

Lanarkshire Mental Health and Wellbeing Strategy

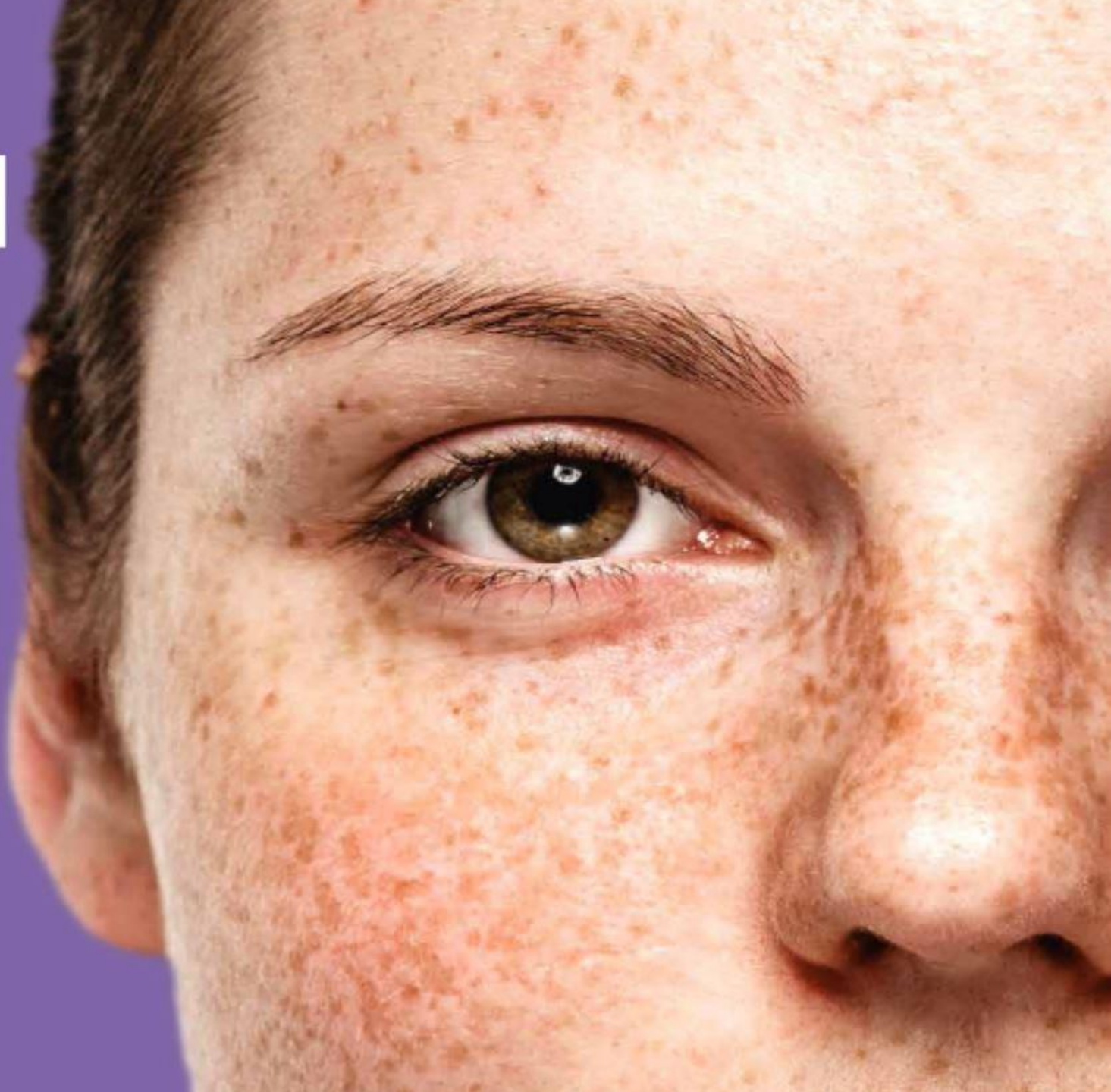
‘Getting it Right for Every Person’

Wednesday 27th November, 2019

**'Getting It Right For
Every Person' (GIRFEP)**

**A Mental Health and Wellbeing
Strategy for Lanarkshire**

2019-2024





- **Anne Armstrong – Exec Lead**
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- **Daniel Rankin – SAS**
- **Len Northfield – Lanarkshire Links**

'Getting It Right For Every Person' (GIRFEP)

Mental Health and Wellbeing Strategy for Lanarkshire



Overview of presentation

- Relationship to the National Strategy
- Lanarkshire Programme Approach to design & development
- System wide engagement, involvement and scope
- What will we do? Implementation -
- How will we know we have made a difference?
- Outputs and next steps



Policy Context

- Mental Health Strategy 2017-2027
- Scotland's National Dementia Strategy 2017-2020
- Children And Young People's Mental Health Task Force
- Every Life Matters: Scotland's Suicide Prevention Plan
- Programme For Government
- Strategic Commissioning Plans North and South (2017-2023)
- Community Planning
- Local Authority Strategic Plans

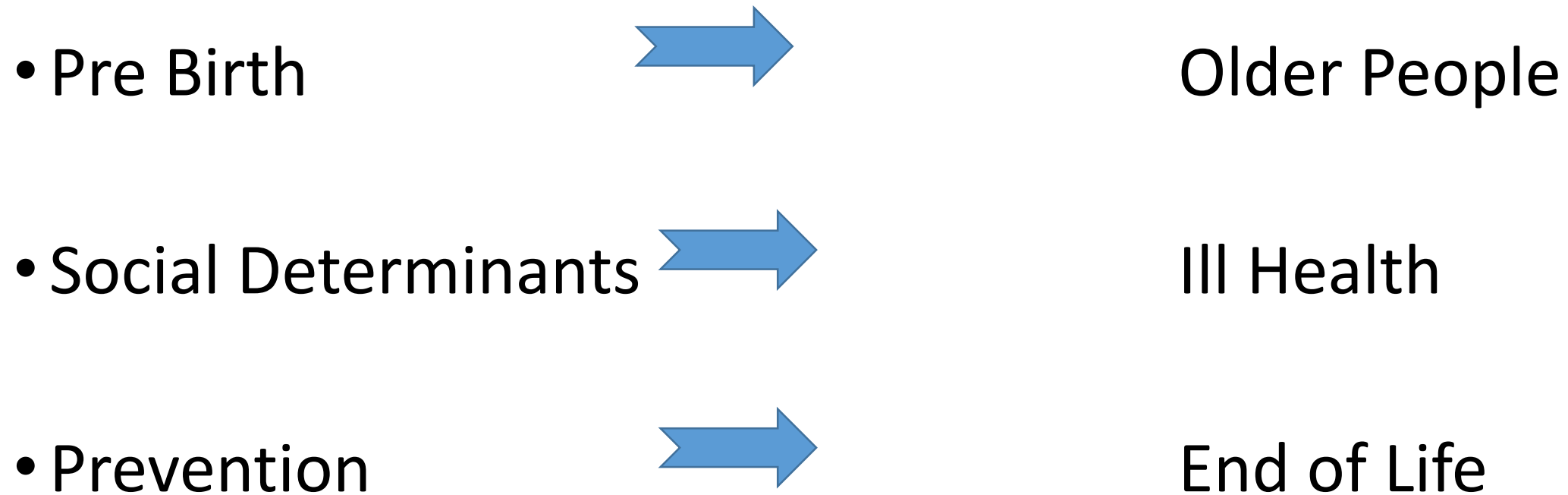
- *"How can we get the most from the interaction between the local and national contributions to good mental health?"*

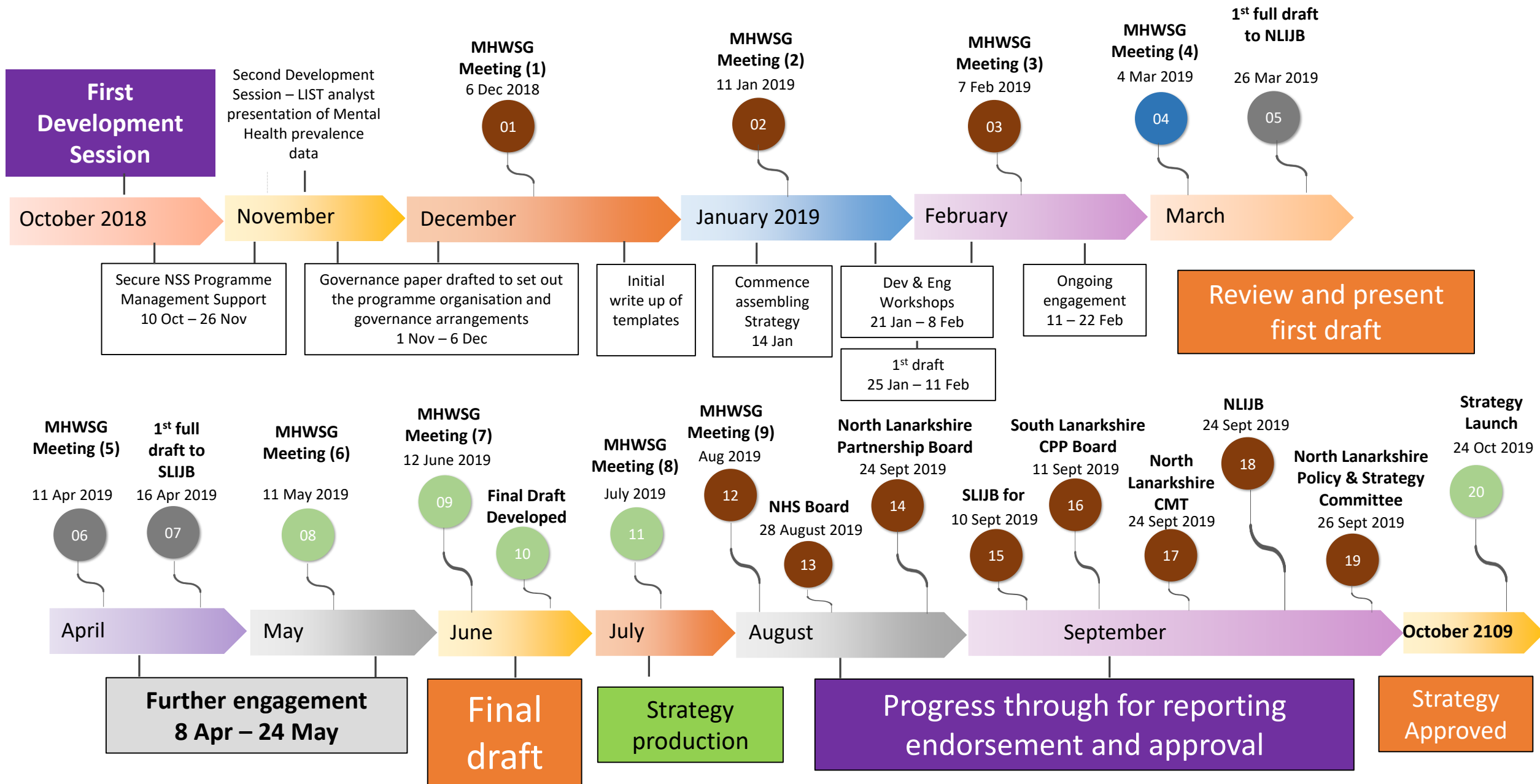
Relationship to national strategy

- **EXAMPLES**
- **Shared vision** – People can get the right help at the right time, first time, free of stigma and discrimination
- Key workstream developed and commenced around **Action 15**
- Children and Young People – Universal Provision and **Education Attainment** funds to support CYP in communities and schools, Child and Adolescent Mental Health Services (**CAMHS**) a key component of the strategy
- **Peri Natal and Infant Mental Health** a key component of Specialist Mental Health Services work

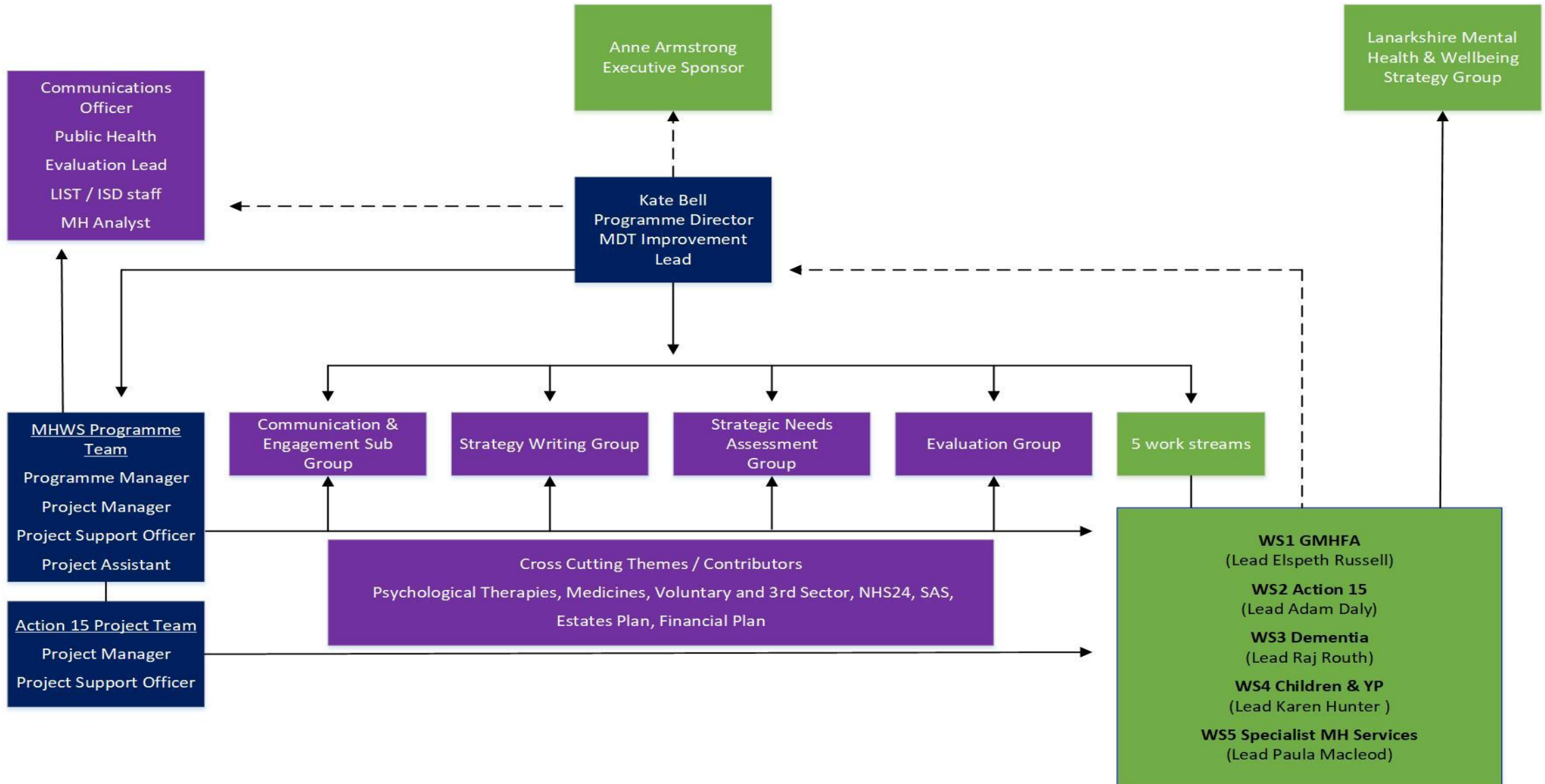
Scope and Scale

- Population and System Wide





Programme Organisational Chart



Our Shared Vision – collaborative development



The Film

Strategic Needs Assessment



The average age of the population is **42**

11.5% are aged 5-14 years

18% are of pensionable age

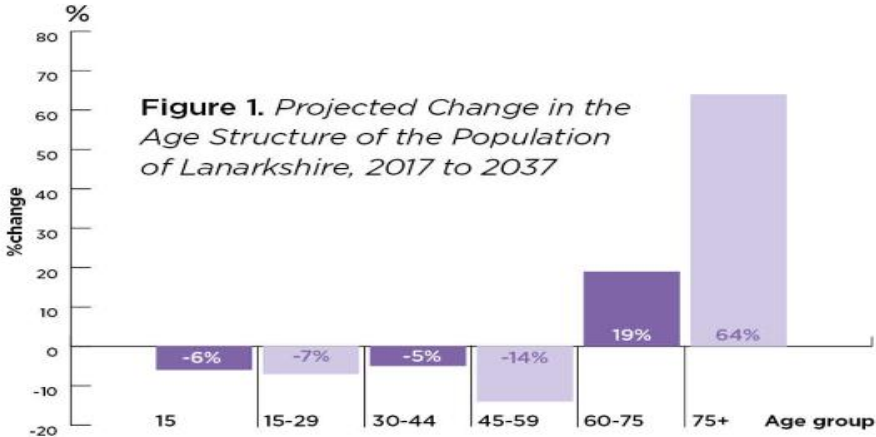
+78,000 people in Lanarkshire provide unpaid care

5.4% of the population is under 5 years

64% of the population are of working age

6.8% more women than men

140,601 population under 18 years



Source: www.nrsscotland.gov.uk/statistics-and-data

Isolation

People with **less than three close relatives or friends** are more likely to experience mental health problems

People with **severe & enduring mental health problems**

may have their lives shortened by 15 – 20 years **because of physical health problems.**

The rate for **suicide** is substantially higher amongst men than amongst women

Deprivation

- People, especially men from households with the **lowest 20%** of incomes are almost **3 times** more likely to have a **common mental disorder** than those with the top 20%

Rates of **depression** is **double** in those with **long term health conditions** than in the rest of the population



Communication and Engagement

A Mental Health and Wellbeing
Strategy for Lanarkshire

2019-2024



Lanarkshire mental health and wellbeing strategy.

We want to hear your views.

The development of a new strategy presents a unique opportunity for people to give their input into the future requirements and models of mental health care in Lanarkshire.

Workshops – Engagement & Development

	GMHFA 17.1.19	Dementia 24.1.19	Action 15 28.1.19	Specialist MH Services 4.2.19	Childrens Services 7.2.19	Total
Number of invitations sent out	74	86	75	81	108	424
% who accepted invitation	39%	49%	55%	57%	40%	47%
Total registered	29	42	41	46	43	201
Attended	23	35	24	30	38	150
% who registered & attended	79%	83%	59%	65%	88%	75%

49 meetings with community groups

Co-Design

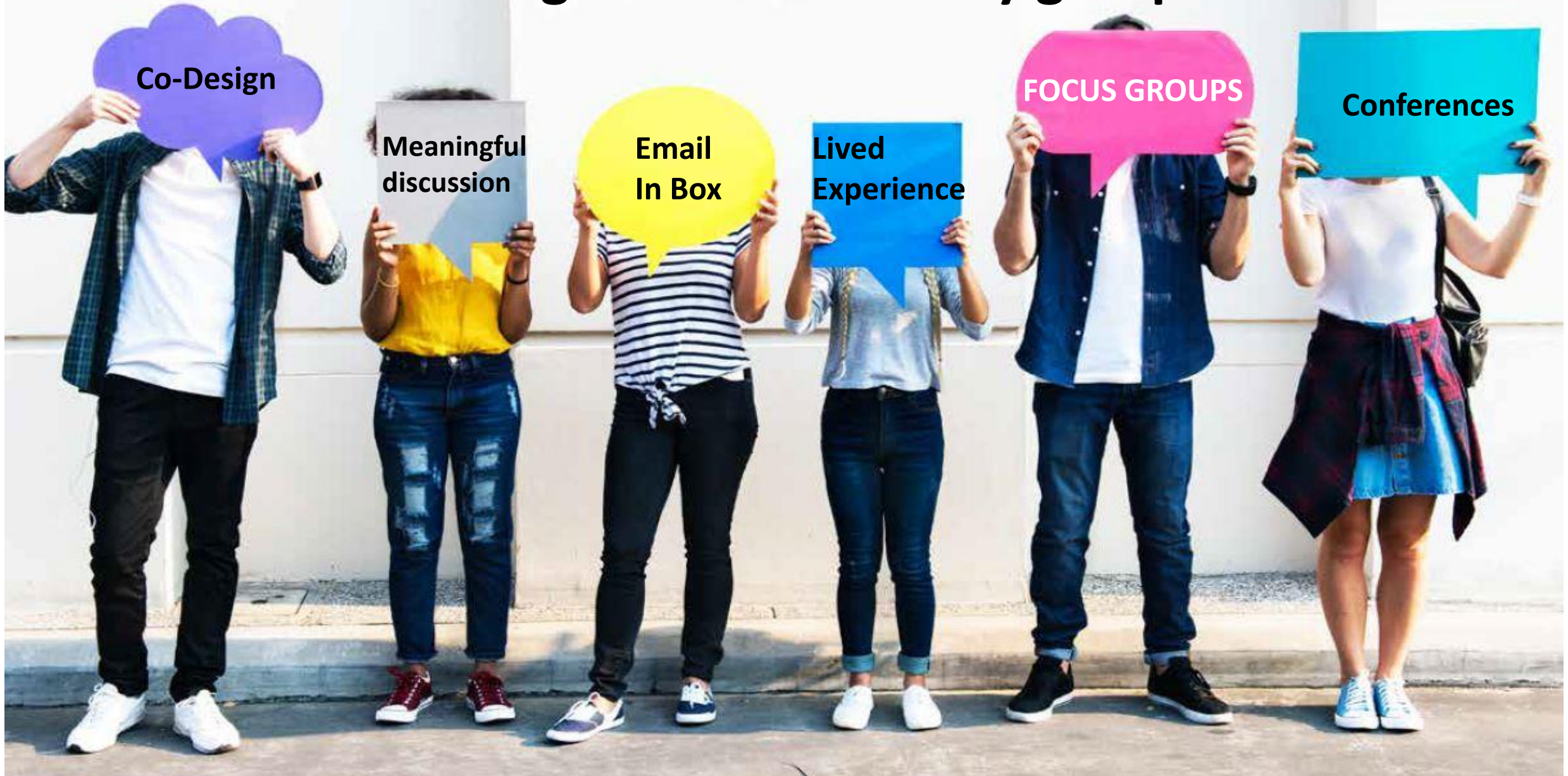
Meaningful
discussion

Email
In Box

Lived
Experience

FOCUS GROUPS

Conferences



First time I have attended an event like this and will be back

Fantastic to be able to share stories and have conversations with like-minded people

Conversation Café approach made everyone feel involved. I certainly felt included and respected

I felt included and respected. I'm leaving inspired and motivated to do more

It was good to hear other people's views and opinions on mental health

Informal, safe and comfortable atmosphere encouraged people to have open conversations

I felt included and respected

It was great to meet people at different stages of their recovery journey

Very inclusive, welcoming and stigma free. I felt part of the event and that people were listening to me without any judgements encouraged people to have open conversations

Good to talk with others in small groups, I felt we weren't being talked at but being listened too

Shared Vision – A Lanarkshire where we...

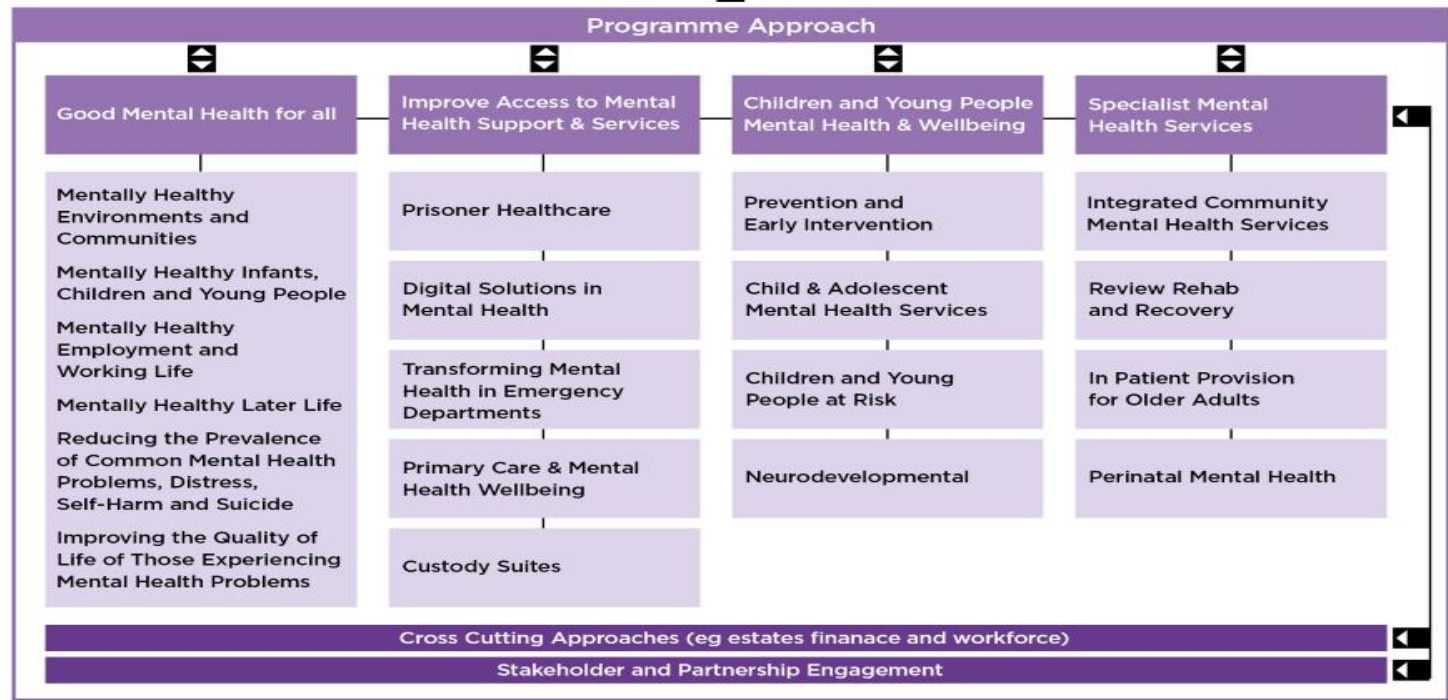
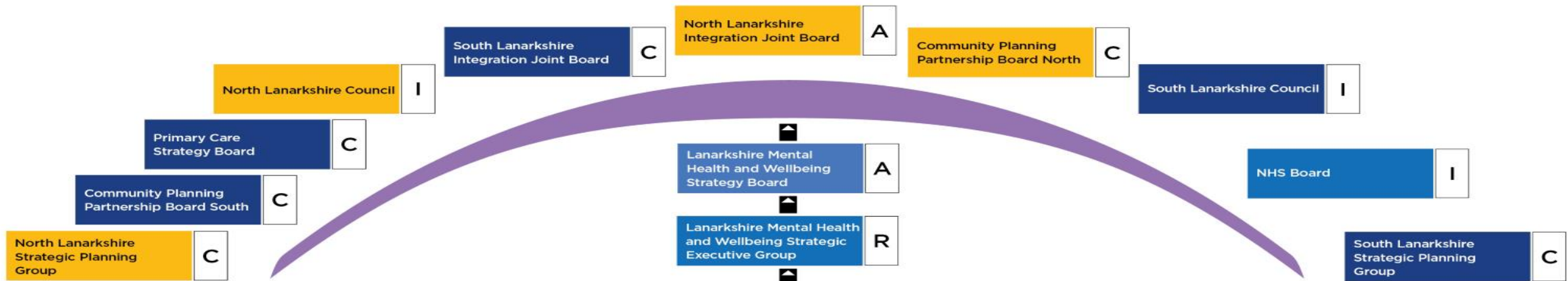
- All understand that there is no health without mental health
- Support and improve **our own and others** mental health and wellbeing
- Know it is **all right to talk** about our mental health
- Ensure people can get:
 - the **right help, right time**, expect recovery and to fully enjoy their rights, **free from stigma and discrimination**

The strategy aims to

- improve the mental health & wellbeing of people in Lanarkshire
- speed up access to the most appropriate service
- provide access to the right person first time
- Tackle stigma and discrimination
- improved responses to common mental health problems
- more accessible community based mental health supports and services
- Seamless community, inpatient and crisis mental health services

The strategy aims cont'd

- get patients home more quickly after inpatient treatment
- integrate community, inpatient and crisis mental health services
- provide services where the staff are trained to deliver the most up to date care and in ways which are sustainable
- provide highest quality care for an ageing population



The Governance and reporting for strategy implementation will align with Partner organisations arrangements through the LMHW Strategy Board. This will include other committees and decision making groups in the councils and HSCPs

Key (Strategy Board Governance)

- R = Responsible
- A = Accountable
- C = Consulted
- I = Informed



What
will
we
do?

Delivering Mental Health and Wellbeing

The strategy highlights four core priority areas to be taken forward to redesign supports and services and put in place new ways of working over the period of GIRFEP.

1. GOOD MENTAL HEALTH FOR ALL

2. IMPROVING ACCESS TO MENTAL HEALTH SUPPORTS AND SERVICES

3. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

4. SPECIALIST MENTAL HEALTH SERVICES

Good Mental Health for ALL

We all have mental health

Mental health relates to how we think, feel, behave and interact with other people



Talking about Mental Health

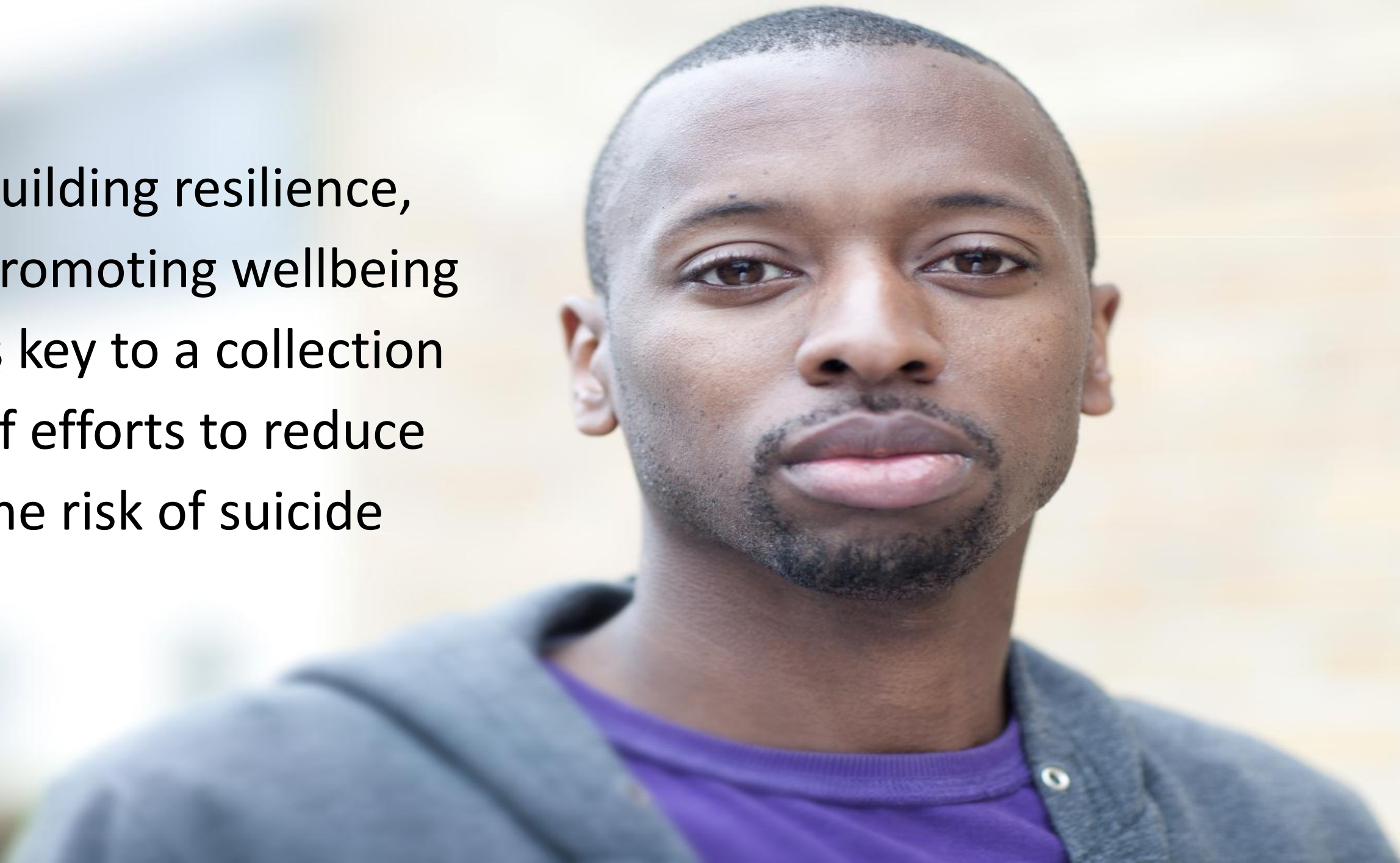
- Lots of people don't feel confident talking about their mental health and wellbeing or know enough about what they can do to help
- Raising awareness about mental health can be an important step in making every contact we have with someone in the local community count for wellbeing



Good Mental Health For All - Themes

- Mentally Healthy Infants, Children and Young People
- Mentally Healthy Later Life
- Mentally Healthy Environments and Communities
- Mentally Healthy Employment and Working Life
- Reducing the Prevalence of Common Mental Health Problems, Distress, Self-Harm and Suicide
- Improving the Quality of Life of Those Experiencing Mental Health Problems

Building resilience,
promoting wellbeing
is key to a collection
of efforts to reduce
the risk of suicide



Youth/Young Adults

- Critical risk factors include:
 - rejection,
 - depression,
 - anxiety,
 - chronic stress,
 - Victimization: abuse, bullying, etc...
- Rejection by family can increase risk up to 8X
- Family acceptance and school safety are strong protective factors

Why People Hesitate to Ask for Help

- Unwilling to admit needing help
- Afraid to upset/anger others
- Unable describe their feelings/needs
- Unsure of available help or resources
- Struggling with symptoms of depression
- Don't know what to expect
- Shame, fear of stigma
- May prefer to confide in peers

**IMPROVING
ACCESS
TO MENTAL
HEALTH
SUPPORTS
AND
SERVICES**

81%

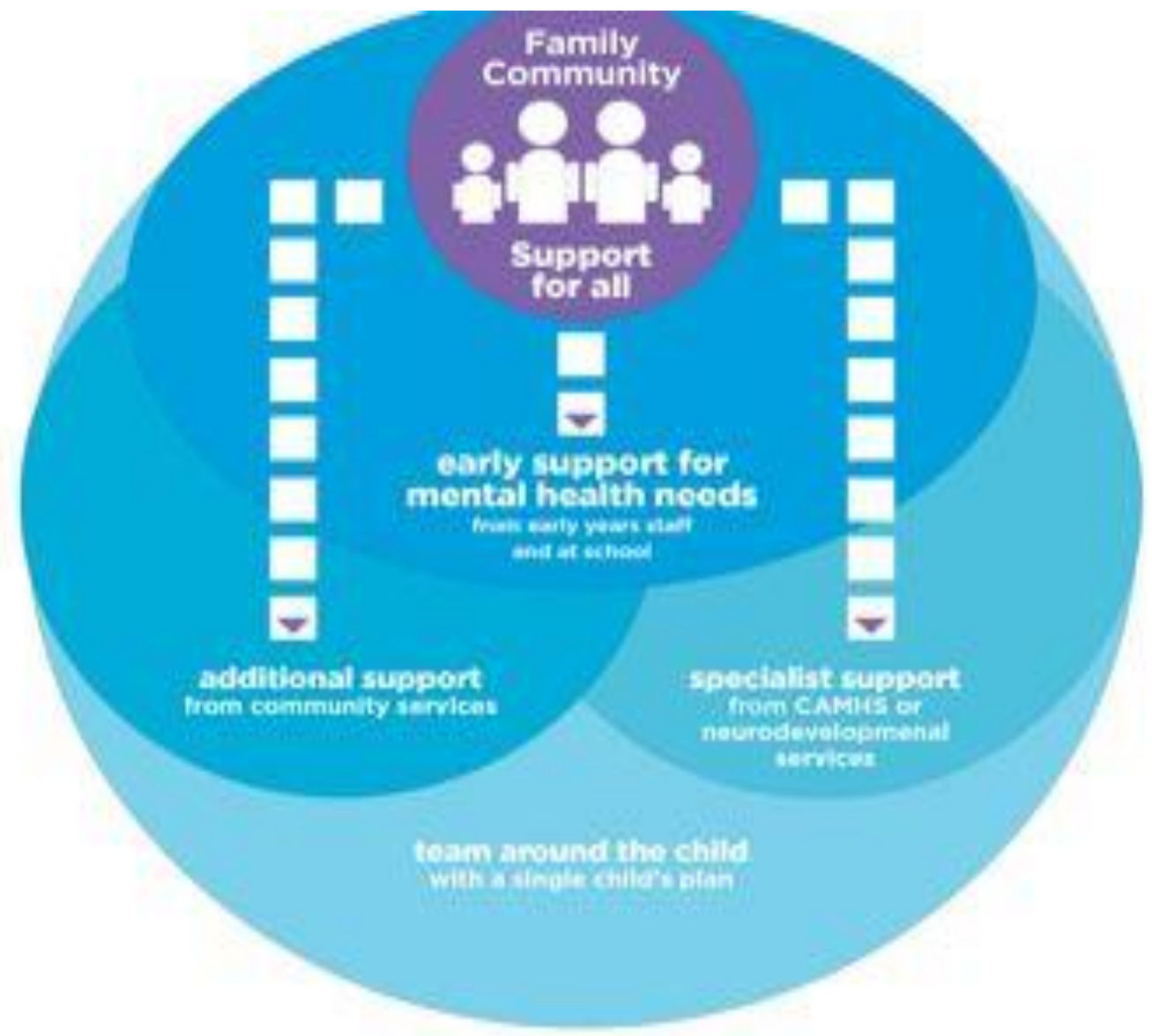
OF PEOPLE FIRST
COME INTO
CONTACT WITH
MENTAL HEALTH
SERVICES VIA THEIR GP



Workstreams

- **Custody Suites:**
 - Approved access to Mental Health Care in Custody implemented
 - Telephone / video conferencing assessment pilot commenced
- **Digital Solutions:**
 - Gap analysis completed and prioritised solution test of changes agreed
- **Emergency Departments:**
 - Pathways for face to face mental health assessment in Douglas Street introduced
 - Pan Lanarkshire Community Police Triage model commenced
- **Primary Care:**
 - GP Practices test of change completed
 - Modryvale test of change review completed
 - Clydesdale test of change completed
- **Prisoner Healthcare:**
 - MDT approach & resource requirements agreed
 - Recruitment process completed

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING



Children & Young Peoples Mental Health & Wellbeing

- Prevention and early intervention
- Children at risk
- Child and adolescent mental health services
- Children and young people's neurodevelopmental pathway



Children and Young People's Mental Health and Wellbeing

- **Implementation** through Integrated **Children's Services Plans** and clear governance in place
- Supports and services - **universal, schools, third sector and community based specialist services** across North and South Lanarkshire
- Deliver the recommendations made in the **CAMHS** Deep Dive report by end March 2020
- Develop and implement action plan to introduce a children and young people's **neurodevelopmental pathway**



Specialist Mental Health Services

- **Integration of South Lanarkshire community mental health Services:**
 - Transfer nursing staff and establish operational management, clinical and care governance and professional leadership structure
- **Review of older adults inpatient provision:**
 - Consolidate provision and shift the balance of care
- **Review of rehabilitation and recovery:**
 - Map patient flow and demand across the system and develop model for effective mental health rehabilitation and recovery comprising a managed functional network across a wide spectrum of services
- **Perinatal and infant mental health delivery plan**
 - Establish a dedicated specialised community perinatal mental health team
 - Develop a **model of infant mental health** which integrates approaches

Joint Working across agencies



What do we already know?

- People with a mental health problem are **3 times more likely** than the general population to attend the Emergency Department
- From an NHS 24 perspective, **65% of all mental health related calls** resulted in a primary care OOH consultation
- About a **fifth of MH calls** to NHS 24 resulted in an ED attendance, with 12% of patients waiting more than 4 hours
- Over **60% of patients** in mental health crisis contacting NHS 24 in the Out of Hours period are known to local care teams

Collaboration Aims

- Improve and simplify the care pathway for those suffering from mental illness/ distress who present to either SAS or Police Scotland
- Where possible and clinically acceptable to manage and support the needs of individuals without onward referral to other agencies

Reduce:

- Deployment of frontline police officers or SAS resources
- Emergency demand on locality based emergency services
- Number of patients taken to A&E via the provision of better support and access to appropriate services



Mental Health Hub



Public



Psychological Wellbeing
Practitioner

Psychological Triage Assessment



Our Partners are:



- Territorial Health Board
- Primary Care Out of Hours Service
- Scottish Ambulance Service
- Local Accident and Emergency
- Police Scotland
- Breathing Space



Mental Health
Senior Charge
Nurse (MHSCN)
provides clinical
supervision



MHSCN

Self Care

Partners

Mental Health Nurse Practitioner

Learning to Date

- Benefit of reflection as well as supervision to improve patient experience and staff well-being
- Positive impact the enhanced triage model has on outcomes for patient and partners
- **60% of calls result in no onward referral**

A horizontal process flow diagram consisting of three dark blue rounded rectangular boxes connected by a pink line. The first box contains text about call management, the second about patient support, and the third about demand reduction. The pink line ends in an arrowhead pointing to the right.

Just over
80% of calls
safely
managed by
Psychological
Well-being
Practitioners

Patients
supported **more
effectively** by
NHS 24

**Reduction in
demand** being
placed on our
partners in the
out of hours
period

20% increase since inception

How will we know what success looks like?

Qualitative Outcome measures:

Individual Experience	Outcomes, satisfaction levels and any follow up action
Partner Experience	Appropriateness of contacts received, and any follow up/ re-triage required at a local level
Staff Experience	NHS 24 / Police Scotland / Scottish Ambulance Service

How will we know what success looks like?

Quantitative Outcome measures:



Reduction in demand to our Out of Hours Partners



Reduction in demand to emergency services including ED attendance



- Increase in number of contacts signposted to community based services

What will be different for individuals?

People will:

- Be equal partners with their clinicians.
- Be supported to reflect on and express their preferences
- Receive less intervention, if simpler options would deliver the results that matter to them.
- Be supported to have the confidence, knowledge, understanding and skills to live well
- Have access to greater support from a range of supports and services,
- Encouraged to self-care/self-esteem and build resilience to promote people's wellbeing.

What will be different for individuals (2)

People will:

- See Health and social care professionals working closer together
- Older people/ complex needs receive the right support at the right time, Live well and independently by managing their conditions themselves.
- Hospitals will focus on the acute medical support and stays in hospital will be shorter.
- Individuals will benefit from more care being delivered in the community, and where possible, at home.

What will be different in communities

- Mental health & wellbeing teams in all Localities (10)
- Care closer to home
- Easier access to the right treatment
- Families will receive more integrated and extended primary and community care for their children.
- Specialist Mental Health services and supports at hospital sites when necessary

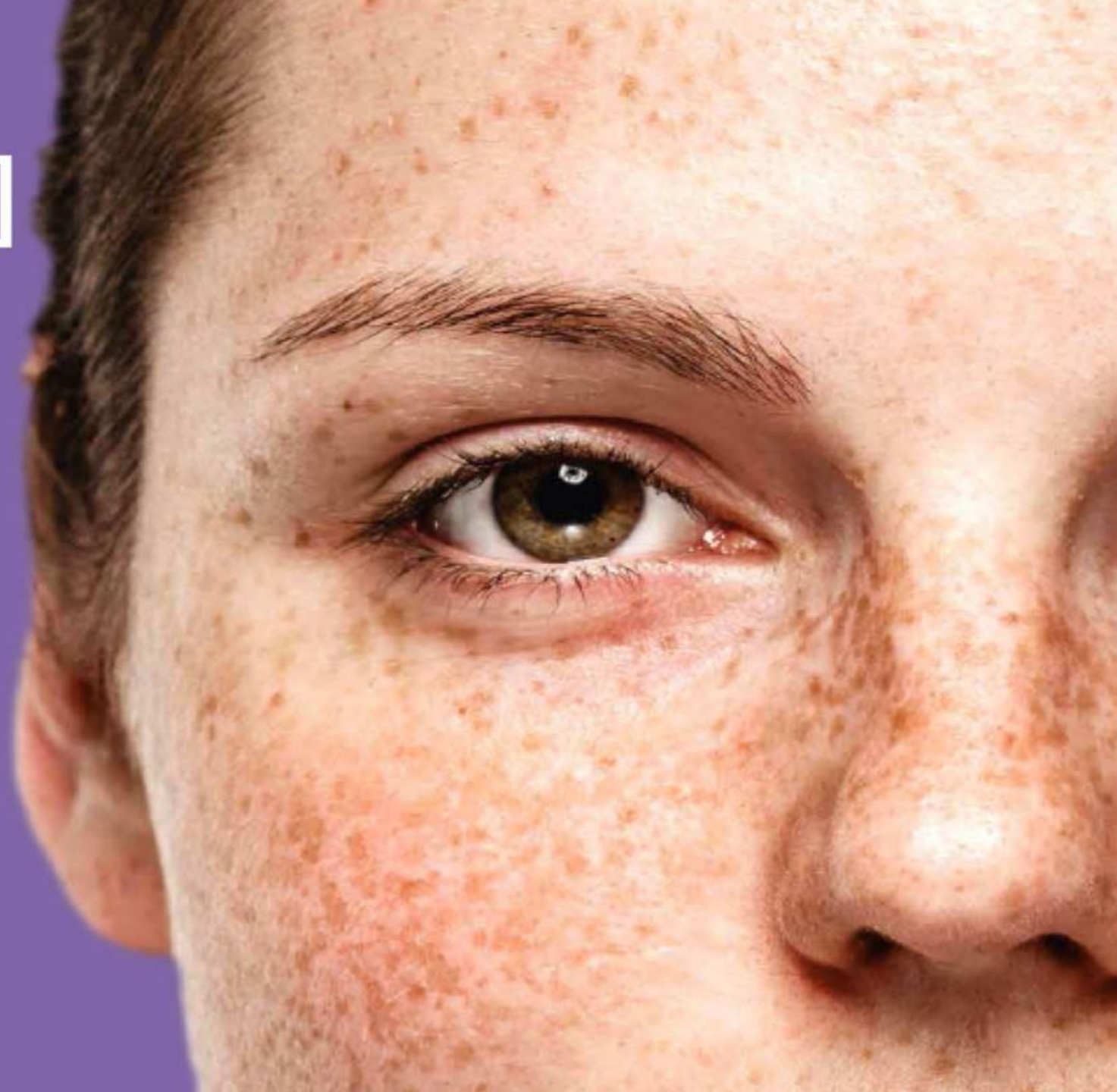
The Workforce Plan will:

- Integrated workforce planning to deliver better outcomes for people
- New Ways of working introduced
- Improved team working
- A workforce for children and young people's mental health
- Engagement with key community, voluntary, third sector organisations
- Building Mental Health capacity and capability into communities and local GP Practices

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Summary

2019-2024

Communication and Engagement Report

Mental Health and Wellbeing
Strategy for Lanarkshire

2019-2024





Implementation

- Programme Implementation Infrastructure 2020-2024
- Strategy and BAU Governance linked
- Workforce Requirements and Planning
- Key Performance Indicators – Measures, Outcomes
- Evaluation

Further Information

- For copies of the strategy documents:

[Lanarkshire Mental Health and Wellbeing Website](#)

<https://www.nhslanarkshire.scot.nhs.uk/strategies/mental-health-wellbeing-2019-24/>

- For further information contact:
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