



# Item No: 7

Meeting Date: Wednesday 20<sup>th</sup> June 2018

## Glasgow City Integration Joint Board

**Report By:** Susanne Millar, Chief Officer, Strategy and Operations /  
Chief Social Work Officer

**Contact:** Jackie Kerr, Assistant Chief Officer, Adult Services

**Tel:** 0141 314 6240

### MENTAL HEALTH STRATEGY AND IMPLEMENTATION

<b>Purpose of Report:</b>	<p>The purpose of the report is to advise the Integration Joint Board on the development and implementation of the Mental Health Strategy across the City</p> <p>To seek approval from the Integration Joint Board for the use of the new Mental Health monies across the City.</p>
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<b>Background/Engagement:</b>	<p>The Mental Health Strategy sits alongside the National Strategy for Mental Health, the Director of Public Health's biannual report on mental health and the Christie Commission.</p> <p>As the strategy applies to Greater Glasgow and Clyde there has been extensive engagement with other HSCPs. Within the city there has been regular engagement with the Strategic Planning Group and NHS Staff Side Partnership representatives with specific events held with the non-statutory sector and senior clinicians and managers. Staff groups have been routinely briefed on the strategy and key priorities for implementation.</p>
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"><li>a) agree the proposals outlined in the report; and</li><li>b) instruct the Chief Officer to provide a more detailed report with a financial framework at an IJB in October 2018.</li></ul>
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#### Relevance to Integration Joint Board Strategic Plan:

The five-year Adult Mental Health Strategy is relevant to all of the IJB's key priorities (page 26.)

## Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	The strategy and the proposals contained in this report are relevant to all nine National Health and Wellbeing Outcomes.
<b>Personnel:</b>	There are staffing implications both in terms of future workforce planning and arising from displacement of some staff, but there is confidence based on current circumstances and past experience that they can be successfully redeployed. Such changes would be managed in partnership with NHS Staff Side Partnership representatives and professional bodies, and in accordance with organisational change policies.
<b>Carers:</b>	The strategy advocates more support for carers with greater visibility and voice in care planning and delivery. The implementation plan will ensure that carers needs and rights are considered in the development of any new services.
<b>Provider Organisations:</b>	Enhancing the future role of provider organisations in support of new models of care will be key to implementation of the Adult Mental Health Strategy. These proposals ensure that our engagement with the 3 <sup>rd</sup> sector is a vital part of the implementation of the strategy.
<b>Equalities:</b>	Inequality, mental health and human rights are inextricably linked. The rates of mental ill-health for groups with protected characteristics are higher when compared to the general population. The five-year Adult Mental Health Strategy will ensure mental health services are accessible and meet the needs of all patients in compliance with Equality legislation. As part of the development work for the implementation of the five-year Adult Mental Health Strategy across the City and the Board an Equalities Impact Assessment will be undertaken for all aspects of the of service development.
<b>Financial:</b>	<p>The programme of proposals directly link to the new Mental Health monies announced by the Scottish Government and has linkages to 2 other sources of funding Primary Care Transformation Fund and Alcohol and Drugs Partnership Funding.</p> <p>The funding allocated for Mental Health Services in Glasgow City is £1.32million in 2019/2019 rising to £2.9 million in 2020/2021. The Scottish Government's letter of allocation is attached (Appendix 1).</p>
<b>Legal:</b>	None
<b>Economic Impact:</b>	None

<b>Sustainability:</b>	The Scottish Government funding will secure services for 3 years to allow the system wide transformation to be developed.	
<b>Sustainable Procurement and Article 19:</b>	None	
<b>Risk Implications:</b>	A risk register will be developed in line with the proposals.	
<b>Implications for Glasgow City Council:</b>	None	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The proposals outline in this report will have implications for the delivery of some services across the Board area.	
<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	✓
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

## 1. Purpose

- 1.1 The purpose of this report is to update the Integration Joint Board on the development and implementation of the 5 year Mental Health Strategy across the City.
- 1.2 To seek approval from the Integration Joint Board on the plans for the use of the new Mental Health Funding across the City.

## 2. Background

- 2.1. The 5 Year Strategy for Adult Mental Health Services in Greater Glasgow and Clyde 2018-2023, is informed by a range of other documents, including the Scottish Government's Mental Health Strategy 2017-2027 and the 'Healthy Minds' 2017 report by NHSGGC's Director of Public Health. The proposals in the Mental Health Strategy are consistent with the Health Board's vision for Moving Forward Together and are aligned to the National Strategic Direction; deliver a whole system programme across Mental Health; use the knowledge and skills of our workforce and are engaged with staff; patients and their carers.
- 2.2 The strategy identified priorities for Mental Health Services which includes:
  - Medium- to long-term planning for the **prevention and early intervention** of mental health problems, including well-being-orientated care and working with Children's Services to promote strong relational development in childhood, protecting children from harm and enabling children to have the best start in life.

- **Recovery-oriented care** supporting people with the tools to manage their own health including inpatient provision and a range of community-based services, including HSCP and third sector provision.
- **Productivity initiatives in community services** to enhance capacity while maintaining quality of care.
- **Unscheduled care** across the health system including responses to crisis and distress, home treatment, and acute hospital liaison.
- **Shifting the balance of care** identifying the plan for a review and reduction of inpatient capacity.

2.3 The Scottish Government announced in December 2017 further funding of £17 million for Mental Health Services across the country. They set a target of introducing 800 additional mental health workers over a 3 year period to improve access to dedicated mental health professionals across key settings including Accident and Emergency, GP practices, Police station custody suites and Prisons.

2.4 Nationally the additional funding to support this commitment will increase to £35 million by 2021-2022, with an initial £11 million being made available for Adult Services to support the first phase of this commitment in 2018-2019. Glasgow City's allocation of this funding is £1.32 million for 2018-2019 rising to £2.9million in 2020-2021. The phased approach is to allow local and national service providers to co-ordinate service developments to provide effective models of care and efficient use of resources.

2.5 A further £5 million has been identified for Children's Services across the country. A report will be brought back to a future IJB meeting outlining the proposals for Children's Services and linking them to the Children's Transformation Programme.

2.6 The Scottish Government have challenged Integration Joint Boards to ensure that this stream of funding and the additional funding for Primary Care are co-ordinated to ensure that there are effective and co-ordinated pathways for service users.

### 3. Proposals

3.1 In order to respond to the Scottish Government's funding allocation Glasgow City has developed a range of proposals that takes forward the key priorities of the Mental Health Strategy; ensures a strong interface with the developments in Primary Care and makes linkages to the specific funding outlined by the Scottish Government for Alcohol and Drugs Partnerships. The Mental Health system is a complex GGC wide system and this set of proposals aims to develop some Board wide coherence in the development of new services as well setting out an implementation programme for the City. As such the identified proposals require to be shared and in some cases supported financially on a proportionate basis by other HSCPs from their individual allocations. This will be co-ordinated at the June meeting of the Mental Health Programme Board.

3.2 These proposals outlined are at an early stage and will be further developed to ensure that outcomes for service users and their carers' are measurable and sustainable.

Table number 1 outlines the proposals for the City for the developments in Mental Health services:

<b>PROPOSAL</b>	<b>DESCRIPTION</b>	<b>TIMESCALE</b>	<b>STRATEGIC FIT</b>	<b>FUNDING STREAM</b>
<b>Crisis Team</b>	Enhance the capacity of the Crisis Teams across the City who also cover East Renfrewshire and East Dunbartonshire by developing a consultant led model.	2 year funding March 2019	Shifting the Balance of Care. Action 15.	Mental Health funding
<b>Psychiatric Liaison Service</b>	Enhance the liaison service across the Board. Recruitment of additional nursing and medical posts. This service is Board wide and supports Emergency Departments both in and out of hours.	Recurring funding commencing November 2018.	Shifting the Balance of Care. Action 15.	Mental Health and Out Of hours Primary Care funding
<b>Psychological interventions in Prisons</b>	The provision of low intensity psychological services for the 3 prisons across the Board area.	Succession funding from 2019-2020.	Action15.	Mental Health funding. Board wide
<b>Deliver more effective pathways from Primary Care</b>	A specific piece of work to strengthen the pathways from Primary Care to Mental Health Services.	Non recurring funding 2018-2019.		Mental Health and Primary Care Mental Health funding.
<b>Police Custody</b>	Improve referral pathways and signposting from Police custody. This service will contribute to the development of the hub model for Police Custody.	Recurring 2019-2020.	Action 15.	Mental Health funding.
<b>Prevention and Early Intervention</b>	Develop a range of training initiatives across Mental Health sites including Prison Health Care. this funding will be directly linked to some of the Early intervention and prevention initiatives in Alcohol and Drugs Services	Recurring 2018-2019	Prevention and Early Intervention. Action 15.	Mental Health and ADP funding
<b>Development of the Primary Care Computerised CCBT service</b>	Increase the support and co-ordination of the technology assisted solutions to increase access to psychological approaches for patients Board wide.	Non-recurring 2018-2019. Evaluation and roll out of the service 2019-2020.	Prevention and Early Intervention.	Mental Health funding and Primary Care Mental Health funding

<b>PROPOSAL</b>	<b>DESCRIPTION</b>	<b>TIMESCALE</b>	<b>STRATEGIC FIT</b>	<b>FUNDING STREAM</b>
<b>Improve Pathways between Primary Care and Older People's Mental Health Services</b>	Increase medical capacity to develop more robust pathways between the 2 services.	2 year funding 2018-2019	Prevention and Early Intervention.	Mental Health and Primary Care Mental Health funding
<b>Development of Borderline Personality Disorder Service</b>	The reform and redesign of MBT and DBT services to deliver a Board wide service for Borderline personality disorder.	Recurring funding and reform of existing budgets.	Shifting the Balance of Care. Action 15.	Mental Health funding and Core funding
<b>Development of a Recovery Orientated system of Care</b>	Development of a Recovery Model of Care for Mental Health service users across the City. Focusing on mental health support and third sector engagement.	Recurring Funding from new monies.	Prevention and Early Intervention.	Mental Health and Primary Care Mental Health funding
<b>Development of Training Programme for support workers</b>	Development and delivery of specific mental health training for a range of staff offering support to service users and patients.	Recurring Funding	Prevention and Early Intervention. Action 15.	Mental Health funding.
<b>Development of Crisis Cafes</b>	Development of 2 Crisis Cafes across the City to support distressed service users and prevent attendance at Accident and Emergency units. This development will be a partnership service with the 3 <sup>rd</sup> Sector.	Recurring Funding	Prevention and Early Intervention. Action 15.	Mental Health funding.

#### **4. Recommendations**

4.1 The Integration Joint Board is asked to:

- a) agree the proposals outlined in this report; and
- b) instruct the Chief Officer to provide a more detailed report with a financial framework and measurable outcomes at the IJB in October 2018.



## DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	200618-7-a
2	Date direction issued by Integration Joint Board	20 June 2018
3	Date from which direction takes effect	20 June 2018
4	Direction to:	NHS Greater Glasgow and Clyde only
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Adult Mental Health Services
7	Full text of direction	Health Board directed to incorporate plans for the use of the new Mental Health Funding across the City into the Moving Forward Together Programme.
8	Budget allocated by Integration Joint Board to carry out direction	As per allocation letter at Appendix 1.
9	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
10	Date direction will be reviewed	September 2018

Population Health Directorate  
Mental Health and Protection of Rights Division



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E: Pat.McAuley@gov.scot

Chief Officers, Integration Authorities

cc: Chief Executives, NHS Boards  
Directors of Finance, NHS Boards  
Chief Executives, Local Authorities  
Angiolina Foster, Chief Executive, NHS24  
Caroline Lamb, Chief Executive, NES  
Colin McKay, Chief Executive, MWC  
Health & Justice Collaboration Improvement Board

Your ref:  
Our ref:

23 May 2018

Dear Colleague

## **ACTION 15 OF THE MENTAL HEALTH STRATEGY – PLANNING AND FUNDING FROM 2018/19**

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The detail is set out in Action 15 of the Mental Health Strategy. The funding will be available from this year (£12 million, of which £11 million is the subject of this letter) and will rise to £35 million in 2021-22.

### **Background**

You will know that last year, Ministers established the *Health & Justice Collaboration Improvement Board* (HJCIB). The Board draws together some of the most senior leaders from Health, Justice and Local Government. Its purpose is to lead the creation of a much more integrated service response to people whose needs draw upon the work of our Health and Justice services. As you might expect, our mutual response to people who suffer mental illness and distress is a significant theme in the Board's interests. Membership of the Board is set out in Annex A.

Ministers asked the Board to consider how our commitment to additional mental health workers might best be delivered.



## **National test of change**

The Board has subsequently set out an approach that will test improvements in national arrangements for service delivery. This involves the Ambulance Service, NHS24 and Police Scotland, and £1 million has been set aside for this initiative. The current thinking on these ideas is set out at Annex B.

## **Local improvements**

The Board has also adopted some broad principles (helpfully informed by a Short Life Working Group with membership from Integration Authorities, Health Boards, justice and local government) that it believes are likely to inform credible local improvements. These include recognition that:

- the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;
- the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;
- prospective improvements may include the provision of services through digital platforms or telephone support;
- improvement may include development for staff who are not currently working in the field of mental health.

## **Links to the Primary Care Improvement Fund**

Richard Foggo has written to Integration Authority Chief Officers and NHS Chief Executives today regarding the Primary Care Improvement Fund (PCIF) allocation for 2018-19. His correspondence should be read in conjunction with this letter.

As outlined in Richard's letter, nearly £10 million was invested during 2016-18 via the Primary Care Mental Health Fund (PCMHF) to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. In 2018-19, the Primary Care Improvement Fund (£45.750 million) is a single allocation to provide maximum flexibility to local systems to deliver key outcomes.

The PCIF includes recurring funding for mental health services, building on the funding for primary care mental health previously provided. Although it is separate to this funding line, there is likely to be close cross-over between the services, particularly in general practice settings, and in some cases the staff may be the same individuals.

As set out in the letter, Primary Care Improvement Plans should demonstrate how this funding is being used to re-design primary care services through a multi-disciplinary approach, including mental health services.

PCIPs should also show how wider services, including the mental health services which are the subject of this letter, integrate with those new primary care services.

## **Planning and Partnerships for Delivery of 800 Mental Health Workers**

We want to ensure that IAs are able to utilise the additional resources for 800 mental health workers and the PCIF flexibly to support sustainable mental health and primary care service redesign. As far as possible we want to ensure that the planning processes, governance and evaluation processes are aligned.

### **Planning: by 31 July**

We are asking that Integration Authorities each develop a plan by 31 July that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. We would like the plan from each Authority to set out:

- How it contributes to the broad principles set out under *Local Improvements* on page 2;
- How it takes account of the views of local Justice and other Health partners in the area about what improvements should be introduced
- How it fits with other local plans currently in development.
- Initial scoping of potential staffing changes over the next four years as a result of this additional funding, towards the committed 800.

Our reason for asking you to do this is that it will help the H&JCIB to shape discussions around future collaboration – including further consideration of national proposals. We will let you know about our thinking as consequence of these discussions over the summer.

This should include demonstrating additionality of the new workforce, such as information about the numbers of additional staff being recruited, existing staff being up-skilled (who are currently not working within mental health services) and the settings which will allow the Scottish Government to demonstrate progress against the national commitment. If it is possible, this could be through a supplementary to your Primary Care Improvement Plans or it could be through a linked document

In the longer term, we anticipate that Primary Care Improvement Plans might start to allow an increasingly integrated approach to mental health planning and delivery of the 800 mental health worker commitment. As set out in Richard Foggo's letter, it is important that the PCIPs from the outset show links with broader community developments, and the 800 mental health worker commitment. Over time, we anticipate that this may develop into a single statement of the approaches being developed.

## **Consultation and Engagement**

The H&JCIB recognises that redesigning services to meet people's needs across health and justice settings is complex and that it will require collaborative partnership working across organisational boundaries.

We recognise that this is a complex area that involves many partners, but it will be essential that your emerging plans demonstrate how Justice and Health partners (both Health Boards and GPs) have been consulted and included in preparation of the plan. If that is not possible to deliver fully in the timescales, an indication of consultation and engagement plans would be very helpful.

## **Governance**

Giving primacy to Integration Authorities to deliver the national commitment for 800 mental health workers in the Primary Care Improvement Plans simplifies local governance arrangements. At local level, Integration Authorities will hold NHS Boards and councils to account for delivery of the milestones set out in their plans, in line with the directions provided to the NHS Board and Council by the Integration Authority for the delivery of Strategic Plans.

At national level, we will consider how we can ensure that Ministers have the necessary assurances about delivery of the overall 800 staff over four years.

## **Monitoring and Evaluation**

You will need to plan for and demonstrate a clear trajectory towards 800 additional mental health workers under the funding for this commitment over the next four years, and we will consider what national oversight arrangements should be in place to offer assurance on that point.

The plans should also include consideration of how the changes will be evaluated locally.

## **Allocation methodology and future funding**

IAs have delegated responsibilities for adult Mental Health services therefore we are asking you to work with Health and Justice partners to deliver a holistic perspective on the additional mental health requirements in key settings (including but not restricted to A&E, GP practices, prisons and police custody suites).

The Scottish Government therefore plans to allocate funding for local improvements to Integration Authorities (via their associated NHS Health Board). National tests of change will continue to be funded centrally.

The expected allocation of additional funds over the next period in total and to each Integration Authority is set out at Annex C. The funding should be considered as *earmarked recurring* funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements of the commitment. We will engage with IAs and others on any plans to baseline these funds beyond 2021/22 subject to Parliamentary approval of the budget.

This is intended to guide your thinking about the future in terms of the funding over the next four years under this commitment. In broad terms, the distribution presumes a local share of the funding based on National Resource Allocation Committee (NRAC) principles and we would encourage partnership working across IA

boundaries, as per the statutory duty on IAs to work together particularly within Health Board areas<sup>1</sup>.

In this initial year of funding, the funding will issue in two tranches starting with allocation of 70% of the funding in June 2018. A high level report on how spending has been profiled must be submitted to SG by the start of September and, subject to confirmation via this report that IAs are able to spend their full 100% allocation in-year, the remaining 30% of funding will be allocated in November 2018. An outline template for making the start-September report is at Annex D. A final template will be issued before September.

We understand that the detail of these plans will take some time to develop and that your ideas about what is necessary will change as the extent and depth of understanding and service response improve over time. We also know that tackling these issues in a more effective way over time will do a lot to improve the help that we provide to communities. We are grateful to Chief Officers and to partners for your commitment to prioritising delivery of this commitment in keeping with the ambition in the Mental Health Strategy.

Please share your plans with [Pat.McAuley@gov.scot](mailto:Pat.McAuley@gov.scot) If you have questions about the process or require further information, please contact Pat on 0131 244 0719.

Penny Curtis  
Head of Mental Health and Protection of Rights Division

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<sup>1</sup> Given Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

**Membership of the Health and Justice Collaboration Improvement Board**

Paul Johnston (co-chair)	DG Education, Communities & Justice
Paul Gray (co-chair)	DG Health and Social Care
Iain Livingstone	Police Scotland
Alasdair Hay	Scottish Fire and Rescue Service
Pauline Howe	Scottish Ambulance Service
Colin McConnell	Scottish Prison Service
Karyn McCluskey	Community Justice Scotland
David Harvie	Crown Office and Procurator Fiscal Service
Robbie Pearson	Healthcare Improvement Scotland
Jane Grant	NHS GG&C
Cathie Curran	NHS Forth Valley
David Williams	IA Chief Officers Group
Shiona Strachan	Clackmannanshire & Stirling IJB
Sally Loudon	COSLA
Joyce White	SOLACE
Andrew Scott	Scottish Government
Neil Rennick	Scottish Government
Gillian Russell	Scottish Government

**NHS24 / Police Scotland / Scottish Ambulance Service Collaboration Project****IMPROVING THE MANAGEMENT OF, AND RESPONSE TO, MENTAL HEALTH  
CRISIS AND DISTRESS FOR THOSE PRESENTING TO  
SCOTTISH AMBULANCE SERVICE & POLICE SCOTLAND****What are we trying to accomplish?**

To support the realisation of Action 15 – Mental Health Strategy (Scotland) 2017-2027, this project (test of change) will improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being who are being supported by Police Scotland and/or the Scottish Ambulance Service.

This initial (draft) proposal has been shared with senior colleagues across all three partner agencies. To date we have received a positive response to the overarching principles of the First Response Test of Change concept, which is aligned to:

Integration with strategic priorities across all service providers.

Integration and facilitation of a joint co-productive / collaborative approach to future service development and delivery.

The project will initially be implemented across a specified geographical area, and delivered within a "test and learn" environment.

**The project aim is:**

**To improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being presenting to Police Scotland and / or Scottish Ambulance Service. By increasing access for Police Scotland and Scottish Ambulance Control Room and Frontline Staff to designated mental health professionals within NHS 24, working closely with locality based care and support services, to provide an appropriate and enhanced mental health triage and assessment of need service.**

**The project will also aim to (1) Reduce deployment of frontline Police Scotland and Scottish Ambulance Service staff to manage patients in mental distress/ suffering from poor mental health or mental well-being, and (2) Reduce demand placed on locality based Emergency services to manage individuals in mental health crisis / mental distress.**

The current service provision for patients who contact Police Scotland / Scottish Ambulance Service requiring mental health care and support is described in Appendix 1.

Significant analysis of the demand placed on NHS 24, Scottish Ambulance Service, Police Scotland and NHS Emergency Departments to manage the mental health and

well-being of the population has been gathered and this will be used to determine outcome measures and key performance indicators for the test of change. Key findings from this work have identified:

People with a Mental Health Problem are three times more likely than the general population to attend the Emergency Department.

The peak presentation time to the Emergency Department is after 11pm, and this patient group are five times more likely to be admitted in the out of hours period. Frequent callers to emergency services are more likely to be already known and supported by locality based mental health services.

The benefits of an improved care pathway (Appendix 2) for individuals contacting in mental distress / with poor mental health are:

The ability to provide the level of support required to reduce distress and safely manage the needs of the individual effectively either via telephone support or ongoing referral to appropriate locality based services.

Reduction in the need for people to be transferred by / to emergency services.  
Reduction in unnecessary demand being placed on Emergency Departments

Project (service) outcomes will be reviewed and reported on monthly, and project activities will be coordinated to ensure that changes tested and implemented successfully within the "test and learn" environment are, if appropriate and feasible, spread across the wider service.

### **How will we know that a change is an improvement?**

A framework of evaluation will be developed in consultation with all partners, including the locality based integrated joint board supporting the "test and learn" phase. This framework will include both quantitative and qualitative measures. Qualitative data will also be used, to gain insights and feedback from individuals utilising the service, staff, partners and wider stakeholders.

### **Qualitative Outcome measures – across the triumvirate model**

Individual experience in relation to outcomes, satisfaction levels, and any follow up action

Partner experience in relation to appropriateness of contacts received, and any follow up/re-triage required at a local level

Staff experience – NHS 24 / Police Scotland / Scottish Ambulance Service

### **Quantitative Outcome measures – across the triumvirate model**

Number of mental health calls managed within the test & learn environment.

Number of mental health calls resulting in a final disposition of self care and our web based content

Numbers of mental health calls across the range of possible outcomes

Reduction in demand to emergency services including ED attendance

Number of contacts signposted to community based services

The project team have had the opportunity to liaise with other service providers who have implemented a first response service to manage the mental health needs of the population they serve. This service model incorporates mental health professionals working across a number of service areas, including Police Control Centres.

Data from Cambridgeshire and Peterborough Crisis Care Concordant (comparing 6 months pre intervention, 8 months post intervention) showed:

- ED attendance for any "mental health" need – down 25%
- Admission to Acute Trust for MH patients from ED – down 19%
- Mental Health Ambulance Conveyances – down 26%
- 111 Calls and OOH GP appointments – down 45% and 39%

### **What changes can we make that will result in improvement?**

The timetable below highlights the key milestones of the initial test of change proposal:

<b>TIMESCALE</b>	<b>OUTCOME</b>
To Month 3	Briefing Paper re ToC to sponsor Identification of ToC Geographical Area Establish Programme Board / Governance and Assurance Structure. Recruitment of Frontline Mental Health Professionals Recruitment of project staff Establish Shared Outcome Measures across all partner agencies. Planning and preparation; Process, Operations, Technology and Information
Month 3 – Month 6	Training and Locality Pathway Development. Phase One of Implementation of TOC.
Month 6 – Month 9	Evaluation of Phase One Implementation. Phase 2 / Whole System Implementation.
Month 9 – Month 12	Project Evaluation. Development Proposal for further / future upscaling of model – national learning and implementation plan



## **Project Team**

The Project Team will comprise of three distinct groupings, all of which will be aligned to the current Service Transformation Plans in place across NHS 24 / Police Scotland and the Scottish Ambulance Service:

### **Programme Board (Quarterly Meetings)**

Programme Lead(s) – PS / SAS / NHS24  
Communication and Engagement Lead  
Evaluation Lead  
Locality Representative(s)  
Project Manager (NHS 24)  
Executive Leadership Representation from PS / NHS24 / SAS  
Executive Sponsor : Scottish Government Mental Health Division

### **Implementation Group (Monthly Meetings)**

Programme Leads  
Project Manager  
Data Analyst  
Locality Representatives – including service users.  
Frontline Police Scotland & Scottish Ambulance Service Representatives  
Communication and Engagement Lead

### **Project (Service) Delivery Team (Daily / Weekly Meetings)**

Project Manager  
Communication & Engagement  
Team Leader(s)  
Mental Health Support Workers  
Mental Health Advisors  
Mental Health Specialist Practitioners  
Learning & Development Advisor

## **Financial Implications**

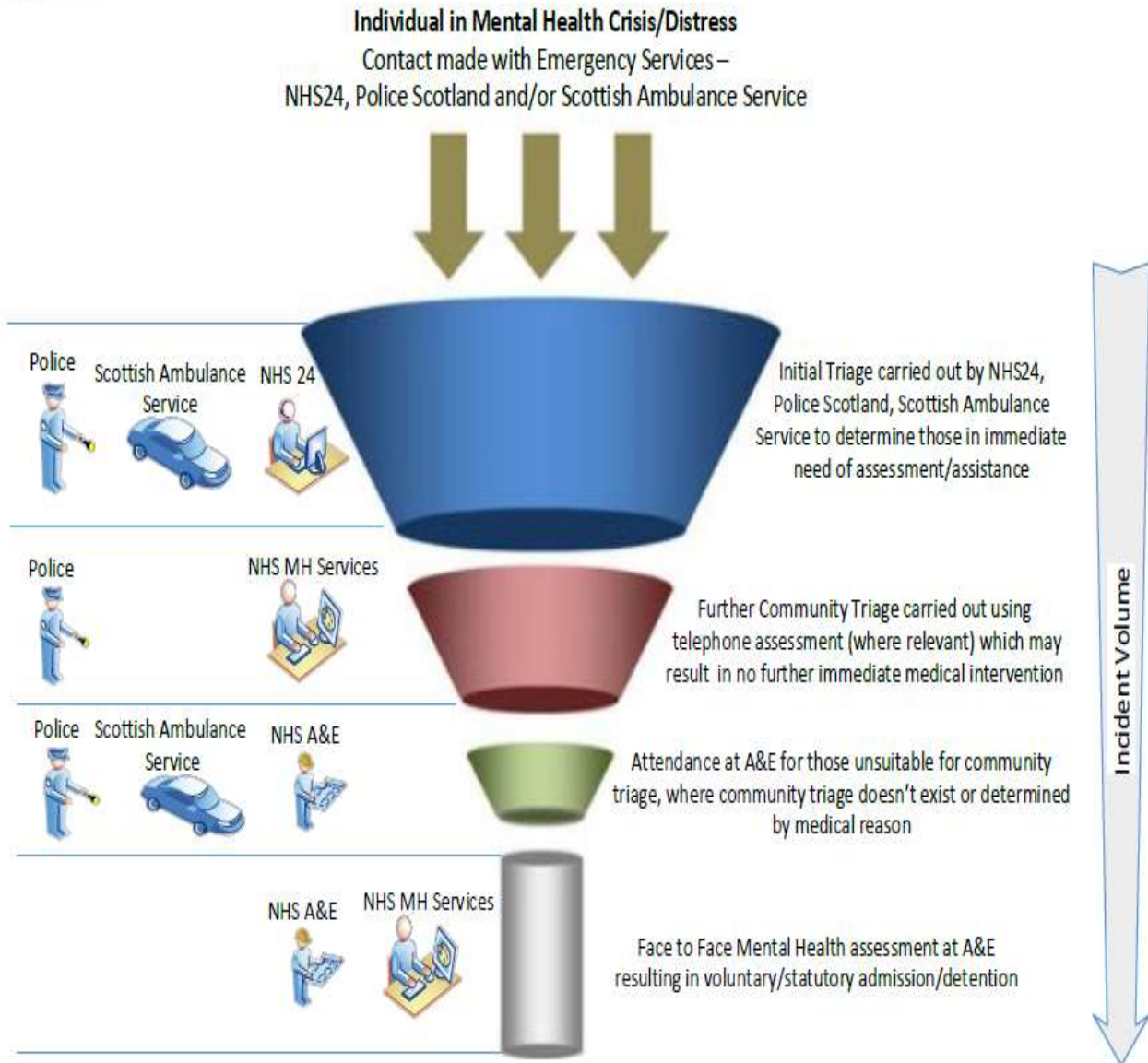
The final budget required to deliver this proposed test of change model is dependant on the needs and demand of the agreed geographical area where the pilot will be implemented. The table below details a workable draft budget, with reference given to particular roles and responsibilities required to ensure a smooth delivery of the project across all three partner areas. Several of these roles will straddle across all three components of the project.

Details	Amount
<p>Infrastructure, Development &amp; Implementation of Model</p> <ul style="list-style-type: none"> <li>- Senior Programme Leadership</li> <li>- Communication and Engagement</li> <li>- Learning &amp; Education</li> <li>- Technology / Systems Upgrade</li> </ul>	£117,144
<p>Service Delivery Staffing</p> <ul style="list-style-type: none"> <li>- Mental Health Clinical Service Manager (1xWTE Band 8a)</li> <li>- Mental Health Team Leaders (2x WTE Band 7)</li> <li>- Mental Health Call Operators (5x WTE Band 3)</li> <li>- Mental Health and Well-being Advisors (4x WTE Band 4)</li> <li>- Mental Health Specialist Practitioner (4x WTE Band 6)</li> </ul> <p>*** This would ensure at least 16 new Mental Health Professionals being recruited to support direct patient care***</p>	£669,288
<p>Evaluation and Programme Management</p> <p>Project Administrator Data Analyst / Researcher</p>	£81,582

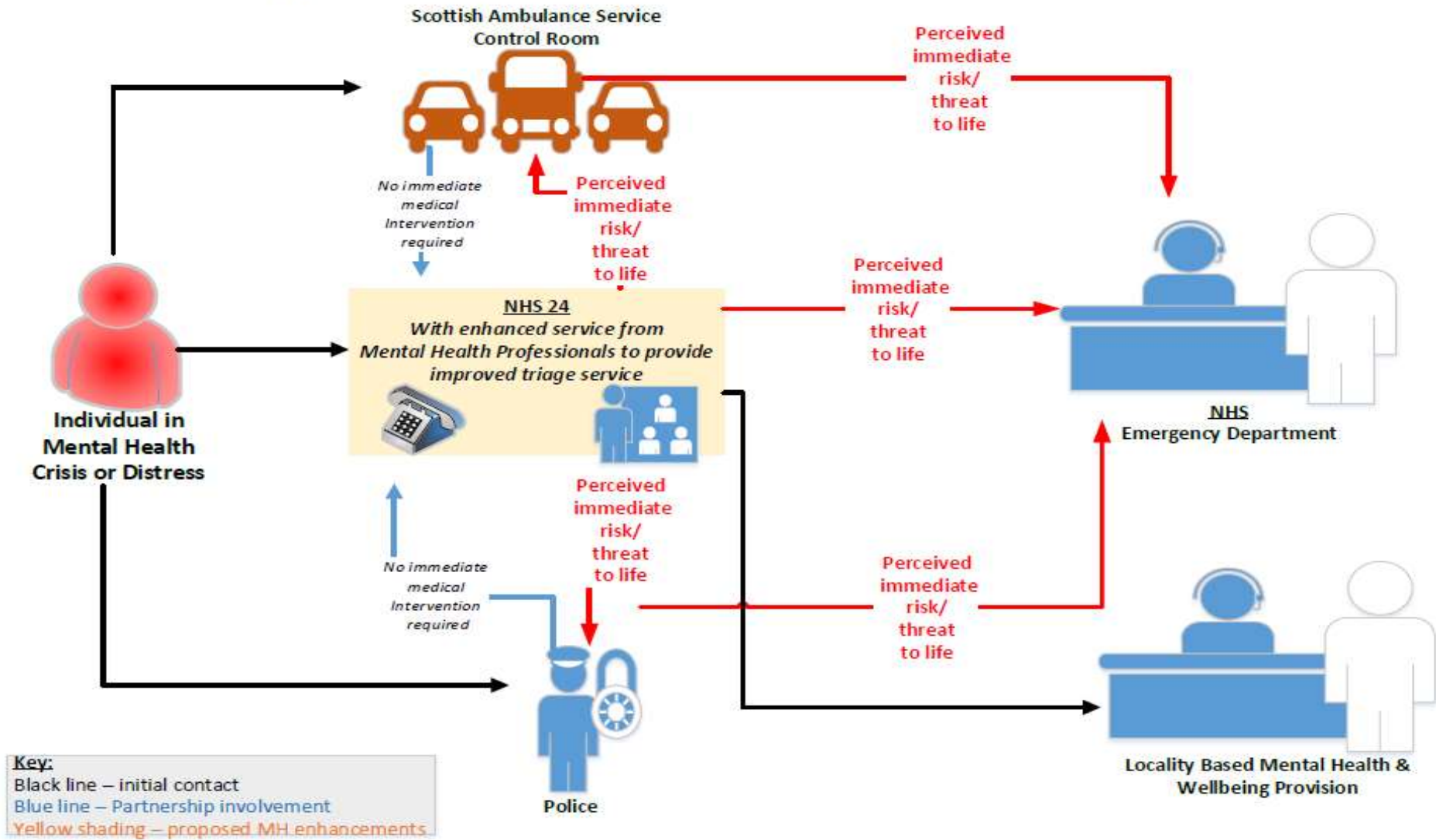
The proposed draft budget for year 1 would be **£868,014**.

# Appendix 1: Current Service provision

## Appendix 1



## Appendix 2 – Proposed Enhanced Mental Health Pathways First Response



**Breakdown of funding**

**Please note** - these figures are only provided as a guide using the NRAC formula calculator for 2018/19. <sup>2</sup> The formula changes only very slightly each year therefore it is not possible to provide an exact figure over the next 4 years.

<b>Allocations by Territorial Board – 2018/2019</b>		
<b>£11 Million</b>		
<b>NHS Board</b>	<b>Target Share</b>	<b>NRAC Share</b>
NHS Ayrshire and Arran	7.409%	£815,006
NHS Borders	2.104%	£231,456
NHS Dumfries and Galloway	2.979%	£327,738
NHS Fife	6.806%	£748,636
NHS Forth Valley	5.419%	£596,129
NHS Grampian	9.873%	£1,085,983
NHS Greater Glasgow & Clyde	22.337%	£2,457,118
NHS Highland	6.442%	£708,660
NHS Lanarkshire	12.348%	£1,358,226
NHS Lothian	14.804%	£1,628,474
NHS Orkney	0.483%	£53,077
NHS Shetland	0.490%	£53,907
NHS Tayside	7.848%	£863,306
NHS Western Isles	0.657%	£72,285

<b>Breakdown of estimated allocation per IJB - 2018/2019</b>					
<b>£11 Million</b>					
<b>NHS Board</b>	<b>NRAC Share %</b>	<b>NRAC Share £</b>	<b>HSCP Name</b>	<b>HSCP NRAC Share %</b>	<b>NRAC Share £</b>
Ayrshire & Arran	7.41%	815,006	East Ayrshire	2.43%	£267,351
			North Ayrshire	2.72%	£299,538
			South Ayrshire	2.26%	£248,118
Borders	2.10%	231,456	Scottish Borders	2.10%	£231,456
Dumfries & Galloway	2.98%	327,738	Dumfries and Galloway	2.98%	£327,738
Fife	6.81%	748,636	Fife	6.81%	£748,636
Forth Valley	5.42%	596,129	Clackmannanshire and Stirling	2.55%	£280,549
			Falkirk	2.87%	£315,580
Grampian	9.87%	1,085,983	Aberdeen City	3.92%	£431,203

<sup>2</sup> As per the footnote on page 5, Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

			Aberdeenshire	4.23%	£465,384
			Moray	1.72%	£189,396
Greater Glasgow & Clyde	22.34%	2,457,118	East Dunbartonshire	1.82%	£199,776
			East Renfrewshire	1.56%	£171,667
			Glasgow City	12.09%	£1,329,497
			Inverclyde	1.65%	£181,485
			Renfrewshire	3.40%	£373,503
			West Dunbartonshire	1.83%	£201,190
Highland	6.44%	708,660	Argyll and Bute	1.85%	£203,883
			Highland	4.59%	£504,777
Lanarkshire	12.35%	1,358,226	North Lanarkshire	6.43%	£706,750
			South Lanarkshire	5.92%	£651,476
Lothian	14.80%	1,628,474	East Lothian	1.83%	£201,801
			Edinburgh	8.32%	£915,205
			Midlothian	1.57%	£173,170
			West Lothian	3.08%	£338,298
Orkney	0.48%	53,077	Orkney Islands	0.48%	£53,077
Shetland	0.49%	53,907	Shetland Islands	0.49%	£53,907
Tayside	7.85%	863,306	Angus	2.15%	£237,042
			Dundee City	2.96%	£325,907
			Perth and Kinross	2.73%	£300,357
Western Isles	0.66%	72,285	Eilean Siar (Western Isles)	0.66%	£72,285

<b>Allocations by Territorial Board – 2019/2020</b>		
<b>£17 million</b>		
<b>NHS Board</b>	<b>Target Share</b>	<b>NRAC Share</b>
NHS Ayrshire and Arran	7.409%	£1,259,555
NHS Borders	2.104%	£357,705
NHS Dumfries and Galloway	2.979%	£506,503
NHS Fife	6.806%	£1,156,983
NHS Forth Valley	5.419%	£921,290
NHS Grampian	9.873%	£1,678,337
NHS Greater Glasgow & Clyde	22.337%	£3,797,365
NHS Highland	6.442%	£1,095,201
NHS Lanarkshire	12.348%	£2,099,076
NHS Lothian	14.804%	£2,516,732
NHS Orkney	0.483%	£82,029
NHS Shetland	0.490%	£83,311
NHS Tayside	7.848%	£1,334,200
NHS Western Isles	0.657%	£111,713

**Breakdown of estimated allocation per IJB - 2019/2020**

**17 Million**

<b>NHS Board</b>	<b>NRAC Share %</b>	<b>NRAC Share £</b>	<b>HSCP Name</b>	<b>HSCP NRAC Share %</b>	<b>NRAC Share £</b>
Ayrshire & Arran	7.41%	1,259,555	East Ayrshire	2.43%	£413,178
			North Ayrshire	2.72%	£462,922
			South Ayrshire	2.26%	£383,455
Borders	2.10%	357,705	Scottish Borders	2.10%	£357,705
Dumfries & Galloway	2.98%	506,503	Dumfries and Galloway	2.98%	£506,503
Fife	6.81%	1,156,983	Fife	6.81%	£1,156,983
Forth Valley	5.42%	921,290	Clackmannanshire and Stirling	2.55%	£433,575
			Falkirk	2.87%	£487,715
Grampian	9.87%	1,678,337	Aberdeen City	3.92%	£666,404
			Aberdeenshire	4.23%	£719,229
			Moray	1.72%	£292,703
Greater Glasgow & Clyde	22.34%	3,797,365	East Dunbartonshire	1.82%	£308,745
			East Renfrewshire	1.56%	£265,303
			Glasgow City	12.09%	£2,054,677
			Inverclyde	1.65%	£280,477
			Renfrewshire	3.40%	£577,233
			West Dunbartonshire	1.83%	£310,930
Highland	6.44%	1,095,201	Argyll and Bute	1.85%	£315,091
			Highland	4.59%	£780,110
Lanarkshire	12.35%	2,099,076	North Lanarkshire	6.43%	£1,092,250
			South Lanarkshire	5.92%	£1,006,826
Lothian	14.80%	2,516,732	East Lothian	1.83%	£311,875
			Edinburgh	8.32%	£1,414,407
			Midlothian	1.57%	£267,626
			West Lothian	3.08%	£522,823
Orkney	0.48%	82,029	Orkney Islands	0.48%	£82,029
Shetland	0.49%	83,311	Shetland Islands	0.49%	£83,311
Tayside	7.85%	1,334,200	Angus	2.15%	£366,337
			Dundee City	2.96%	£503,674
			Perth and Kinross	2.73%	£464,188
Western Isles	0.66%	111,713	Eilean Siar (Western Isles)	0.66%	£111,713

**Allocations by Territorial Board – 2020/2021**

**£24 million**

<b>NHS Board</b>	<b>Target Share</b>	<b>NRAC Share</b>
NHS Ayrshire and Arran	7.409%	£1,778,196
NHS Borders	2.104%	£504,995

NHS Dumfries and Galloway	2.979%	£715,064
NHS Fife	6.806%	£1,633,388
NHS Forth Valley	5.419%	£1,300,645
NHS Grampian	9.873%	£2,369,417
NHS Greater Glasgow & Clyde	22.337%	£5,360,986
NHS Highland	6.442%	£1,546,166
NHS Lanarkshire	12.348%	£2,963,402
NHS Lothian	14.804%	£3,553,033
NHS Orkney	0.483%	£115,805
NHS Shetland	0.490%	£117,615
NHS Tayside	7.848%	£1,883,576
NHS Western Isles	0.657%	£157,712

**Breakdown of estimated allocation per IJB - 2020/2021**

**24 Million**

NHS Board	NRAC Share %	NRAC Share £	HSCP Name	HSCP NRAC Share %	NRAC Share £
Ayrshire & Arran	7.41%	1,778,196	East Ayrshire	2.43%	£583,310
			North Ayrshire	2.72%	£653,537
			South Ayrshire	2.26%	£541,348
Borders	2.10%	504,995	Scottish Borders	2.10%	£504,995
Dumfries & Galloway	2.98%	715,064	Dumfries and Galloway	2.98%	£715,064
Fife	6.81%	1,633,388	Fife	6.81%	£1,633,388
Forth Valley	5.42%	1,300,645	Clackmannanshire and Stirling	2.55%	£612,106
			Falkirk	2.87%	£688,539
Grampian	9.87%	2,369,417	Aberdeen City	3.92%	£940,806
			Aberdeenshire	4.23%	£1,015,383
			Moray	1.72%	£413,228
Greater Glasgow & Clyde	22.34%	5,360,986	East Dunbartonshire	1.82%	£435,875
			East Renfrewshire	1.56%	£374,545
			Glasgow City	12.09%	£2,900,720
			Inverclyde	1.65%	£395,968
			Renfrewshire	3.40%	£814,917
			West Dunbartonshire	1.83%	£438,960
Highland	6.44%	1,546,166	Argyll and Bute	1.85%	£444,835
			Highland	4.59%	£1,101,332
Lanarkshire	12.35%	2,963,402	North Lanarkshire	6.43%	£1,542,000
			South Lanarkshire	5.92%	£1,421,401
Lothian	14.80%	3,553,033	East Lothian	1.83%	£440,294
			Edinburgh	8.32%	£1,996,810
			Midlothian	1.57%	£377,825
			West Lothian	3.08%	£738,104



Orkney	0.48%	115,805	Orkney Islands	0.48%	£115,805
Shetland	0.49%	117,615	Shetland Islands	0.49%	£117,615
Tayside	7.85%	1,883,576	Angus	2.15%	£517,182
			Dundee City	2.96%	£711,069
			Perth and Kinross	2.73%	£655,325
Western Isles	0.66%	157,712	Eilean Siar (Western Isles)	0.66%	£157,712

<b>Allocations by Territorial Board – 2021/2022</b>		
<b>£32 million</b>		
<b>NHS Board</b>	<b>Target Share</b>	<b>NRAC Share</b>
NHS Ayrshire and Arran	7.409%	£2,370,927
NHS Borders	2.104%	£673,327
NHS Dumfries and Galloway	2.979%	£953,418
NHS Fife	6.806%	£2,177,851
NHS Forth Valley	5.419%	£1,734,193
NHS Grampian	9.873%	£3,159,222
NHS Greater Glasgow & Clyde	22.337%	£7,147,981
NHS Highland	6.442%	£2,061,555
NHS Lanarkshire	12.348%	£3,951,202
NHS Lothian	14.804%	£4,737,378
NHS Orkney	0.483%	£154,407
NHS Shetland	0.490%	£156,821
NHS Tayside	7.848%	£2,511,435
NHS Western Isles	0.657%	£210,283

<b>Breakdown of estimated allocation per IJB - 2021/2022</b>					
<b>£32 Million</b>					
<b>NHS Board</b>	<b>NRAC Share %</b>	<b>NRAC Share £</b>	<b>HSCP Name</b>	<b>HSCP NRAC Share %</b>	<b>NRAC Share £</b>
Ayrshire & Arran	7.41%	2,370,927	East Ayrshire	2.43%	£777,747
			North Ayrshire	2.72%	£871,383
			South Ayrshire	2.26%	£721,797
Borders	2.10%	673,327	Scottish Borders	2.10%	£673,327
Dumfries & Galloway	2.98%	953,418	Dumfries and Galloway	2.98%	£953,418
Fife	6.81%	2,177,851	Fife	6.81%	£2,177,851
Forth Valley	5.42%	1,734,193	Clackmannanshire and Stirling	2.55%	£816,141
			Falkirk	2.87%	£918,051
Grampian	9.87%	3,159,222	Aberdeen City	3.92%	£1,254,408
			Aberdeenshire	4.23%	£1,353,844
			Moray	1.72%	£550,970
Greater Glasgow &	22.34%	7,147,981	East Dunbartonshire	1.82%	£581,167

Clyde					
			East Renfrewshire	1.56%	£499,394
			Glasgow City	12.09%	£3,867,627
			Inverclyde	1.65%	£527,957
			Renfrewshire	3.40%	£1,086,555
			West Dunbartonshire	1.83%	£585,280
Highland	6.44%	2,061,555	Argyll and Bute	1.85%	£593,113
			Highland	4.59%	£1,468,442
Lanarkshire	12.35%	3,951,202	North Lanarkshire	6.43%	£2,056,001
			South Lanarkshire	5.92%	£1,895,202
Lothian	14.80%	4,737,378	East Lothian	1.83%	£587,059
			Edinburgh	8.32%	£2,662,414
			Midlothian	1.57%	£503,767
			West Lothian	3.08%	£984,138
Orkney	0.48%	154,407	Orkney Islands	0.48%	£154,407
Shetland	0.49%	156,821	Shetland Islands	0.49%	£156,821
Tayside	7.85%	2,511,435	Angus	2.15%	£689,576
			Dundee City	2.96%	£948,093
			Perth and Kinross	2.73%	£873,766
Western Isles	0.66%	210,283	Eilean Siar (Western Isles)	0.63%	£210,283

**ACTION 15 - OUTLINE 2018-19 INTEGRATION AUTHORITY FINANCIAL REPORTING TEMPLATE, DUE FOR RETURN BY SEPTEMBER 2018**

**IA area**

**Summary of agreed spending breakdown for 2018-19 with anticipated monthly phasing**

**Actual spending to date against profile, by month**

**Remaining spend to end 2018-19, by month**

**Projected under/ over spend by end 2018-19**

**Is it expected that the full second tranche will be required in 2018-19?**

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