# Item No: 7

**Meeting Date:** **Wednesday 26th February 2020**

# Glasgow City
# Integration Joint Board
# Public Engagement Committee


**Report By:** **Fiona Moss, Head of Health Improvement and Equalities**

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## A MENTAL WELL-BEING APPROACH IN PRIMARY CARE

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| **Purpose of Report:** | To inform members of the emerging mental well-being model in primary care and seek advice on this. |

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| **Background/Engagement:** | Mental health is a key presenting theme for patients in primary care and contributes significantly to primary care activity and pressures. This report describes the work undertaken to consider mental health issues in primary care and to develop a range of responses to address these. This is a developing programme of work with a range of test and new responses that will commence in 2020 as part of the Primary Care Improvement Plan (PCIP). |

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| **Recommendations:** | The IJB Public Engagement Committee is invited to consider the information provided and provide comment on:<br><br>a) The emerging model; and<br>b) The future programme of public engagement on the development of the model. |

**Relevance to Integration Joint Board Strategic Plan:**

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| This forms part of the Memorandum of Understanding (MOU) signed as part of the new GP contract which commenced in April 2018. |

**Implications for Health and Social Care Partnership:**

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| **Reference to National Health & Wellbeing** | 1. People are able to look after their own health and wellbeing and live for longer |

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| **Outcome:** | 5. Health and social care services contribute to reducing health inequalities<br>9. Resources are used effectively and efficiently in the provision of health and social care services. |
| **Personnel:** | Various |
| **Carers:** | Involvement as part of the development of the model |
| **Provider Organisations:** | Provider organisation involvement and third sector engagement. Commissioned services as required. |
| **Equalities:** | Primary Care Improvement Plan Equalities Impact Assessment completed and published. Equalities monitoring standard for commissioned services. |
| **Fairer Scotland Compliance:** | Model enhanced for areas of greatest need, particularly deprivation. |
| **Financial:** | Potential future requirements through PCIP and Action 15 resources |
| **Legal:** | None |
| **Economic Impact:** | Improved mental health has the potential to generate positively on the economy and the employment pathways support patients into/sustain work. |
| **Sustainability:** | TBC |
| **Sustainable Procurement and Article 19:** | N/A |
| **Risk Implications:** | Continued pressure on primary care and poorer patient outcomes |
| **Implications for Glasgow City Council:** | Support to community and third sector organisations and demand for community services |
| **Implications for NHS Greater Glasgow & Clyde:** | None |

## 1. Purpose

1.1 This report describes the process and activity being undertaken through the Primary Care Improvement Plan (PCIP) on mental health, to update members on a critical area of concern within communities. Guidance on the emerging model and advice on the involvement of patients and residents in this development is sought.

## 2. Background

2.1. Mental Health and well-being has been consistently raised by general practice during the development of the Glasgow PCIP. This lead to a commitment in the PCIP1 (July 2018) to scope effective and efficient service responses to support GP's in manage presenting mental health issues.

2.2. A five day audit completed with 11 GP's in South Glasgow was able to track the mental health presentations during that period. Over 5 days 768 consultations were undertaken, 156 (20%) had mental health as the presenting issue or a significant contributory factor, 74% which were for low mood, anxiety and depression. For this group, they had had an average of 7 GP consultations in previous six months. If roughly scaled for Glasgow this suggested almost **6000 consultations a week in General Practice for mental health issues, the majority for low mood, anxiety and depression**.

2.3. The key themes emerging engagement with general practice were that

1. Consideration be given to the 'pathways' into and through specialist mental health services to identify and reduce any barriers to access, to minimise any service 'pin pong', and improve specialist/primary care liaison for patients.
2. There is a pressing need to consider what a more comprehensive response for patients presenting with low mood/anxiety and depression might for primary care teams in light of the scale of issues being experienced.
3. That a 'mental well-being' model be developed for consideration in Glasgow, with practices, partners and patients to address low mood/anxiety and depression in a way that generates recovery rather than treating the symptoms and escalating medical interventions.
4. That there needs to be consideration of a response for primary care for patients presenting in practice in an unscheduled way in extreme distress.

2.4. A Mental Well-being Steering Group was established with membership from primary care, third sector, health improvement, specialist mental health services and Glasgow Life to progress actions 2 and 3 and 4. Mental Health Services are progressing an external assessment of the state of our existing pathways, this will include following patient journeys to better understand any system weaknesses.

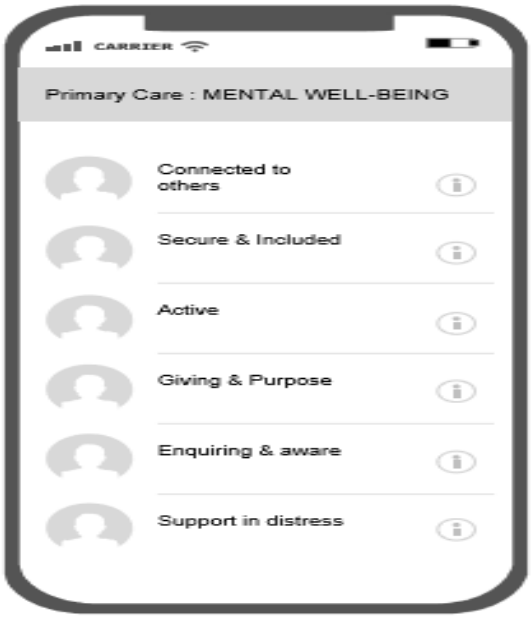
## 3. Emerging Mental Well-being Model

3.1. A review of evidence and best practice was completed and the components of a model developed, which has been supported by primary care for further development.

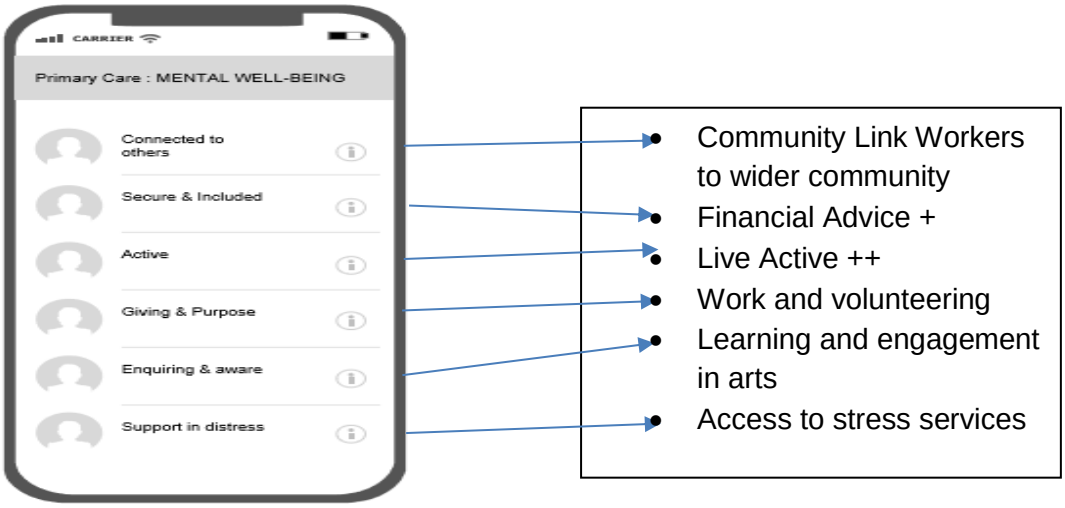
3.2. The underpinning principles of the emerging model are:

- A trauma-informed approach – both compassionate and trauma aware delivery of primary care and a level of trauma skill for patients within General Practice and the primary care team.
- Recovery oriented and strengths-based approaches, recognising that defeat and entrapment are distress generating. People are located at the centre of the process, with an 'empowering approach' to all components recognising that this generates mental well-being in and of itself.
- Open access model - people can access these services/supports in their wider community **and** through primary care with the ambition that over time fewer people feel the need to present through primary care for low mood/anxiety
- Connected model - for primary care; component parts are connected together, with easy in for primary care staff – single in or through any segment into and through any other
- GP Cluster adapted - translated within the context of clusters (what aspects of the model have we already got? what more we need? how does it work?)
- Proportionate universalism - available to all practices but apportioned by deprivation
- Open to all patient's - from those presenting with low mood for the first time through to those requiring on-going specialist mental health or other supports e.g. addictions, alongside.
- Family inclusive – the wider community access enables more family related responses where those are required, even if not all family members are registered with the same GP practice. The model should be connected into the city's family support strategy to assist where family relational issues are part of the story.

3.3. The emerging model is shown here. Each component presents a number of responses and/or intervention/service options, generated from best practice and evidence. The challenge is understanding what is already in place, how to connect to primary care where required, how to fill the gaps and how to make the components of the model operate in a connected way at a practice and cluster level.



3.4. The model is 'delivered' by many through a range of non-clinical specialists ranging from professionally accredited financial advisors to people with experience through peer support models as summarised below.




## 4. Progressing the Model

4.1. In October 2019 PCIP funding was committed to developing the model through;

- Staff (17mths) in each locality to bring the principles of the model to life, ensuring that development and implementation works at a local level for general practice, patients and partners.
- Research to understand the current trauma informed practice in primary care and the needs of primary care staff to best support patients experiencing trauma.
- Audit the frequency and nature of unscheduled presentations in primary care of patients in extreme distress requiring immediate attention.
- Pilot work to enhance the live active model and test a learning on prescription model within primary care
- Extend the provision of community stress services to which primary care can refer
- Training. A programme of training for primary care staff on handling bereavement and bereavement support services. This includes the development of a credit card sized resource for patients seeking further support.
- A small locality budget to enable primary care staff to invest in aspects of the models development pertinent to their area

4.2. Discussions have been on-going with primary care in localities to identify the clusters/practices that will be involved in the pilot programmes. There is strong support for the pilots with more than enough practices/clusters wishing to engage.

4.3. Involving patients and citizens. A number of the themes of the model have been developed through the insights generated by the Glasgow Health Inequalities Commission on mental health which engaged with over 240 citizens from a range of community services and contacts. In addition the research and audit activity includes engaging with patients to contribute and influence the emerging programme of work. The next step is to extend engagement with primary care staff, patients and partners at a locality level to continue to discover, learn and react collectively to the levels of distress, low mood and anxiety presenting in primary care.

## 5. Pilot Programmes

5.1 Live Active. In partnership with Glasgow Life the Live Active service will be augmented to provide a triage mechanism to offer additional specialised support to patients. Working collaboratively with primary care mental health teams and Lifelink, a tiered model of support for patients will be tested using a buddying system to increase accessibility and uptake of appropriate physical activity opportunities. Work will also be undertaken enhance the Live Active (volunteer) motivator programme to improve access. The pilot will raise awareness with primary care staff to support increased referral rates to Live Active for patients diagnosed with mild to moderate depression and there will be an evaluation framework to review the effectiveness of the programme and impact on use of primary care services.

5.2 Enquiring and aware; How might we adapt the 'learning on prescription' models encompassed in similar models in England which haven't been part of the local primary care offer before? Glasgow Life provides a wide range of local and city-wide culture and learning programme's and manages 171 venues across the city. They also act as the co-ordinating body for the cities community learning and development plan; extending the community based learning opportunities available in the city. Glasgow Life will carry out a feasibility study identifying the mechanisms, processes and resources required for patients to move into sustained cultural and learning activity. The study will quantify the potential beneficiaries and the capacity of the cultural and learning sectors to meet this demand. To do this three pilot programmes will be tested:

- A primary care cluster well served by community link workers
- A primary care cluster with no community link workers
- The targeted population of young people through the youth health service community link worker role and wider team.

## 6. Support in Distress

6.1. Primary Care are investing in additional community stress services within Glasgow from 1st April 2020. Between existing GHSCP investment and new PCIP funding there will be a £1.2m service within the city, intended to support over 7,000 citizens annually. Lifelink have been awarded the new contract and will operate with community and primary care access. The service will triage patients into 1-2-1 or group work support in the community.

6.2. Work is currently underway to trial the group based intervention programme designed around a 12 week programme (3 blocks of 4 weeks) where patients can opt into one or more 'block' depending on the nature of their needs e.g. anxiety, anger, sleep, stress etc.

6.3. A new Out of Hours (OOH) 'acute distress' service will commence in April 2020. The audit work currently underway will inform a future decision to invest PCIP resources in extending provision to 'in hours' support for primary care. The OOH service will incorporate a 'safe haven supported space' for those needing some time and to a time limited follow-up service.

## 7. Recommendations

7.1 IJB Public Engagement Committee is invited to consider the information provided and provide comment on:

a) The emerging model; and
b) The future programme of public engagement on the development of the model.