
To: Renfrewshire Integration Joint Board

On: 26 January 2018

Report by: Chief Officer

Heading: Draft NHSGGC 5-Year Mental Health Strategy

1. Summary

- 1.1 The purpose of this paper is to provide the Integration Joint Board (IJB) with an update on draft Five Year Strategy for Adult Mental Health Services in NHS Greater Glasgow & Clyde (NHSGGC).
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2. Recommendation

It is recommended that the IJB:

- Notes the report and agree the strategic direction;
 - Requests that the full strategy is presented when available at a future meeting of the IJB; and
 - Authorises the Chief Officer to engage with other HSCPs in the preparation of the implementation plan.
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3. Background

- 3.1 Over the past two decades Adult Mental Health Services in NHSGGC been subject to transformational change with a pronounced shift in the balance of care significantly reducing the level of inpatient beds and reinvesting progressively in a spectrum of evidence based quality community and specialist services.
- 3.2 The current service delivery model for Mental Health within NHSGGC was set out in an original framework and re-iterated in the subsequent NHSGGC Clinical Service Review of 2012-13.
- 3.3 Provision of Mental Health services have largely been planned and in some cases managed at a NHSGGC level. This approach has successfully overcome previous challenges and pressures with the predecessors to Health and Social Care Partnerships (HSCPs) collaborating to deliver a mutually beneficial outcome.

4. Strategy Drivers

- 4.1 HSCPs in NHSGGC are working together to develop a whole system five-year strategy for mental health because:
- The adult mental health system is operating under unsustainable pressure with 3% annual growth demand and bed occupancy frequently operating over 100%. There is no prospect of an easing of these pressures in the short to medium term.

- Implementing conventional efficiencies and seeking modest incremental change will not be sufficient to meet financial targets while maintaining safe and effective services.
- There is some scope for system-wide pooling and consolidation of resources, including performance improvement, pathway redesign and innovative forms of support.
- Cross-system interdependencies are strong and complex, and need to be coordinated in a GGC-wide context.

5. Principles and Levels of Care

5.1 The strategy requires system-wide engagement by all HSCPs and of the NHSGGC Board. The following key principles underpin the 5 year strategy:

- A whole-system approach to Mental Health across the NHS GG&C Board area, recognising the importance of interfaces with primary care, Acute, public health, health improvement, social care and third sector provision;
- A model of stepped/matched care responding to routine clinical outcome measurement and with an emphasis on using low-intensity interventions whenever appropriate;
- A focus on minimising duration of service contact consistent with effective care, while ensuring prompt access for all who need it – the principle of “easy in, easy out”;
- Identification and delivery of condition pathways, based on the provision of evidence-based and cost-effective forms of treatment;
- Attention to trauma and adversity where that influences the presentation and response to treatment;
- Prevention and early intervention;
- Recognition of the importance of recovery-based approaches, including peer support;
- Meaningful service user and carer engagement and involvement to help guide the implementation process;
- A workforce development approach that supports staff through the change process and equips staff with the necessary training and skills for the future;
- A robust risk management process to inform and guide the implementation process;

5.2 The “care needed” means timely access to the full range of interventions recommended by NICE, SIGN, the Matrix and other accepted care standards in Scotland. Using a “stepped” or “matched” care model, services tailor the intensity of care provided to meet patient needs. To this end, five levels of care were identified:

- Public health interventions,
- Open access services that did not require referral and supported self-care,
- Early responses and brief interventions,
- Longer-term multidisciplinary ongoing care,
- Intensive treatment and support.

An “unscheduled care” element is also needed to respond to crises and emergency needs, for all conditions and setting.

6. Complex Adaptive System

- 6.1 Mental Health services can be considered to be a “complex adaptive system” in which each service element is dependent on many others to function properly. Changes in one part of the system are likely to have consequences elsewhere, and those interdependencies need to be identified and managed carefully.
- 6.2 To address the challenge, the 5 year strategy has concentrated on the following 7 strands of work:
- **Unscheduled care**, including crisis responses, home treatment, and acute MH inpatient care;
 - **Recovery-oriented care** including inpatient provision and a range of community-based services, including Local Authority and third sector provision;
 - **Well-being-orientated care including working with children’s services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start;**
 - **Productivity** initiatives in community services to enhance capacity while maintaining quality of care;
 - Medium-long term planning for **prevention** of mental health problems;
 - **Bed modelling - short Stay mental health beds**: underpinning the first three strands is the need to estimate the number and type of hospital beds that the system needs to provide in order to deliver effective care; and
 - **Shifting the Balance of Care - Rehabilitation and Long Stay Beds**: moving away from hospital wards to community alternatives for people requiring longer term, 24/7 care, with residual mental health rehabilitation hospital beds working to a consistent, recovery-focussed model.

7. Next Steps

- 7.1. Key next steps include:
- Chief Finance Officers for all HSCPs will be engaging in the near future to form the financial framework;
 - Finalising current work streams on unscheduled care review for adult mental health, including mental health liaison, crisis and out of hours services and bed modelling; and
 - Develop a local HSCP action plan following the approval of the Mental Health Strategy.

Implications of the Report

1. **Financial** – There will be a supporting financial framework when our local plan is brought back to the IJB at a future meeting.
2. **HR & Organisational Development** – A requirement for staff engagement is acknowledged within the draft strategy to support staff through the change process. The proposals will have implications across acute and community services.
3. **Community Planning** – will require to be involved with the development of the Renfrewshire HSCP action plan.
4. **Legal** – Nil
5. **Property/Assets** – Nil.
6. **Information Technology** – Nil.

7. **Equality & Human Rights** – Policy, practise or activity may in this regard require to be assessed as to the impact on any individual or group of people with a protected characteristic as determined by the Equality Act 2010.
8. **Health & Safety** – Nil.
9. **Procurement** – Nil.
10. **Risk** –These will be assessed in the coming period and reflected in our local plan. It is evident that the proposals are likely to see a reduction in the available in-patient beds available as plans move towards more community based services.
11. **Privacy Impact** – Nil.

List of Background Papers - None.

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