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Agenda Item: 19.

Integration Joint Board

Date of Meeting: 3 October 2018.

Subject: Community Mental Health Services.

1. Summary

1.1. This report advises of a funding announcement regarding Action 15 of the Mental Health Strategy and the subsequent submission to Scottish Government.

2. Purpose

2.1. The plan submitted to Scottish Government is attached as Appendix 1 to this report and is for information and discussion.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Note the content of the report.

4. Background

4.1. In May 2018 the Scottish Government announced that as part of the Mental Health Strategy, a commitment to 800 additional mental health workers across Scotland to improve access in key settings. The funding will be available from this year and increasing amounts over the next 4 years. The money is being allocated and distributed by Health Boards, Orkneys share for 2018/19 being £53,077.

4.2. A planning submission was required by each Health Board as part of the process and is attached as Appendix 1 to this report.

4.3. With the allocated money this year, it has been agreed to use part of this to employ a full-time admin assistant. This will then free up much needed clinical time from professional qualified practitioners.

4.4. Training will also be delivered within the first 12 months. This training being targeted at the following:

- A and E staff.
- Frontline and Custody police officers.
- GPs.
- Community nurses.
- Social care staff.

4.5. Work will also commence to provide support to Scottish Ambulance Service to develop their mental health first aid skills and use of referral pathways.

5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	Yes.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.
Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	Yes.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

6. Resource implications and identified source of funding

6.1. In year funding of £53,077 has been announced by Scottish Government. The first tranche of £37,000 has been received with the remainder due in November 2018.

7. Risk and Equality assessment

7.1. There are no risk arising from this report.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Author

9.1. Lynda Bradford, Acting Head of Health and Community Care.

10. Contact details

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11. Supporting documents

11.1. Appendix 1: Delivery Plan in Support of Action 15 of the Mental Health Strategy.

NHS ORKNEY INITIAL DELIVERY PLAN IN SUPPORT OF ACTION 15 OF THE NATIONAL MENTAL HEALTH STRATEGY 2017-2027

Purpose

The purpose of the Initial Delivery Plan (IDP) is to describe the high level intent of Orkney Islands Council (OIC), NHS Orkney (NHSO) and the Integrated Joint Board (IJB) in relation to meeting the direction within Action Point 15 (AP15) of the Mental Health Strategy 2017-2027 (MHS). The title of IDP indicates that this is an initial plan which requires detailed development and will be subject to review.

Context

The MHS context is not just a question of how the NHS, Local Authorities and Integration Authorities deal with mental health, but how our wider society thinks about mental health in how decisions are made. A crucial element fundamental to this approach is the inclusion within the strategic decision making process of those with lived experience of mental health issues.

The vision for the MHS states:

Our vision for the Mental Health Strategy is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma

The MHS includes a series of 40 Action Points providing summary direction drawn from the strategy. AP15 is one of those 40 Action Points and directs that:

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. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.

This IDP will describe the approach to compliance with AP15 in the context of the MHS.

Executive Summary

The demography of Orkney, the population distribution as well as its' unique geography provides distinctive challenges requiring creative solutions. These challenges are compounded by difficulties in recruiting and accessing professional development locally. Therefore, the IDP intent will be based on the principles of simplicity, developing current services, releasing capability by reducing non-clinical workload, partnering and "growing our own".

In turn the actions to implement AP15 are based upon three main elements:

- **Consultation and Planning:** Consultation and Planning are vital elements of our process of addressing the requirements of AP15. There are established relationships with our key stakeholders, Social Care, Criminal and Community Justice, Primary and Secondary Care, Scottish Ambulance Service (SAS) and the Third Sector. There is a requirement to collectively assess the gap analysis in relation to AP15 which is a foundation element to support the planning process.
- **Resource Development:** Maximising the use of our current resources by releasing them from non-clinical tasks and employing creative approaches to ensure the best use of the clinical capabilities is essential. We will ensure that we have the necessary administration support to maximise the appropriate take up of the additional released time and that of new clinical appointments. We will also work closely with our Third Sector partners ensuring their ability to take a bigger role in developing new models
- **Training:** The training requirement will be based upon the training data identified during the planning and consultation process. We will use this data to ensure cross boundary/ multi agency training to ensure all stakeholders work seamlessly.

Item	Element	Action
1	Planning and Consultation	Continue engagement with Orkney Community Justice Partnership, GP Sub Committee, Strategic Planning Group, Orkney Islands Council, NHS Orkney, Scottish Ambulance Service, those with lived experience and Third Sector partners
2	Resources	Maximise the current clinical capacity by the provision of additional non-clinical support to release time. Develop further the engagement with Third Sector. Development of peer and support workers.
3	Training	The appointment of a staff Champion to conduct research, Training Needs Analysis, liaises with the stakeholders, facilitate planning and exploit opportunities. The Training Needs Analysis will focus on the likely Pt "Touchpoints" of Police, A&E, Community, GP's, Hospital Wards and the Third Sector

Current Situation

Orkney has no in-pt bed capacity on the island and relies upon off-island provision. The Community Mental provision is based on the Community Mental Health Team (CMHT) at first line which provides a duty system within office hours and an on call rota out of office hours. This system provides access to specialist mental health interventions such as mental health assessments, interventions and safety planning to those in need. This service works alongside colleagues from the general hospital, primary care, police custody and out of hours GP's to provide specialist mental health care in these areas. Economies of scale currently dictate that it would be suboptimal for individual workers or teams to be placed directly in any of these individual areas. However, it is acknowledged that specialist training for those delivering this service currently and the up-skilling of the wider workforce on the

management of those in mental health distress would improve the experience for service users.

The ability to provide greater in-reach to the key services and locations identified by AP15 will provide a paradigm shift in both capability and capacity. Intervention at an early stage using a multi-agency approach is anticipated to increase capacity in the longer term by reducing the requirement for chronic management of Mental Health issues. Enhanced accessibility for Pts to Mental Health Services via multiple points of entry will not only improve Pt experience but experience has shown that it will reduce the demand for out of hours consultations.

In remote and rural settings it is imperative that creative solutions are found to address service deficits which are unlikely to replicate those in more urban locations. These solutions will involve a wide range of stakeholder involvement form the basis of any ongoing work.

Outline Concept

Consultation: The consultation process using our existing forums will continue in order to ensure engagement with all partner agencies. It is vital that we take advantage of the opportunities provided by the Primary Care Improvement Plan work to ensure GP buy in and the co-ordination of effort. The Community Justice Partnership have a crucial role to play as well as Orkney Islands Council, NHS Orkney, the Strategic Planning Group and the Third Sector. Consultation will widen further with the aim of identifying not just areas where the additional Mental Health workers are required but fundamentally addressing the way we do business. More of the same is not enough.

The co-ordination of this effort and its outputs will be consolidated and agreed by the Chief Officer of the IJB. The overall aim of this work is to identify areas where the training needs have been identified and additional capacity is required.

Resources: In order to create clinical capacity it is our intention to use a variety of measures. These will range from re-allocation of administration resources to release clinical time within the CMHT, to establishing and appointing to new roles. It is anticipated that the clinical time which has been released will be utilised to support the implementation of Action Point 15. The “new” role(s) will be used to develop the plan based on the outcomes from our consultation and subsequent training needs analysis. Whilst it is anticipated that the additional resource will be provided by the mixed methodology previously described it is clear that an appointment which “champions” Action Point 15 is a crucial requirement.

A demonstrable early win will be the permanent establishment of the three Clinical Associate in Applied Psychology (CAAP) appointments. Currently these

appointments are funded from within existing resources for a fixed term. The CAAPs deliver a patient centred and evidence based service, focussing on early intervention, in a safe and supervised environment. The CAAPs primarily offer 1:1 brief interventions to people with mild to moderate Tier 1 and 2 mental health problems in GP practices and Balfour hospital and OIC buildings. CAAPs also offer guidance to GPs on the tiered model of psychological interventions delivered in Orkney and what is available at primary care level.

One of the early elements identified is the requirement to explore the opportunities to improve the capability of remote digital access for assessments and interventions. Whilst the equipment is largely available, the supporting policies and protocols require interagency agreement and an appropriate agreed Governance structure is required. The other issue for this area of development is the lack of blanket digital coverage across Orkney.

Engagement with our Third Sector colleagues will be aimed towards developing peer support and establishing processes for referral into MH Services; thus providing multiple points of access to services via a step up and down capability. The effect will be to provide “added value” via the Third Sector by ensuring closer working relationships.

Training: The detail from discussions to date indicates a requirement for improved access to a dedicated point of contact for training as an initial step. The outcome of the training needs analysis will provide the focus and direction for the training element. It is anticipated however that the scope of the training audience will include training for both clinical and non-clinical personnel. Indeed there is much to be learned by all in terms of the context within which the initial Pt event takes place. The A&E Dept is very different from the Custody Suite which in turn is different from the experience within the Third Sector drop-in centre. Each environment brings its’ own challenges for the professional and non-professional alike. There is much to be learned by all concerned.

It is vital that the lived experience is valued, captured and understood and that the training product will be a combined effort from multiple agencies. The approach to training will capitalise on the lived experience as an integral element of the methodology. The integration of the training effort with contributions to and from agencies such as Social Care, NHS, Police Scotland, Scottish Ambulance Service, Third Sector et al is vital to produce not just a well rounded training product but also the commitment from all concerned. The intent is to produce an learning culture where people and organisations learn and feel valued.

Conclusion

The concentrated effort directed by AP15, supported by funding, presents Orkney with an opportunity to address a number of issues in terms of MH provision. It is

clear that the areas for development identified within AP15 if addressed will improve access to services. However there are also much wider benefits to be realised, including developing further our multi-agency relationships and bringing those with lived experiences of Mental Health issue into the planning process. It is the platform upon which we can begin to fulfil the wider aspirations of the National Mental Health Strategy.

Outline Activity Summary

Item	AP15	Planned Effect	Date
1	Increased Workforce	Circa 4 WTE funded. Skill and Grade mix TBC. The use of admin support will also allow better use of PQ MH ¹ workers numbers TBC	Incremental: <ul style="list-style-type: none"> • Yr 1 appointment of add' admin (1 WTE) • Yr2 2 x PQ MH • Yr 3 1 x PQ MH
2	Psychology Services	Develop the current support provided to GPs on the tiered model of psychological interventions delivered in Orkney and what is available at primary care level; Stress Control methodologies and wider access to Computerised CBT. A key element is coaching in CBT for Third Sector organisations in order to both provide rapid access to this intervention and to support the development of partnerships	Within 18 months
3	A&E	Improved access to skilled MH assessments in and OOH. Training for all A&E Staff as well as refining the current model for PQ MH assessment provision within A&E	Within Yr 1 dates TBC
4	Custody Suite	Improved access to skilled MH assessments in and OOH. Training for all Custody Staff and "front line" Police as well as refining the current model for PQ MH assessment provision within the Custody Suite	Within Yr 1 dates TBC
5	GP Surgeries	Enhancement to the current service provision to GP's by providing additional training to GPN's and other Community based Nurses and Social Care workers. Develop VC/Remote Access model to support Isles access.	Within Yr 1 for trg to begin and Yr 2 for digital solution to access dates TBC
6	SAS	Provide support to SAS to develop their MH First Aid skills, identify training requirements and how to utilise referral pathways.	TNA within and referral pathways within Yr1 Dates TBC
7	Third Sector	Development and improved integration of the combined statutory and Third Sector efforts. Mature the existing synergies in order to maximise the impact of the Third Sector capability and grow capacity.	Existing work strands to be progressed and new one's established. Timelines dependent upon identified projects

David J McArthur DoNMAHP
06 August 2018

¹ Professionally Qualified Mental Health Workers