipated that the Health and Social care Academy portal will support the recruitment of this workforce going forward.

4.3 Environmental Impact

- 4.3.1 Environmental impact will be assessed as the strategy develops. It is the intention to utilise digital technology where appropriate potentially reducing travel for both people using services as well as staff delivering services. A good example of this is the development and implementation of the online Cognitive Behavioural Therapy (CBT) which Lanarkshire has led on nationally.

4.4 Risk Impact

- 4.4.1 Risks will be identified as part of the process to develop the Programmes of Work and thereafter incorporated into each Service's risk register. This will be aligned to the council's corporate risk management arrangements, where relevant, to ensure that risk is managed at the appropriate level in the organisation and strategic assessments identify where risk can be tolerated.

5. Measures of success

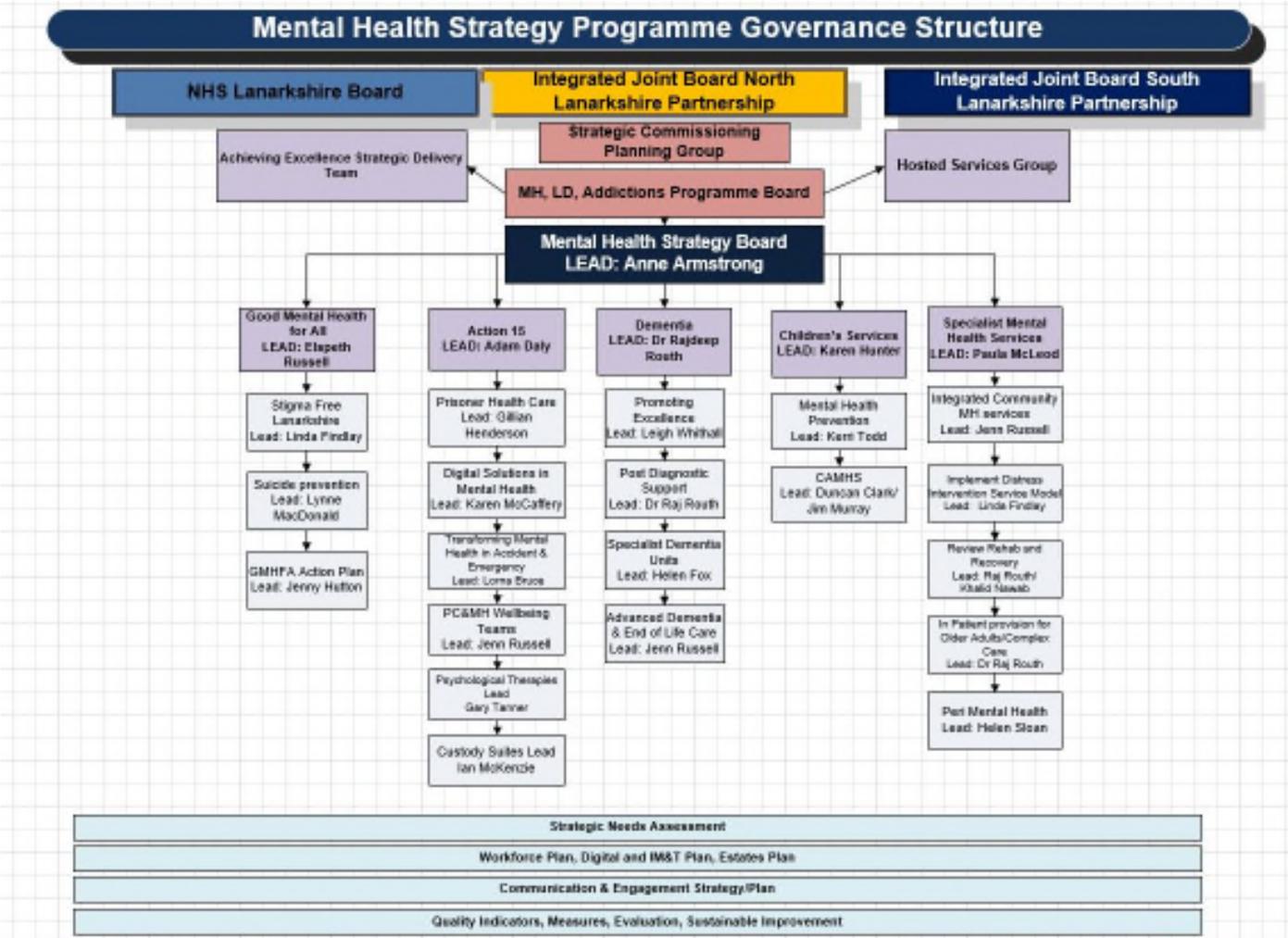
- 5.1 Action 38 of the national Mental Health Strategy 2017 - 2027 is to create a quality indicator profile for mental health.
- 5.2 Information Services Division is leading the development of the profile, which is outlined in appendix 2.
- 5.3 Roll out of the profile will be iterative and all partnerships will be measured against progress in due course.



Ross McGuffie

Interim Chief Officer

Appendix 1: Governance Structure



Appendix 2: Mental Health Quality Indicators

Action 38 of the Mental Health Strategy centres on the development of quality indicators to support the monitoring and success of the national strategy.

Information Services Division has identified 30 quality indicators and a progress update, as at 5th February 2019, is outlined below.

Name	Progress
T1 - % of people who commence psychological therapy based treatment within 18 weeks of referral	Included in this release
T2 - % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral	Included in this release
T3 - % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Included in this release
T4 - % of unscheduled presentations referred to specialist mental health services, who have had direct assessment by MH specialists within 4 hours	Under development
T5 - % of first presentation psychosis patients that start SIGN or NICE guideline evidence based treatment within 14 calendar days of referral to specialist mental health services	Under development
S1 - Suicide rates per 100,000 population	Included in this release
S2 - % of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days	Under development
S3 - % of all unscheduled care presentations where self-harm is a presenting feature	Under development
S4 - % of people prescribed lithium who experienced lithium toxicity in the last 12 months	Under development
S5 - Incidents of physical violence per 1000 occupied psychiatric bed days	Under development
P1 - % of carers for people with mental health problems who feel supported to continue in their caring role (Integration indicator 8)	Under development
P2 - % of adults with mental health problems supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (Integration indicator 7)	Under development
P3 - % of replies for people with mental health problem that agree with statement "people took account of the things that mattered to me" in Health and Social Care Experience Survey	Under development
P4 - Number of people with advanced statements registered per year with the Mental Welfare Commission for Scotland	Under development
P5 - % of people in mental health services seen for at least 1 month that show improvement in any personal outcome measurement over the previous month	Under development
E1 - Number of days people spend in hospital when they are ready to be discharged per 1,000 population (Integration indicator 19)	Under development
E2 - % people prescribed antipsychotics for reasons other than psychoses and bipolar disorder treatment	Under development

E3 - % people with severe and enduring mental illness and / or learning disability who have had their BMI measured and recorded in the last 12 months	Under development
E4 - % of people seen for at least 1 month that show improvement in functioning using any clinical outcome measurement over the previous month	Under development
E5 - % of people seen for at least 1 month that show improvement in symptom severity using any clinical outcome measurement over the previous month	Under development
EF1 - Rate of emergency bed days for adults (Integration indicator 13)	Under development
EF2 - % Readmissions to hospital within 28 days of discharge (Integration indicator 14)	Included in this release
EF3 - Total psychiatric inpatient beds per 100,000 population (NRAC adjusted)	Included in this release
EF4 - Total mental health spend as a % of total spend.	Included in this release
EF5 - % of did not attend appointments for community based services of people with mental health problems	Under development
EQ1 - Premature mortality rate (Integration indicator 11) = Standardised mortality rate for persons in contact with mental health services	Included in this release
EQ2 - Number of emergency detention certificates (EDCs) per 100,000 population	Under development
EQ3 - % of people with severe and enduring mental illness and/ or learning disability who have had an annual health check within previous 12 months	Under development
EQ4 - % of under 18 psychiatric admissions admitted outwith NHS specialist CAMH wards	Under development
EQ5 - % of caseload with an active anticipatory care plan	Under development

Appendix 3: Timeline

Mental Health & Wellbeing Strategy Development - Timeline

