

# Midlothian Integration Joint Board



**Thursday 23 August 2018, 2.00pm**

## **Action 15 of the Mental Health Strategy 2017-2027**

**Item number: 5.6**

### **Executive summary**

Scottish Government gave a commitment (Action 15) to increase the mental health workforce by 800 members of staff to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to prisons. This report sets out the proposed investment within Midlothian to deliver against this agreed commitment. It also notes the ongoing discussion with Scottish Government and the 4 Lothian IJBs regarding the investment within prisons and custody suites.

#### **Board members are asked to:**

- Note and endorse the proposals contained within Appendix One

# Report

## Mental Health Action 15 Funding

### 1 Purpose

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- 1.1 To inform the Board of the proposal for use of the Action 15, Mental Health resources from Scottish Government

### 2 Recommendations

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- 2.1 As result of this report Members are asked to:-
  - a. Note and endorse the proposals contained within Appendix One.

### 3 Background and main report

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- 3.1 Action 15 of the Mental Health Strategy 2017-2027 is to *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 supports a significant investment for mental health services, rising to an additional £503,000 per year for Midlothian 2021/22 and we can expect 12.56 new mental health workers with this additional resource. The submission sets out how Midlothian will achieve this over the following 4 years, noting the increasing resource that will come each year from Scottish Government.

Primary Care will be our focus for planning in Midlothian H&SCP, involving Third Sector, mental health professionals, wellbeing workers and developing opportunities for Peer workers. We are implementing evidence based models where these exist.

It should also be noted that further discussion is ongoing between the 4 Lothian IJBs, NHS Lothian and Scottish Government regarding the resourcing of mental health staff within prisons and custody suites. There are 2 prisons and 3 custody suites in Lothian however it would appear that as the funding was delegated to Integration Authorities based on the NRAC formula, there is no clarity on what provision has been made to support work in these environments. It is also noted that both prisons and custody suites are not delegated to the IJBs, therefore guidance is being sought from Scottish Government regarding the use of delegated budgets within non-delegated services. This does not

detract from the need to ensure appropriate services are in place for this population. An update on progress will be provided to the IJB meeting.

## **4 Policy Implications**

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- 4.1 Midlothian is currently working on a new local Strategy following the decision that the Lothian Wide Strategy, A Sense of Belonging no longer fits the needs of Midlothian in light of the Integration agenda. The monies available through Action 15 allow a clear development of localised services which will enable the continued low use of in-patient facilities and improving health and wellbeing outcomes for people who are experiencing Mental Health

## **5 Equalities Implications**

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- 5.1 The equalities impacts are positive, with increased workforce Midlothian will be better able to meet the demands in a timely and appropriate manner whilst supporting people to self manage.

Full consultation and an equalities impact assessment will be undertaken as part of the creation of a local strategy.

## **6 Resource Implications**

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- 6.1 We need to ensure maximised use of all the resource coming to the H&SCP- planning well ahead. We anticipate £503,000 over 4 years, however exact figures will be clearer once we hear from other providers across Lothian. It is also noted that developments in years 3 and 4 will be finalised as we see how the work develops in the initial 2 year period.

Proposed Year 1 - 4 use of resource is included in Appendix 1.

Year 1 has already commenced and we have identified some non-recurring spend to ensure best use of resource. This includes £45,000 for the Wellbeing Service and £10,000 to expand the concept of Locality Working into a mental health pilot site

## **7 Risk**

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- There are challenges as we develop the services of suitable accommodation being found for delivery.
- There will be challenges regarding time to provide training and induction to additional staff and plan how all aspects for the model will fit together - Pathways between all services need to be very clear for all services.

## 8 Involving people

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- 8.1 A full consultation is planned during the development of the new local strategy.

## 9 Background Papers

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- 9.1 A copy of the submission to the Scottish Government with full costings is attached.

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<b>DATE</b>	10 August 2018

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## **Midlothian Health & Social Care Partnership Action 15 Submission**

### **Background**

Action 15 of the Mental Health Strategy 2017-2027 is to *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 supports a significant investment for mental health services, rising to an additional £503,000 per year for Midlothian 2021/22 and we can expect 12.56 new mental health workers with this additional resource. This submission sets out how Midlothian will achieve this over the following 4 years, noting the increasing resource that will come each year from Scottish Government.

Resource will also be required for Custody Suites and Prisons – managed by REAS in Lothian and this is still to be confirmed

Primary Care will be our focus for planning in Midlothian H&SCP, involving Third Sector, mental health professionals, wellbeing workers and developing opportunities for Peer workers. We are implementing evidence based models where these exist.

Our proposed model has 4 elements –

### **1. Expand and strengthen Midlothian Access Point**

Midlothian Access Point has increased the availability of access to Psychological Therapies and has shown to open access to those in lower socio demographic communities. The demand is currently exceeding the capacity available and people present with a wide variety of mental health/psychological issues, not only those seeking access to PTS (Psychological Therapies Service) as was intended when launched in August 2016.

The service operates 2 sessions per week, has seen 1700 people in almost 2 years, 60% have gone on for assessment for psychological therapy and of those only 6% have DNA'd their appointment. Planned changes:

- Route in to all Mental Health Services provided in Midlothian, including Therapies in PTS and Older Adults MH service
- Daily sessions delivered across Midlothian Monday - Friday
- Guided Self Help
- MAP to be able to support the use of cCBT (Computerised Beating the Blues programme)
- A Clinical Lead for the service to provide clinical input, supervision, service improvement and evaluation.

## **2. Strengthen Wellbeing roles for whole population**

The Wellbeing service started as a pilot in 2016 across 8 GP practices and is part of an approach that promotes joined up, collaborative working that supports self-management. Making the Wellbeing Service available to all of the population in Midlothian in all 12 GP practices, it is expected that there will be 1,300 referrals each year, working with people at lower tiers of need for mental and physical health and promoting self management.

We have the opportunity to resource some Wellbeing Workers hours on a permanent basis and some non-recurring in Year 1. This will also allow an opportunity to focus on an in-reach programme into A&E

## **3. Develop Peer roles**

Midlothian is developing a strong community of peers roles and volunteers with hosting / data sharing and supervision structures in place. We suggest we introduce these roles in Year 2 once other new services are bedding in and Peer community is stronger.

## **4. CPN's/ OT's into GP practices**

Shifting the balance of care from 10minute GP appointment to 30 minute holistic assessments for people with mental health problems and undertaking medication reviews. The plan will be to 'Pilot' in 3 GP practices in Year 1 (2 large practices and 1 small). Invitations to participate will be sent to practices. Data gathering in practices will be vital in this year – to plan ahead and evaluate impact of changes

## **Key Risks**

- Suitable accommodation being found for delivery.
- Time to provide training and induction to additional staff and plan how all aspects for the model will fit together - Pathways between all services need to be very clear for all services.

## **Resource Implications**

We need to ensure maximised use of all the resource coming to the H&SCP- planning well ahead. We anticipate £503,000 over 4 years, however exact figures will be clearer once we hear from other providers across Lothian. It is also noted that developments in years 3 and 4 will depend on the evidence from what has been successful in improving outcomes based on the delivered programmes of activity.

Proposed Year 1 - 4 use of resource is included in Appendix 1.

Year 1 has already commenced and we have identified some non-recurring spend to ensure best use of resource. This includes £50,000 for the Wellbeing Service and £10,000 to expand the concept of Locality Working into a mental health pilot site

**Year 1**

We expect £173,000 in year 1.

Anticipated spend in year 1 £83,000 by the time we have recruited this assumes successful recruitment by October 2018

Additional non recurring spend-

- £45,000 to support Wellbeing Service
- £10,000 to extend the concept of locality working into mental health

An additional Band 6 CPN x2 from Primary care/ GP contract fund. £90,000

<b>Post</b>	<b>wte</b>	<b>2018/19 funding</b>	<b>Role</b>	<b>Rationale</b>
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	5,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	41,500	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	17,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Wellbeing service		45,000	Wellbeing assessment in all practices	Coverage across all GP Practices
Locality working		10,000	Contribute to MDT in Penicuik	CPN role within collaborative leadership work
<b>Total</b>	<b>4</b>	<b>173,000</b>		

## Year 2

We expect an additional £94,000 in year 2 and full year expenditure for years 1 and 2

Plans for the additional monies are shown below although these may need revision depending on the availability of alternative resources for the core funding of the Wellbeing Service

Post	wte	2019/20 funding	Role	Rationale
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	9,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	81,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	33,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Peer Workers	1.0	20,000	Peer Support for individuals and groups to support non medical approaches/ community interventions	Provide a bridging role between transition points and works more effectively through third sector delivery
OT/ Social Worker/ CPN	1.8	69,000	Dependent on emerging gaps in service provision	Further expansion to delivery within primary and community care
<b>Total</b>	<b>6.8</b>	<b>267,000</b>		



### Year 3

We expect an additional £110,000 and the funding will be invested as follows:

Post	wte	2020/21 funding	Role	Rationale
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	9,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	81,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	33,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Peer Workers	1.0	20,000	Peer Support for individuals and groups to support non medical approaches/ community interventions	Provide a bridging role between transition points and works more effectively through third sector delivery
OT/ Social Worker/CPN	3.4	136,000	Dependent on emerging gaps in service provision	Further expansion to delivery within primary and community care
Mental Health OT	1	43,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
<b>Total</b>	<b>9.4</b>	<b>377,000</b>		

#### Year 4

We expect an additional £130,000 – we have not explicitly specified what might be required as decisions will be taken on the basis of evaluation of years 1-3 however we remain committed to achieving the target of 12.56wte additional mental health workers

Post	wte	2021/22 funding	Role	Rationale
MAP Worker	1.0	45,000	Health in Mind	Increase provision of open access/ self referral. Including £30,000 for full year
Admin	0.4	9,000	Support to MAP	Essential to support clinicians and kept to a minimum
Band 6 CPN	1.8	81,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Wellbeing Worker	0.3	10,000	Wellbeing assessment in all practices	Lower/ community tiers available to whole population. Inreach to A&E
Psychologist	0.5	33,000	Clinical Lead for extended MAP	Supervision, expert leader, data, evaluation needed
Peer Workers	1.0	20,000	Peer Support for individuals and groups to support non medical approaches/ community interventions	Provide a bridging role between transition points and works more effectively through third sector delivery
OT/ Social Worker/ CPN	3.4	136,000	Dependent on emerging gaps in service provision	Further expansion to delivery within primary and community care
Mental Health OT	1	43,000	MAP and GP input. Hosted in JMHT	Expertise to assess and provide very short term interventions plus undertake traditional GP roles- Anti D reviews etc
Role to be agreed	3.16	130,000		To be determined based on evaluation and impact of years 1-3
<b>Total</b>	<b>12.56</b>	<b>503,000</b>		