

# REPORT

Item No: 6

<b>SUBJECT:</b>	Lanarkshire Mental Health and Wellbeing Strategy
<b>TO:</b>	<b>Performance, Finance &amp; Audit Committee</b>
<b>Lead Officer for Report:</b>	Adam Daly
<b>Author(s) of Report</b>	Ian Nicol, Programme Manager
<b>DATE:</b>	25th May 2021

## 1. PURPOSE OF REPORT

This paper is coming to the IJB

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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## 2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By: the MH and Wellbeing Strategy Board.

## 3. RECOMMENDATIONS

The IJB is asked to note that:

- 1) Meetings of the Lanarkshire Mental Health and Wellbeing Strategy Board and other implementation groups, which were halted in March 2020, have been re-started.
- 2) In restarting implementation of the Strategy, we will look to move forward and take advantage of the opportunities and experiences of working in different ways rather than necessarily, by default, return services to the way were delivered pre-COVID.
- 3) To this end, we will review the Strategy Implementation Plan to ensure that it builds on our recovery plans, aligns with the National Mental Health Transition and Recovery Plan, and focuses our recovery efforts on the objectives set out in the Strategic Commissioning Plan, taking account of the “new normal”.
- 4) In support of this, an Achievement Framework will be finalised that will link the improved capability delivered by projects and workstreams to the achievement of short and long term outcomes and benefits and identify measures to evaluate impact.
- 5) Aligned to this regular reporting on progress and performance will be established.

#### 4. VARIATIONS TO DIRECTIONS?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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#### 5. BACKGROUND/SUMMARY OF KEY ISSUES

##### 5.1 Background

5.1.1 Getting it Right for Every Person, a Mental Health and Wellbeing Strategy for Lanarkshire, was launched in October 2019 to provide a shared vision and drive significant shifts in culture (how we see and treat mental health and physical health), focussing on earlier intervention and prevention as well as the redesign and reconfiguration of services and development of new services.

5.1.2 There are 4 main workstreams within the Programme:

- **Good Mental Health for All**
- **Improving Access to Mental Health Support and Services**
- **Children and Young People Mental Health & Wellbeing** – fully integrated in the North Lanarkshire and South Lanarkshire Children’s Services Plans
- **Specialist Mental Health Services**

5.1.3 The programme team has also been supporting implementation in Lanarkshire of the national Dementia Strategy.

5.1.4 The Mental Health and Wellbeing Strategy Board and the majority of project groups were stood down in March 2020. Notwithstanding this, during the majority of the pandemic Mental Health, Learning Disability and Addiction services have continued. Routine reviews were paused during the first lockdown with urgent and high risk situations being prioritised. Due to a quick uptake of remote consultation methods, namely phone and Near Me, the service moved back to seeing all referrals during the initial remobilisation phase, although requesting that people been seen remotely where this was possible. During the second lockdown, and owing to our learning from the first, services used remote consultation more, but did not scale back and carried on with most routine work, only pausing this when specific services experienced high rates of staff illness.

##### 5.2 Restarting Strategy Implementation

5.2.1 The Mental Health and Wellbeing Strategy Board reinstated their meetings on 22<sup>nd</sup> January 2021 after a pause due to the COVID-19 pandemic. We have reviewed the governance structure and engagement arrangements for implementing the Strategy in collaboration with stakeholders as described below.

5.2.2 The updated governance structure for implementation of the Strategy is set out in Appendix 1. This indicates how the implementation of the Strategy will be firmly embedded in the Strategic Commissioning Plans of both partnerships with the Mental Health and Wellbeing Strategy Board reporting into the Addictions, Learning Disability and Mental Health Partnership Board in North Lanarkshire and the Mental Health & Wellbeing Partnership Board in South Lanarkshire. The whole system, population health approach taken in developing the Strategy is reinforced in the reporting lines to the community planning partnerships and the Good Mental Health for All workstream.

5.2.3 The Communications and Engagement Reference Group reconvened in December 2020. The role of this group is to:

- ensure all those with a stake in the delivery of the Lanarkshire Mental Health and Wellbeing Strategy have been identified and are engaged with, appropriately and proportionately, in identifying priorities and the development and implementation of

- project and workstreams plans and in developing new service models to deliver the vision set out in the Lanarkshire Mental Health and Wellbeing Strategy; and
- provide a feedback loop to partner organisations on progress in delivering the Strategy.

This Group is co-chaired by representatives of Voluntary Action North Lanarkshire (VANL) and Voluntary Action South Lanarkshire (VASLan).

### 5.3 Stakeholder Event

- 5.3.1 A stakeholder event took place on 23<sup>rd</sup> October 2020. The aim of the event was to reflect on progress, take stock of where we find ourselves in the wake of COVID-19, re-affirm the ambitions set out in the Strategy, and review our governance and engagement arrangements to make sure we are as well placed as possible to deliver on these ambitions with the full involvement of all stakeholders.
- 5.3.2 In advance of the event, a short online survey was issued to enable stakeholders to provide their thoughts and comments on the progress we have made to date and what our priorities should be in as we emerge from the pandemic.
- 5.3.3 The feedback from this event is presented below.

#### Governance Structure

- Wide representation but not enough people who could make decisions; therefore, difficult to make change.
- There is a need to engage with Partnership Boards – stepped down due to COVID-19 and only now starting up again.
- Now need to reconvene groups and review governance.

#### Communication and engagement:

- Stakeholders were engaged effectively in developing the Strategy. We now need to ensure that we engage the right people in the right way in implementing it.
- The Communications and Engagement Group performed an important role. It ensured the Strategy was about people: system-wide, person-centred, led by communities & lived experience and reached out to many groups.
- We haven't communicated sufficiently with the voluntary sector over the course of the pandemic.
- The implementation plan for the Strategy needs to be reviewed and shared.
- The plan needs to include cross-cutting themes: financial framework, staff development and premises, so that we can be clear about what resources have been invested where and how we can utilise them more effectively.
- We need to ensure we engage with the workforce across the statutory agencies in Lanarkshire.
- We need to think about how we get more people engaged around mental wellbeing to tackle the stigma of mental illness and embed in all areas especially in the community.
- We need to be clear how we are involving people with lived experience in developing services. This must include carers.
- All Strategy workstreams should be clear who their stakeholders are and have an engagement plan which will evolve as things change during the life of the Strategy.
- We need to be clear how we link into existing engagement mechanisms.
- We need to ensure that we are fully engaged with the Community Planning Partnerships.

#### Impact of COVID-19

- Loss of organised groups and informal support networks e.g. integrated day services, education and community groups – lack of spaces and support for socialisation that

many parents and young people use, support for new mums, carers. Whole population looking for additional supports as usual supports not there. People are then coming into hospital for support.

- We need to acknowledge the perception that we discouraged people from attending GPs. New way of doing business took time to translate to the public – to get to grips with new processes.
- Also a perception that the approach of GPs has been variable. Some people got consultations with no problems, however it has been inconsistent.
- People have been put off by going to any medical appointment – tendency to wait until in crisis.
- Referrals are down but unscheduled care has increased.
- Loneliness and isolation is and will be a key factor that impacts on mental health. This will be an issue for many people who are now working from home – not something we were likely to have considered before.
- The move to remote consultation:
  - Near Me and telephone has been successful in many ways; it has helped maintain contact with people in the system and has also been used to establish contact with new users; however, human contact missing.
  - However, we need to be aware of the risks of digital exclusion – not everyone has access or skills to be able to make the most of technology.
  - Things can be missed when not doing a face-to-face contact.
  - Some patients have responded well to digital and others not.
  - The “rules of the game” for remote consultation are emerging.
  - Issues around being able to see patients alone.
  - Benefits in continuing with digital but it must be seen as an addition not a replacement.
- CAMHS waiting times: a high number seen very quickly. The service has responded well.
- Great benefits during full lockdown – LAC Team had positive and engaging appointments
- Impact on the mental health of our own staff and other key workers: impact on work-life balance; all weary. Risk of staff perhaps not coping as well second time round – they need to feel able to ask for support.
- People have not been able to practice their faith during COVID-19.
- People who have been disproportionately affected include:
  - New mums
  - Older adult carers
  - The deaf community for whom remote consultations are difficult to access
  - The care home community
  - Victims of gender-based violence
  - Prisoners
  - Those experiencing grief during COVID
  - Heavy burden on women – domestic abuse, home schooling, shopping, lower-paid women, lay-offs (stress & anxiety levels increased).
  - COVID put everything on hold for young people. They were not getting the most sick – therefore their needs were not seen.
- Issues in accessing care homes resulting in delayed discharges.
- Winter will result in a “hidden population” – widening poverty inequalities gap, reduction in income will impact on parents and trickle down to children.

#### Looking Forward

- We need to be clear how we make the most of community assets:
  - Supporting community organisations that are dealing with people on a daily basis through training & up-skilling.
  - Peer support and peer development.

- We need to raise awareness of what is available “out there” in respect of mental health support and services.
- Community link workers, picking up early intervention – ask “how you are doing?” at an early stage.
- We need clear links with other partnerships to understand what other parties are doing to support mental health such as Housing, Education, drug and alcohol support.
- Optimise the use of digital solutions:
  - Support to enable access to new technology
  - Improved understanding of third sector use and development of digital technology
  - Digital solutions should be seen as an addition not a replacement.
- Carers need a higher profile in implementing the Strategy.
- There needs to be a clear focus on staff wellbeing in the Strategy.
- CAMHS:
  - National Strategy is pushing CAMHS towards a medical support model increasingly focused on high need young people.
  - Money for community services may be coming but not yet clear; change is very slow and starting at a low level.
  - We need to understand the whole picture – continue the service mapping work initiated pre-COVID-19.

## **Workstreams**

### **5.4 Good Mental Health for All**

- 5.4.1 A pan-Lanarkshire Good Mental Health for All Delivery Group has been established and action plans developed for both North and South Lanarkshire. These will be revisited to ensure we work across all agencies to address the mental health and wellbeing needs of the whole population as we emerge from the pandemic.
- 5.4.2 A Performance Framework, in the form of 6 Dashboards will be developed. Each Dashboard will form the basis of a Contribution Analysis Report in each of the key areas:
1. Infants, children and young people
  2. Later life
  3. Environments and Communities
  4. Employment
  5. Reducing the prevalence of suicide, self-harm, distress and common mental health problems
  6. Improving the quality of life of those experiencing mental health problems
- 5.4.3 The majority of the GMHFA Delivery Plans sit with other Governance groups and Programmes of work. The Dashboard and Contribution Analysis approach aims to provide a snapshot of collective impact and avoid unnecessary duplication of reporting.
- 5.4.4 In addition, 5 Short Life Working Groups are being established to define priority cross-cutting actions in line with Covid-19 Recovery which will report back to the GMHFA Executive Group. The identified cross cutting themes are:
1. Social Prescribing
  2. Training and Capacity Building
  3. Addressing the Physical Health Needs of People with Severe and Enduring Mental Health
  4. Our Respective Leadership Roles in Challenging Mental Health Stigma and Discrimination
  5. Good Mental Health For All Given Strategic Priority (across policies, procedures and communications)

## **5.5 Improving Access to Mental Health Support and Services (IAMHSS)**

5.5.1 IAMHSS has been concentrating on specific areas to ensure the right resource is available at the right time for patients. within Primary Care, Emergency Departments, Custody Suites and Prisoner Healthcare:

### **Primary Care**

5.5.2 The Primary Care Mental Health and Wellbeing Service model for Lanarkshire has been developed and it is anticipated that all GP Practices will have access to the PCMH & Wellbeing Service by 2022, with a continued phased approach to roll-out in the remainder of 2021, and into 2022. Over 40 additional clinical posts will be recruited in this time frame, and this will include third sector agencies.

5.5.3 Since March 2018, 9000 referrals have been managed by the service with less than 3% of patients seen requiring onward referral to secondary care mental health services. The Service will provide clinical triage and assessment, and both clinical and non-clinical brief interventions and/or support(s) to people experiencing mild to moderate mental health problems of a short-term nature. Feedback from key stakeholders thus far has been very positive.

5.5.4 The SAMH GPLW project commission was due to end 31st March 2021, however has been extended until July 2021 to help smooth the transition to the PCMH & Wellbeing Service.

### **Emergency Departments**

5.5.5 Additional nursing support has also been put in place within the three Emergency Departments across Lanarkshire to carry out mental health assessments for patients presenting within the department and ensure they are given access to the right support and services to meet their needs.

5.5.6 A Short Life Working Group has been setup to define ED pathways, team interfaces, and governance structures.

5.5.7 The MH Out of Hours service has been tailored to meet unscheduled care needs, including the option for face-to-face appointments at Douglas street, and this began on 1st March 2021.

5.5.8 A report on the PLN service is being collated via the patient flow manager to provide a benchmark to measure future changes and developments around the service.

### **Lanarkshire Custody Suites**

5.5.9 The ANPs within the Custody Suites provide a valuable mental health assessment resource to support people who present with mental health needs when detained for any period of time.

### **Prisoner Healthcare**

5.5.10 A staffing model for the mental health within Shotts Prison has been developed to ensure the level of care for prisoners reflects the services offered to the rest of the population.

5.5.11 Policies and protocols have been developed and implemented around pathways and Standard Operating Procedures.

- 5.5.12 Psychological Therapies Service posts and the Health Improvement Practitioner post have been recruited to, though there remain challenges around filling some of the other posts. There is also a risk that the new multi-disciplinary team cannot operate within HMP Shotts due to a lack of fit for purpose accommodation

### **Digital Solutions**

- 5.5.13 Digital solutions are being explored to help provide services in new ways that make them more accessible and enhance patients' experience, and the Digital Safety Plan project was short-listed for the Holyrood Connect Awards.
- 5.5.14 Near Me is being well-used with CAMHS, Psychology, and Psychiatry the top 3 users of the system.
- 5.5.15 Work is underway to move MH staff from Midis over to Morse, in a phased approach.
- 5.5.16 A roll out plan is being developed with digital champions getting initial training before extending this out across other teams.
- 5.5.17 Connecting Scotland project: We have been successful in securing 30 chromebooks/iPads and Mifi for patients/carers living in South Lanarkshire.

## **5.6 Children and Young People's Mental Health and Wellbeing**

- 5.6.1 We are working with children's services planning leads in North and South Lanarkshire to embed delivery of the children and young people's elements of the Mental Health and Wellbeing Strategy into Children's Services Partnership structures to ensure that these incorporate paediatrics, specialist CAMHS and neurodevelopmental pathway to support system-wide planning.
- 5.6.2 The national Children and Young People's Mental Health & Wellbeing Programme Board has provided a CAMHS service specification and a framework for community mental health and wellbeing supports and services for children and young people from 5-24 years. A significant change to the current CAMHS model is required to meet the national service specification. Plans have been submitted to the Scottish Government outlining how we will implement this. This specification focusses CAMHS on the needs of children and families affected by the more complex mental health problems, moving early intervention support to the Schools Counselling Model, Schools Nursing and the Community Wellbeing Framework.
- 5.6.3 In January 2021, the Specialist Children's Health Services Unit was formed bringing a centralised approach to the operational delivery of children's health services across Lanarkshire. The current systems of delivery across acute and community based health and mental health services for children and young people are being reviewed to inform future strategies of the new Unit and to provide assurance to the wider organisation.
- 5.6.4 Phase 1 of the review will focus on implementation of the Choices and Partnership Approach (CAPA) model with deployment of nursing workforce into CAMHS in addition to the establishment of the team with responsibility for delivering the Neurodevelopmental Pathway across Lanarkshire.
- 5.6.5 Phase 2 will focus on requirement to implement national recommendations in relation to eating disorders and extension of all CAMHS services to age 18.

- 5.6.6 Delivering improvements for children and young people’s mental health and wellbeing is embedded in the North and South Lanarkshire Children’s Services Plans and associated workstreams, led by the children’s services partnership boards. Since the launch of the Lanarkshire Strategy, the focus has been on continuing to deliver priorities through already-existing structures and workstreams with a focus on prevention/early intervention and promoting positive mental health and resilience.
- 5.6.7 Both North and South Lanarkshire’s Children’s Services Plans for 2021-2023 are at the final stages of consultation. In South Lanarkshire there is a revised governance structure including a Mental Health and Wellbeing Subgroup of the Getting it Right for South Lanarkshire’s Children Strategy Group. This ensures a robust ‘tie in’ with the Lanarkshire Strategy and strengthens links across Children’s Services partners in MHWB activity. North Lanarkshire will continue to have a dedicated workstream for mental health, wellbeing and resilience.
- 5.6.8 Funding from the National Children and Young People’s Mental Health and Wellbeing Programme has been agreed for the delivery of community mental health and wellbeing supports and services for children and young people. This will allow the provision of bespoke services that are right for each local authority and direct support for children and young people. The Scottish Government is clear that funding is to be spent on new or enhanced services. Gap analysis, benchmarking and co-production of services is underway with a project officer recruited by both local authorities.
- 5.6.9 Key developments in South Lanarkshire:
- A multi-agency working group has used data from our Realigning Children’s Services surveys. The work of this group helped to embed the LIAM programme and training has been delivered to multi-agency staff to help support children and young people.
  - Greater focus on promoting attachment theory and principles of attachment-informed practice across the partnership, including the Attachment Strategy launch and capacity building opportunities are on course to be delivered to all school staff.
  - Initial evaluation of Counselling Through School programme is underway.
  - Lifelines Lanarkshire is multi-agency guidance for those who work with children and young people who may be at risk of self-harm and suicide. This is a Pan-Lanarkshire development; the South Lanarkshire launch is on 11 May 2021 and the work will now shift to building capacity amongst staff in children’s services around using the guidance and harm reduction/suicide prevention.
- 5.6.10 Key developments in North Lanarkshire:
- Testing the potential of the school cluster health and wellbeing hubs to improve the mental health and wellbeing of children, young people and families by connecting them with their local communities. This work builds on the Community Solutions model developed and supported by HSCNL and VANL.
  - Capacity to deliver the Let’s Introduce Anxiety Management (LIAM) programme has been expanded. LIAM is a training package is intended to develop skills in the delivery of a Cognitive Behaviour Therapy (CBT)-informed approach for the treatment of mild-moderate anxiety symptoms in children and young people.
  - Increased availability of the Living Life to the Full programme.

- Appointment of a school counselling coordinator.

## **5.7 Specialist Services**

### **Older Adult Inpatient Provision**

- 5.7.1 A proposal was agreed to consolidate contracted hospital-based complex clinical care beds onto a single site. This will support new opportunities for multi-disciplinary team-based working and a range of services provided that will benefit the patients. Owing to the COVID-related risks associated with care home transfers, this proposal been put on hold.

### **Review of Adult Rehabilitation and Recovery**

- 5.7.2 The Adult Rehabilitation and Recovery Review Group has re-convened and a number of process mapping workshops have taken place to examine inpatient and community rehabilitation services.
- 5.7.3 An outline plan has been developed to:
- Develop a single referral process and electronic referral form and agree the process for assessment of referrals
  - Review discharge planning processes; establish a notional timeframe for discharge planning on admission; identify barriers to discharge; and establish a process to ensure that potential/actual delayed discharges are escalated.
  - Cleland: complete process mapping of current processes and collate data on admissions & discharges over last 5 years
  - Review the current Community Rehab Teams model

### **South Lanarkshire Integrated Community Mental Health Teams**

- Interim centralised operational management structure agreed.
- CMHT Service Manager in post.
- The Clinical & Professional governance structure has been accepted by MH&LD CG group & South Support, Care & Clinical Governance group.
- Implementation plan re-baselined.
- Next tasks to be completed:
  - Agree principles for disaggregating hosted services and transfer funding to South Lanarkshire.
  - Finalise plan for transfer of nursing staff to South Lanarkshire HSCP.

### **Perinatal and Infant Mental Health**

- A successful funding bid was made (in Sept 2020) to the National Perinatal and Infant Mental Health Programme for the development of a whole-system model for perinatal mental health care that enables women, their partners and families to be supported in their own communities; the establishment of a multi-disciplinary Community Perinatal Mental Health Service; and the establishment of a designated multi-disciplinary NHS maternity and neonatal psychological intervention service.
- Separate funding has also been granted to enable the development of shared strategic goals and agreed pathways for indicated high risk infants and their parents who are not currently accessing clinical services; the development of a model of infant mental health provision; and the establishment of a designated multi-disciplinary and multi-agency Infant Mental Health Service.
- PMH, IMH and MNPI Service Development Groups established and reporting into the PIMH Steering group. Workplans developed for all.

- Engagement with lived experience activities planned out and underway
- NHSL PMH service:
  - Recruitment underway for the expanded team
  - Education and training models rolled out
  - Clinical Quality Group set up
  - Clinical pathways in development and linking with IMH and MNPI
- NHSL IMH Service:
  - Recruitment of new team progressing
  - Service documentation in development (operational policy, service process map etc)
  - 'Health Visitor IMH Telephone Advice & Consultation Line' Pilot now live. Initial evaluation feedback very positive. The pilot period has been extended due to Covid19.
  - Bespoke 3rd sector remote foundation level IMH training design & pilot delivered. Feedback very positive. Planning for future delivery.
  - 10-week multi-agency Introduction to Infant Mental Health Training: completed the Sep–Nov 2020 and Jan-Mar 2021 training runs. This is now running on a rolling basis and now includes 3rd sector workers.
  - Ongoing Infant Observation Skills training/IMH consultation to South Lanarkshire Social Work Parenting Assessment Team for infants removed at birth & fostered
  - Further delivery of Infant Observation Skills training to social work supervisors of contact between looked after infants and their parents arranged for South Lanarkshire and being arranged for North Lanarkshire.
  - Development of IMH Observational Indicator set (due to complete dec 21)
- NHSL Maternity and Neonatal Psychological Interventions Service:
  - Governance structures agreed and ToR drafted
  - Operational planning underway
  - Shared Learning with Neighbour boards.
  - Project plan being finalised
  - Recruitment underway
- The Scottish Government monitoring framework was submitted on 29<sup>th</sup> April to report progress on recruitment and provide evidence against local and national outcomes.

### **Mental Health Assessment Centres**

5.7.4 In July 2020, the Minister for Mental Health wrote to NHS Boards to give formal guidance on mental health assessment services that have been developed in response to the Covid-19 pandemic and to set out expectations for future service provision in this area. The letter set out the Minister's expectations that Boards will continue to provide services for the assessment of unscheduled mental health presentations that, at a minimum:

1. Provide the assessment of unscheduled mental health needs for anyone presenting in mental health crisis/distress.
2. Only require referrals via the emergency department where physical medical attention is required first or where people present in the emergency department under self-referral\*
3. Provide assessment separate to the emergency department
4. Are staffed by mental health professionals

5.7.5 A short life working group was established to establish a model of Mental Health Assessment Centres that, in the event of unscheduled mental health presentations, will enable assessment outwith emergency departments by mental health professionals.

Progress to date:

- Agreed that a Navigation Centre will be established in the community / health centre.

- Potential sources of referral identified and agreement on how these will be processed and assessed and what services they can subsequently be signposted to.
- Flowcharts have been produced for both in-hours and out-of-hours to demonstrate the pathways available for those referring in to the MH Assessment Centre - the pathways continue to be refined.
- The posts are currently in the process of being recruited to.

## 5.8 Mental Health Recovery and Renewal Fund

5.8.1 The Scottish Government has set out a Mental Health Transition & Recovery Plan which lays out a comprehensive set of actions to respond to the mental health needs arising from the pandemic. **£120 million** will be allocated (Barnett Covid-19 consequential funding) and although currently non-recurring it is acknowledged that there will be recurring elements of spend and the Scottish Government will work to address this going forward as delivery plans are progressed.

The fund will be used to implement and deliver on these actions, and to the benefit of the full agenda for mental health & well-being.

5.8.2 The key needs identified are:

1. Promoting and supporting the conditions for good mental health and wellbeing at population level.
2. Providing accessible signposting to help, advice and support.
3. Providing a rapid and easily accessible response to those in distress.
4. Ensuring safe, effective treatment and care of people living with mental illness.

5.8.3 While we have yet to be informed of what NHS's share of the **£120 million** will be, we do know that our initial allocation for CAMHS improvement/CAMHS and Psychological Therapies Waiting Lists is **£3,975,105**. This is to be used for the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2-year funding to support clearing waiting times backlogs for CAMHS and Psychological Therapies.

5.8.4 Other identified areas for spend are:

- Primary Care
- Community Services
- Improving Digital Capacity/Business support
- Workforce support to develop and grow the workforce.

## 5.9 Communication and Engagement

5.9.1 During the development of the Lanarkshire MHWB Strategy, a Communications and Engagement group was established with membership from service users, carers, and community and voluntary sector organisations to act as a reference point and influence and inform all aspects of GIRFEP. The Communications and Engagement Reference Group reconvened in December 2020.

5.9.2 The Lanarkshire Mental Health and Wellbeing Programme is now in the implementation phase and the Communication and Engagement Reference Group has reviewed the Communication and Engagement Strategy to ensure that:

- communication is coordinated across all partner organisations and that all messages are transparent and consistent
- there is ongoing meaningful involvement with the communities impacted by poor mental health and wellbeing, particularly those with lived experience

- the right systems and supports are in place to enable effective engagement and participation between all stakeholders involved in strategy implementation

5.9.3 The aim is to adopt a co-design and co-production approach, enabling those with lived experience, carers and direct representatives, NHS Board staff, HSCP's, community and voluntary sector organisations to become equal partners throughout the whole process, at all stages, with opportunities to share ideas and views which will be collected and acted on.

Each workstream will be required to develop a communications and engagement plan which will be presented to and critically appraised by the Communications and Engagement Reference Group.

## 5.10 Next steps

5.10.1 Moving into Summer 2021 we will take the following steps to restart implementation of the strategy:

- Review the implementation plan for the Mental Health and Wellbeing Strategy in light of the National Mental Health Transition and Recovery Plan.
- Review delivery plans for all projects and workstreams to respond to changes in the programme and project environments including new government priorities, initiatives and strategies, and the impact of COVID-19
- Fully define cross-cutting workstreams and develop 3-year delivery plans.
- Complete an Achievement Framework that will link the contributions made by projects and workstreams to the achievement of short and long term outcomes and benefits and identify measures to evaluate impact and report on performance.
- Ensure that, in developing our delivery plans, we incorporate the high level intentions of the Strategy in relation to trauma-informed practice, good mental health for all, reducing health inequalities and take a rights-based approach to addressing mental health stigma and discrimination as a key principle throughout all workstreams within the Strategy.
- Complete Equality and Diversity Impact Assessments for all projects and new service developments

## 6. CONCLUSIONS

6.1 In restarting implementation of the Strategy, we must look to move forward and take advantage of the opportunities and experiences of working in different ways rather than necessarily, by default, return services to the way were delivered pre-COVID.

6.2 To this end, we are reviewing the Strategy Implementation Plan to ensure that it builds on our recovery plans and focuses our recovery efforts on the objectives set out in the Strategic Commissioning Plan, taking account of the "new normal", and bring it back to the Partnership Board.

6.3 In support of this, an Achievement Framework will be finalised that will link the improved capability delivered by projects and workstreams to the achievement of short and long term outcomes and benefits and identify measures to evaluate impact and report on performance.

## 7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

People are able to look after and improve their own health and wellbeing and live in good health for longer	<input checked="" type="checkbox"/>
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community	<input checked="" type="checkbox"/>
People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected	<input checked="" type="checkbox"/>
Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services	<input checked="" type="checkbox"/>
Health and Social Care Services contribute to reducing health inequalities	<input checked="" type="checkbox"/>
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	<input checked="" type="checkbox"/>
People who use Health and Social Care Services are safe from harm	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Resources are used effectively and efficiently in the provision of Health and Social Care Services	<input checked="" type="checkbox"/>

## 7.2 ASSOCIATED MEASURE(S)

A Mental Health & Learning Disability Performance Review is currently produced 6-monthly which includes the following measures:

- Admissions and readmissions to Mental Health Wards
- Bed occupancy
- Psychiatry: numbers waiting more than 12 weeks (Adult/Older Adult/Learning Disability)
- Treatment Time Guarantee: % completed waits within 12 Weeks
- Psychological therapies: 18 weeks referral to treatment (Adult Psychological Services/CAMHS)
- Dementia:
  - Number of patients diagnosed with dementia in the reporting quarter
  - Percentage of patients on the waiting list for Dementia Post Diagnostic Support that have been waiting for less than 12 months

The performance review includes other measures such as staff absence and training levels, DATIX incidents, complaints, out of area patients.

Over the period of Strategy implementation, measures will be developed to reflect delivery of improvements in access to services in primary and community settings. These measures will include the indicators in the national Quality Indicator Profile for Mental Health (QIPMH) which is currently being developed by ISD Scotland.

## 7.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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While we have yet to be informed of what NHS Lanarkshire's share of the **£120 million Mental Health Recovery and Renewal Fund** will be, we do know that our initial allocation for CAMHS improvement/CAMHS and Psychological Therapies Waiting Lists is **£3,975,105**. This is to be used for

the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2-year funding to support clearing waiting times backlogs for CAMHS and Psychological Therapies.

For further detail, please refer to Section 8.

#### 7.4 RISK ASSESSMENT/RISK MANAGEMENT

A Risk Management Strategy has been developed which aligns with the NHS Lanarkshire Risk Management Strategy. The following risks currently sit on the Programme Risk Register:

Risk Description	Mitigating Action Plan	Current Risk Level		
		Likelihood	Impact	Combined
There is a risk that establishment of a delivery programme is affected by delays around clear lines of governance.	<ol style="list-style-type: none"> <li>1. Governance reviewed and reporting lines clarified.</li> <li>2. Executive Group established to support operational implementation.</li> </ol>	2	4	8
There is a risk that the delivery and implementation of the Strategy is delayed or not completed as a result of the lack of continued specialist resources to lead, manage the programme and to provide dedicated programme and project management expertise.	<ol style="list-style-type: none"> <li>1. NSS Programme Team retained for 2020-21 to support NL Strategic Commissioning Plan Programme of Work in the wake of the Covid-19 pandemic including Mental Health and Wellbeing Strategy implementation.</li> </ol>	2	3	6
There is a risk that the Mental Health and Wellbeing Strategy workstreams cannot be progressed whilst NHSL, HSCNL, SL HSCP and other partners are on an emergency footing to respond to the COVID-19 pandemic resulting in delays to delivery of planned improvements and serious impact on services, patient care and the mental health and wellbeing of the population of Lanarkshire.	<ol style="list-style-type: none"> <li>1. Mental Health Renewal &amp; Recovery Fund established to support National Mental Health Transition &amp; Recovery Plan.</li> <li>2. Currently reviewing the implementation plan for the Mental Health and Wellbeing Strategy in light of the National Transition &amp; Recovery Plan.</li> <li>3. Reviewing delivery plans for all projects and workstreams to respond to changes in the programme and project environments including new government priorities, initiatives and strategies, and the impact of COVID-19.</li> </ol>	2	4	8

Once the Strategy Implementation Plan has been refreshed, the Risk Register will be updated to include risks to delivery.

#### 7.5 PEOPLE

The population and system approach adopted by the Strategy identifies the need to develop an integrated workforce plan, including training & developments plans and giving real consideration to the recruitment & retention of our workforce an essential component of its delivery. This recognises the importance and priority attached to developing a mental health and wellbeing workforce to meet the current and future needs of the population, including **all** staff (*not just staff employed in mental health posts*) is a challenge for the whole of the NHS and Partners in local government; education, social work and other public, voluntary and third sector organisations.

The Strategy also highlights the need to improve current and future accommodation requirements, in order that we can ensure that the people who use and provide mental health services feel valued.

7.6 STAKEHOLDER ENGAGEMENT (Detail below any stakeholder engagement that has taken place).

Please refer to Sections 6.3 and 9.

7.7 INEQUALITIES & FAIRER SCOTLAND DUTY

EQIA Completed & Fairer Scotland Impact Assessment Form Completed:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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EQIA completed for the Strategy as a whole but now needs to be reviewed. Fairer Scotland Assessment to be completed.

7.8 CARBON MANAGEMENT IMPLICATIONS

None.

**8. BACKGROUND PAPERS**

- Lanarkshire Mental Health and Wellbeing Strategy
- Lanarkshire Mental health and Wellbeing Strategy Summary
- Lanarkshire Mental Health and Wellbeing Strategy Communication and Engagement Report

**9. APPENDICES- Appendix 1 : Mental Health and Wellbeing Strategy Programme Delivery Structure**



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Maggs Thomson on telephone number 01698 752591.

