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Item No: 10

Meeting Date: Wednesday 29th June 2022

**Glasgow City
Integration Joint Board**

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**Mental Health and Wellbeing in Primary Care Services ('Wellbeing Hubs')
2022 / 23 Work Plan and spend for Phase one**

Purpose of Report:

To describe and seek approval for the Mental Health and Wellbeing in Primary Care (MHWPC) Hubs' 2022/23 Phase 1 work plan and spend and onward submission to the Scottish Government.

Background/Engagement:

The Scottish Government published a report in January 2020 which set out a number of principles by which Mental Health Services in Primary Care and Community Care should be delivered. Funding was subsequently to be made available through the Mental Health Recovery and Renewal fund. The Scottish Government then wrote asking Integration Joint Boards in February 2022 to confirm projected funding required to develop these Mental Health and Wellbeing in Primary Care Services.

Glasgow City HSCP proposals set out a phased approach to establishing and scaling the new mental health in primary care wellbeing service, or 'Wellbeing Hubs'.

A Steering Group has been established, jointly chaired by a Head of Adult Mental Health Services and the Head of Health Improvement. Membership includes representation from general practice and the Glasgow Centre for Population Health.

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	Co-production with people who could benefit from the support these services will provide is built into the processes that will inform the planning, design, delivery and learning / continuous improvement.
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Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☒ • <i>As part of an update on the Mental Health Recovery and Renewal Fund</i> • <i>A dedicated paper collating the board-wide approach to developing MHWPC services is to follow June/July</i> Council Committee ☐ Update requested by IJB ☐ Other ☒ • <i>Chief Officers group</i> • <i>Flourish Glasgow Partnership</i> Not Applicable ☐
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Recommendations:	The Integration Joint Board is asked to: a) Note the submission to Scottish Government required on 31st May 2022 on our initial plans and direct any subsequent changes required and; b) Approve commencement of Phase 1 expenditure in 2022-23 of £127,700.
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Relevance to Integration Joint Board Strategic Plan:

Implementation of the proposed model will support the IJB's key priority of prevention, early intervention and harm reduction.
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Implications for Health and Social Care Partnership:	
Reference to National Health & Wellbeing Outcome(s):	The outcomes most relevant to these mental health and wellbeing in primary care services are: 1 "People are able to look after and improve their own health and wellbeing and live in good health for longer." These services will place significant emphasis on prevention and early intervention. 5 "Health and social care services contribute to reducing health inequalities." Of the three pilot projects set in GP

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	clusters, one will be set in an area of high deprivation and another is to be set in an area of high ethnic diversity, aiming to identify and address the issues encountered by these populations. 9 "Resources are used effectively and efficiently in the provision of health and social care services." Economies of scale will be a key consideration when developing these services in terms of creating dedicated roles within primary care and / or developing pathways into secondary care, the 3rd sector and commissioned services.
Personnel:	Staff partners will be involved in shaping the new Wellbeing Hub model and workforce developments. Additional staff will be recruited subject to approval.
Carers:	Carers resident in Phase 1 Wellbeing Hub areas will have access to mental health and wellbeing support / treatment and advice in primary care.
Provider Organisations:	There are potential impacts on four provider organisations: • Community link workers x 2 • Community stress services • Compassionate Distress Response Service
Equalities:	The proposals for MHWPC services in Glasgow City demonstrate an equalities sensitive approach explicitly in terms of ethnicity and deprivation. Developing a formal EQIA forms part of the development of the model itself, building on synthesis of learning from the city plus engagement with communities and services around how to optimize equitable, high quality access, experience and benefit from services. This will be a more dynamic process, being reviewed and updated as future Wellbeing Hub phases are developed, with learning rolled into design and delivery.
Fairer Scotland Compliance:	The hub development will consider socio-economic difference and learn from existing Welfare Advice in Health Partnership (WAHP) welfare advice provision in General Practice in Glasgow.
Financial:	The Scottish Government has announced national funding for this work which will potentially double year on year from 2022/23 to 2024/25 but allocations will be subject to Scottish government approval of planning submissions. Expenditure in 2022-23 will be capped at £127,700 and funded from the 2021-22 allocation earmarked with the

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	balance funded from Adult Services budgets until further funding is confirmed by the Scottish Government.
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Legal:	None
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Economic Impact:	There is potential for positive impact on the economy through the holistic approach to dealing with physical and mental health alongside the social determinants of poor health reducing, in particular, anxiety, stress and depression related absence.
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	Key risks will include: • capacity supply (for HSCP and third sector staff) • availability of suitable accommodation for community delivery in specific areas • capacity of the system to support change • capacity of Wellbeing Hubs to accommodate demand • scalability, in the longer term
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Implications for Glasgow City Council:	The Wellbeing Hubs offer well-being benefits for GCC and other community planning partners.
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Implications for NHS Greater Glasgow & Clyde:	The Wellbeing Hubs will contribute to strategic aims of NHSGGC's Moving Forward Together, Mental Health Strategy and Glasgow City's Primary Care Improvement Plans.
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☐
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☒
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

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1. Purpose

- 1.1. To describe and seek approval for the work plan and spend associated with the Mental Health and Wellbeing in Primary Care (MHWPC) Hubs (Well-being Hubs) 2022/23 Phase 1.

2. Background

- 2.1 The Scottish Government published the ***Report of the Short Life Working Group for Mental Health in Primary Care*** in January 2020. The report set out a number of principles by which Mental Health and Well-being Services in Primary Care and the wider community should be delivered, and made a number of recommendations to progress the work.
- 2.2 The principles to underpin Mental Health service delivery in Primary Care included:
 - There should be no wrong door for individuals presenting in distress or with mental health needs, and staff and services should be trauma informed
 - Services should be available for all ages and meet the needs of all communities, mindful of equalities
 - Self-directed support should be available, including digital support where appropriate and communities should have direct access as well as through primary care
 - Support should be available locally, organised around groups of GP practices where possible, and onwards referrals to specialist Mental Health services should be seamless
 - Services will provide assessment and support to the individual to access appropriate levels of advice, community engagement, treatment or care. This should include access to evidence-based Psychological Therapies, with access to more intensive therapies where need is identified
 - All GP Practice's must have access to a Community Link Worker.
- 2.3 The report identified the criticality of addressing stress and distress, emotional and relational difficulties, anxiety and depression and wellbeing. This recognised the need to consider a wide range of community assets as critical to service response, such as social care, third sector organisations, education, community groups and leisure opportunities.
- 2.4 Recommendations from the Short Life Working Group focused on the establishment of Multi-Disciplinary Teams across GP practices to provide assessment, advice, support and some level of treatment for people who have mental health, distress or wellbeing problems.
- 2.5 Scottish Government then issued ***Planning Guidance for Mental Health and Wellbeing in Primary Care Services*** to HSCPs in December 2021, to support the planning and implementation of the model.

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- 2.6 Planning guidance recommends that the Mental Health and Wellbeing Primary Care (MHWPC) Service could include, as part of the Multi-Disciplinary Teams: Occupational Therapists, Mental Health Nurses, Psychologists, Enhanced Practitioners, Peer Support Workers as well as others such as those providing financial advice, exercise coaches, family support networks.
- 2.7 Scottish Government wrote to Integration Joint Boards in February 2022 to confirm projected funding to develop Mental Health and Wellbeing in Primary Care Services. Investment in Scotland is expected to reach £40M per year by 2024-25, subject to the approval of future Scottish budgets, with the final year's indicative budget not yet advised. Indicative funding via Mental Health Recovery and Renewal is shown below. Final allocations will be subject to Scottish Government approval of planning submissions.

Table 1: Indicative allocation for Glasgow City Health and Social Care Partnership:

Year	GCHSCP £m
2021/22	£0.122m *
2022/23	£1.147m
2023/24	£2.291m
2024/25	£4.621m
2025/26	TBC

*confirmation that 2021/22 allocation can be carried forward into the current financial year

3. Current Context

- 3.1 The **Planning Guidance** directed Integration Authorities to establish Local Planning groups to develop implementation plans, monitor and evaluate services, and engage with communities. The report details the membership to include, at a minimum, GP sub-committees, HSCP's, Mental Health Service Leads, Heads of Psychology, Nursing, Primary Care Improvement Plan, Third Sector, Experts by Experience, Primary Care Out of Hour's, GPs, Community Planning Partnerships, Advanced Health Practitioners and Local Authority representation.
- 3.2 Glasgow City HSCP established a MHWPC Steering Group in 2021, jointly chaired by a Head of Adult Service and the Head of Health Improvement and Equalities, and membership has been updated to reflect the requirements outlined above. The Steering group have met regularly and are progressing needs assessment, community consultation and engagement, and scenario planning/pathways workshops as a starting point to develop the MHWPC Hubs.
- 3.3 Early work has focused on the principles and early engagement and planning required during 2022/23. At the Staff Partnership Forum on 30th May'22 it was agreed that a staff side representative joins the steering group in recognition that the Well-being hub model, as it develops, could have implications for

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existing mental health, primary care and/or health improvement staff. Models will be developed in full partnership with staff side representatives.

- 3.4 MHWPC Hubs will initially be developed in three GP Cluster areas in the first phase, with an ambition to respond to the diverse community needs in each of the localities. This will provide an opportunity to test different staffing and service models and develop pathways to secondary mental health services.
- 3.5 Appendix 1 sets out the summary workplan submitted to the Scottish Government. Proposed spend will inform the Phase 1 model, to be developed in-year using learning from planning activities, with an accompanying Phase 1 staffing and further set of costings.

4. Glasgow's Well-being Hubs 2022/23 (further information in Appendix 1).

4.1 The Glasgow Wellbeing Hubs aim to:

- Improve access (journeys into and through) to mental health and wellbeing support
- Improve primary care and mental health system capacity
- Deliver integrated responses to promote good mental health

4.2 Year one will focus on three 'clusters' covering 23 General Practices (102,451 patients), one in each HSCP locality;

- North West : Dumbarton Road Corridor
- North East : Springburn
- South: Govanhill/East Pollokshields

4.3 Areas were selected on the basis of population profiles (SIMD and protected characteristics), population densities including clusters of Deep End practices, and have varied local partnerships and infrastructure in place.

4.4 The phased introduction of the hubs is intended to support nuances in the design and delivery of local services and the phased introduction of new NHS posts, to manage staff movement from existing services.

4.5 Initially the hubs will open to:

- Adults (including older adults, and parents) registered with Phase 1 cluster practices
- who are experiencing problems with their mental wellbeing who attend GPs for help but do not present with symptoms for direct referral to secondary care MH services and would most often be managed within primary care, and/or
- with chronic mental health and wellbeing concerns (including distress) which frequently present in the context of multiple adversities (including social adversity and historical trauma) and who often need longer term input.

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- 4.6 For the purposes of this very initial phase we are defining adults as those 16 years of age and over. Also, initially the hubs will be accessed through referral from the participating practices. The intention is to move towards all age open access as quickly as possible, as we are able to build credible and timely responses to demand.
- 4.7 Stakeholder and community engagement in the resultant service models will provide an opportunity to test different staffing and delivery scenarios and develop pathways to secondary mental health services. These models will be developed in partnership with staff side representatives.
- 4.8 Further recruitment to establish the Well-being Hubs will be required, reflecting the Multi-Disciplinary and agency teams as set out in the guidance.

5. Financial Implications

- 5.1 The table below details the proposed cost for phase one of this programme. This will be funded from the £122,000 received to support the planning of these HUBS, with the balance of £5,700 funded from Adult Services budgets.

Proposal	22/23 Phase 1 Capped	22/23 Phase 1 Remaining Balance	22/23 Total	23/24 Full Year
Planning and Design				
3 Band 7 Team Leads	86,900		86,900	201,800
1 Band 6 Data Analyst	23,400		23,400	56,500
1 Band 4 Admin Officer	17,400		17,400	35,800
2 Band 4 Admin Officer			0	71,600
1 Grade 6 Communication Officer		55,158	55,158	56,500
Administration		34,791	34,791	35,800
Equipment		15,000	15,000	10,000
Phase 1 HUBS				
High Level Estimate		352,300	247,351	547,000
Total	£127,700	£352,300	£480,000	£1,015,000

- 5.2 It is anticipated that further funding allocations will be received in 2022-23 once the Scottish Government is in receipt of the plans attached at Appendix 1. This will be the subject of a future report to the IJB.

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6. Recommendations

6.1. The Integration Joint Board is asked to:

- a) Note the submission to Scottish Government required on 31st May 2022 on our initial plans and direct any subsequent changes required; and
- b) Approve commencement of Phase 1 expenditure in 2022-23 of £127,700.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	290622-10
2	Report Title	Mental Health and Wellbeing in Primary Care Services ('Wellbeing Hubs') 2022 / 23 Work Plan and spend for Phase one
3	Date direction issued by Integration Joint Board	29 June 2022
4	Date from which direction takes effect	29 June 2022
5	Direction to:	NHS Greater Glasgow and Clyde only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Primary care mental health and wellbeing services
8	Full text of direction	NHS Greater Glasgow and Clyde is directed to undertake the programme of work in relation to the Mental Health and Wellbeing in Primary Care Services ('Wellbeing Hubs') Phase one development, including the initial planning and design stage and the establishment of the initial Hubs, as outlined in Appendix 1 of this report.
9	Budget allocated by Integration Joint Board to carry out direction	The budget to be allocated for this Direction is £480,183 in relation to the 2022/23 part-year expenditure and £985,900 in relation to the full year projected spend for 2023/24.
10	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.
11	Date direction will be reviewed	29 June 2023

Description of the proposal and rationale

Mental health needs and responses have seen considerable prominence during the pandemic. Alongside a Board-wide COVID-19 public mental health response, Glasgow has taken forward a programme of investment to strengthen multi-agency response to mental health needs of Glasgow citizens.

More generally, there are various well-established mental health networks across Glasgow, some of which are locality based and bring together a range of local partners, statutory, voluntary and community organisations with a commitment to improving local mental health and wellbeing.

Building on work to date, Glasgow HSCP has set out a phased approach to establishing and scaling the new mental health in primary care wellbeing service, or 'Wellbeing Hubs'. This section sets out the focus for 2022/23, the long term vision and outcomes for the work, before then describing the rationale and range of planned activities.

Our focus in 2022/23 is on the first phase of the model, which will see three new Wellbeing Hubs established in three primary care cluster areas one in each of Glasgow's three localities, and initially focussing on support to adults with stress or distress alongside life / experiential stressors and with needs below secondary and specialist mental health thresholds.

Local outcomes have been defined as follows:

The Wellbeing Hubs aim to:

- Improve access (journeys into and through) to mental health and wellbeing support
- Increase primary care and mental health system capacity
- Deliver integrated responses to promote good mental health

By improving access to the right support and treatment at the right time, we will reduce existing demands on the wider system. In connecting people to the right types of community supports including self-management, we will contribute to the wider aim of fostering integrated wellbeing communities.

Rationale:

The approach takes a person-centred approach to establishing whole system input to primary and community mental health and wellbeing pathways. Its initial focus will support those whose needs are not currently well served by existing access criteria. The phased expansion in future (of patient groups and geographical areas) will allow the system to continue to develop effective responses to increases in patient volume and complexity. Planning and delivery approaches for the first phase also aim to establish scalable projects that can be replicated to support future delivery, allowing the service to continue to understand and respond to local need, always in line with design principles set out nationally.

Location:

Phase 1 areas were chosen to provide transferrable learning to future phases of implementation because of their diversity and richness across and within each site. The three clusters cover 23 practices with a combined practice list size of 102,451 patients. All

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areas are SIMD 1 or 2, include a diversity of population groups (particularly Black and Minority Ethnic populations), of population densities including clusters of Deep End practices and have varied local partnerships and infrastructure in place. Establishing the service within these communities also brings immediate additional resource to a known need.

Patient group:

- I. Adults (including older adults, and parents) registered with Phase 1 cluster practices
- II. who are experiencing problems with their mental wellbeing who attend GPs for help but do not present with symptoms for direct referral to secondary care MH services and would most often be managed within primary care. They frequently have socioeconomic factors that impact on their mental wellbeing and require support with these, alongside clinical interventions, and/or
- III. with chronic mental health and wellbeing concerns (including distress) which frequently present in the context of multiple adversities (including social adversity and historical trauma) and who often need longer term input beyond what can be provided within PCMHs and/or support outside periods of crisis.

For the purposes of this very initial phase we are defining adults as those 16 years of age and over. Also initially the hubs will be accessed through referral from the participating practices, including by GP referral. The intention is to move towards open access as quickly as possible, as we are able to build credible and timely responses to demand.

We have explicitly included parents in the above in anticipation of supporting parenting-related wellbeing issues presenting to the Wellbeing Hubs, for example where their children have mental health issues and parents are needing additional support.

A range of planning activities will be progressed in Quarters 1-3 of 2022/23 to design and establish the first phase model, which aims to be fully staffed and operational in Quarter 4 (Jan-Mar). Key activities are set out below.

Services respond to local need and demographics

National guidance recognises the new service will depend on each local area's needs. To help ensure that design and delivery is person-centred, efficient and effective, we first want to better understand the level and nature of need in Phase 1 areas.

This will be taken forward by way of a needs assessment that undertakes a quantitative analysis of the level, nature and complexity of need (e.g. local demographics, surveys, and service data, including specific learning from equality data), and a review and summary of recent Glasgow-based learning around what people need and want from services to support their mental health and wellbeing and 'what works' for equitable access (including experience and outcomes).

A project to engage with local communities will ask communities what they want and need from the new service. Broadly, this work will ask what 'good looks like', how to ensure equality and equity of access, and how this varies for different population groups. The work will consider how national principles will translate locally, and establish mechanisms for continued input into design, delivery and improvement of the Wellbeing Hubs. Both of these pieces of work will inform the equality impact assessment which will be undertaken before Phase one services begin.

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Whole system collaboration – pathways, planning and delivery

Collaborative work to support the development of the Wellbeing Hubs has been underway in the city for around 18 months, involving regular engagement with third sector and community organisations, as well as with primary care and mental health. Two areas of work will develop this further.

Whole system input to the patient pathways will take place through a series of workshops. These will consider a draft pathway, alongside patient case studies and national design principles, and identify the necessary functions, clinical and non-clinical support and interventions that the Wellbeing Hubs need to deliver; connections and collaborations across services (and options to achieve these); and patient data pathways. The interface/pathways with existing provision will also be explored. Consultation will also take place with professionals and communities around the model, developed using above activities, to allow plans to be tested and refined. This will seek input from a range of national and local services such as NHS24, Primary Care (including Out of Hours), Secondary/specialist services, social work, and third sector organisations.

Team leader recruitment

Three team leaders will be recruited to lead on local planning for each starter site. Their role will initially provide planning capacity before focussing on establishing the service in each locality area.

Defining local models

Key obligations and opportunities to achieving the vision for the Hubs will be set out to support local models to develop. These will include:

- Patient pathways (and pending national guidance on the outcomes and indicators)
- Legislative responsibilities, such as safe staffing
- Governance arrangements for the Hub multi-disciplinary teams
- Data sharing / information pathways to match the patient journey with feedback loop to GPs
- Wider city developments to support (or be supported by) the Hubs, such as the Communities Mental Health and Wellbeing Fund.

The Phase 1 model will be created on the basis of planning activities in year including staffside and trade union engagement, setting out the physical location/s of the Hubs, Hub and multidisciplinary team (MDT) make-up and functions, interface with the supporting system of services, and action to maximise equitable access. In line with the aspiration that services respond to local demographics, each Hub may differ across clusters while maintaining consistent delivery principles across each. These are anticipated to start in Quarter 3, moving to full staffing and operation in Quarter 4 of 2022/23.

Evaluation

Glasgow Centre for Population Health has been commissioned to provide evaluative and learning support to the development and delivery of the Wellbeing Hubs in near real-time, including:

- 'what works' in designing support services for those with low-to-moderate mental health needs (phase 1)
- the needs of the communities in which the Integrated Hubs will be situated
- feedback of wider analyses and findings to inform the development of the phase 1 Hubs

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(and beyond).

Wider evaluation planning is underway to map out activities to understand the process and impact of the Wellbeing Hubs, and taking account of pending national outcomes and indicators.

There is a range of mental health investment in primary care setting currently. This includes commissioned services (Lifelink, Compassionate Distress Response Service (CDRS) and Community Link Workers) and Primary Care Mental Health Teams (PCMHTs).

Lifelink provides 1:1 counselling, along with wellbeing classes, to people aged 16+ within Glasgow city. The service operates an open referral process so individuals can self-refer or be referred by GPs and other services/routes. The service is funded via Health Improvement and PCIP funding to the total value of £1.24m per annum. Lifelink has been in place for more than 25 years and is under its current contract until March 2023. The service offers short-term solution-focused counselling, working to address areas the client wishes to address. The main reasons for people's referral to the service are anxiety and depression, although many report a range of additional reasons. Service outcomes are very positive, with clinically significant improvements to CORE scores reported across the service. The service also reports high levels of self-reported improvement in client wellbeing across a range of indicators, including: reduced feelings of anxiety, isolation and exclusion; better awareness of the effects of stress on mental, emotional and physical health; improved confidence and self-esteem; and improved overall health and wellbeing. In 2020/21 the service received 6,217 referrals (down from 8,200 in 2019-20 as a result of the pandemic). Referrals in 2021/22 are back to pre-pandemic level.

As of Feb 2022 it can take up to 12 weeks to access the service. This has gone up substantially due to high demand and people requiring, on average, one extra appointment - which has a significant overall impact on available appointments. Once in the service people usually complete their counselling within an average of 2 months.

Lifelink has 26.7WTE Glasgow HSCP funded staff. The majority are counsellors with other posts providing the infrastructure and governance to deliver the service.

The **Compassionate Distress Response Service** (CDRS) provides an immediate response to alleviating acute distress, with short term follow up support. There are three components to the model:

First, the Primary Care Service, takes in-hours referrals from GPs and their Multi-Disciplinary Teams (MDTs), from 9am to 6 pm, Monday to Friday.

The Out of Hours (OOH) Service, is open to referrals from first responders (out of hours GPs, CPNs, social work services, EDs, Police, Scottish Ambulance and Mental Health Assessment Units) from 5pm to 2am, Monday to Sunday.

Third, the CDRS Young People's Service is open to referrals from anyone working with

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young people who are aged 16-24 (or 26 if care experienced), including GPs and their MDTs, First Responders, Mental Health Assessment Units, CAMHS, Sandyford Sexual Health Service, Youth Health Service, agreed contacts in secondary schools, further education and higher education institutions, Social Work Services staff and third sector organisations.

The Primary Care and Young People components provide a 24 hour response time, from point of referral. The Out of Hours (OOH) Service provides a 1 hour response time, from point of referral.

CDRS has been in place since 2020 with additions to its service components since, and is under contract until April 2023 with the option to extend for a further two years. To date a total of 5,950 referrals have been received (3,749 people to the Primary Care Service; 2003 to Out of Hours and 198 via the young people's pathway, which was established in September 2021. The first full year of CDRS operation in 2021 saw a steady increase in numbers of referrals; these appear to have plateaued in autumn 2021. Average referrals per month for primary care are 234, and 119 for Out of Hours. The young people's service is still establishing pathways with average referrals currently 34 per month. The service is being externally evaluated, with findings available this summer.

Staff are trained distress response workers from diverse professional backgrounds, working to a non-clinical, holistic, trauma-informed model.

The Compassionate Distress Response Service was in development prior to the pandemic as part of the distress collaborative and rapidly adapted and expanded to respond to rising demand. Initially open for first responders in the out of hours period, it expanded 4 months after launch to support general practice. Presentations by 16- and 17-year-olds to GPs evidenced the need for further expansion, with an enhanced pathway for 16-25 years olds coming into place from Sept 2021.

Data suggests that the service meets the needs of those presenting in reducing distress, with low levels of re-referral and escalations for clinical responses. Currently 1% of service users require re-referral for specialist mental health interventions. The external evaluation, due this summer, is expected to provide further qualitative evidence of the efficacy of the approach.

Community Link Workers (CLWs), attached to general practice, offer general social support to patients in relation to the determinants of health. CLWs work with participants to identify personal goals and to work toward these, navigate services and connect with community resources to support their health and wellbeing. Mental Health and Wellbeing is one of the reasons for referral to CLWs and also the main issue addressed with programme participants. In 20/21 4,631 people had their first appointment with the service (during this time the programme employed 43 whole time equivalent (WTE) CLWs, some for part-year). 81 of the 143 General Practices currently have access to the CLW role.

Over the past three years we have been gathering a range of data and case studies from the Community Link Worker Programme. This intelligence has improved our understanding of the support needs of patients and has enabled continued development and improvement of the CLW Programme.

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Primary Care Mental Health Teams (PCMHTs) support people with mild to moderate mental health issues. PCMHTs have been in place for over 20 years and offer individual and group psychological therapies on a time limited and structured basis, generally over 6 to 8 sessions, with a small number of therapies taking place over more (e.g. interpersonal psychotherapy recommends more than twelve). People can access PCMHTs directly or via GPs. The teams' governance is located within secondary care structures. Digital and supported self-management options are also in place, online resources and Zoom/in person group sessions

Separately, computerised Cognitive Behaviour Therapy (cCBT) is available to adults over 16 years of age with mild to moderate depression and/or anxiety on a GP referral basis. The Beating the Blues (BTB) programme consists of 8 X 50 minute sessions completed weekly on an unsupervised basis and Silver Cloud, which includes three to four reviews with the team and includes a range of programmes for people with long term conditions, and/or social and health anxiety. In addition to Beating the Blues and Silvercloud, it also offers Sleepio (for insomnia) and Daylight (for generalised anxiety) on an open access (self-referral) basis. In 2021/22 the cCBT service received 7328 referrals.

Glasgow Association for Mental Health (GAMH) are a long established, community based mental health support service. Service centres provide a range of short term, one-to-one and group supports with between 500 and 900 people and across a range settings per year. Supports are focussed on recovery, early intervention and relapse prevention. The service is funded by Glasgow City HSCP for people over the age of 16 with a mental health issue. Referral routes are via PCMHTs/GP practices.

Welfare Advice in Health Partnerships

The Welfare Advice Health Partnerships (WAHPs) programme was established in February 2022 to address growing levels of mental health concern caused by money and housing insecurity. The provision of Welfare Advice in GP practices has been found to be linked to a reduction in the number of prescriptions issued for both antidepressants and hypnotics/anxiolytics, reduced GP consultations and reductions in patient anxiety and stress. A total of 87 Glasgow practices were invited to participate in WAHP, with 84 confirming participation.

Community Mental Health and Well-being Fund (CMHWF)

In November 2021 the Scottish Government awarded £1.79m to Glasgow's Third Sector Interface (TSI) to enable grants of up to £10,000 to be made available to third sector and community bodies to support mental well-being https://www.gcvs.org.uk/wp-content/uploads/2021/11/GVCS_Wellbeing_Fund_2021-1.pdf/. The TSI worked closely with the cities Flourish Glasgow Partnership (chaired by GCHSCP) and made 308 grant awards (totalling £2.6m with supplementary investment of £0.8m). The core investment is expected in 2022/23 and potentially beyond. There is a strong collaborative approach between this and the MHWPC Hub development and a clear intention to enable these investments to progress in a complementary way with and for local communities as the hubs come into place. The key outcomes, listed by frequency, were:

- Supporting connection to others within the community (274 recipient organisations)
- Emotional resilience, strength and mindfulness (197 recipient organisations)
- Participation in learning, knowledge and skills (189 recipient organisations)
- Supporting security, trust and inclusion (168 recipient organisations)
- Building a sense of purpose and being valued through volunteering, helping others or

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paid work (142 recipient organisations)

- Enabling movement, mobility and physical activity (130 recipient organisations)
- Supporting people in distress (91 recipient organisations).

How does this provide additionality to existing mental health investment in primary care, including through action 15 and PCIF? (please be specific about how the resource will be deployed and how it adds to existing investment, including whether it introduces a new intervention)

The Wellbeing Hubs are a new, combined investment that focus on enabling simple patient pathways to effective, holistic and multi-disciplinary support to their mental health and wellbeing – and on implementing a whole system approach to achieving that. The Wellbeing Hubs will draw on existing learning across the range of existing supports and combine this with pending national and local learning to design a new model that responds to identified need, including existing gaps.

The greatest additionality is the aspiration for a one stop shop where people can seek local support with their wellbeing, talk through what they want and need, and where ownership of putting those supports in place is taken by the Wellbeing Hub team, with advice from the wider system as and if needed.

This approach, including multi-disciplinary/multi agency care and case management, reduces the risk of ineffective care, loss of patients through system churn/bounce, and of system inefficiencies (or displaced system burden) in trying to put the right supports in place. By adopting a mitigation and recovery focus, a wider range of mental health supports are envisaged to be offered, including the avoidance of medicalisation where appropriate, through for example, peer or volunteer support. Fundamentally effective support to people's mental health and wellbeing should mitigate any deterioration in the same.

In relation to the interventions offered, analyses locally suggest a gap in provision which the Hubs aim to support. While provision is in place for talking therapies in a range of methods (1-1/group/online) these are predominantly short term. People with combined mental wellbeing and circumstantial issues, who need trauma counselling and/or longer treatment and who are below CMHT thresholds are not currently well served. Similarly, not everyone will meet PCMHT suitability criteria (e.g. people currently using alcohol / drugs).

How does the proposal align with the required service delivery principles? (please be specific, what action will be taken to embed the principles)

1. All parts of the system should enable support and care that is person centred, looking to access the most appropriate information, intervention and support in partnership with the individual through shared decision making. Trauma Informed Practice will be the norm. Wherever a person is in touch with the system they will be listened to and helped to reach the most appropriate place for them - there is no wrong door.

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The patient journey into and through the Wellbeing Hubs (and design of their associated functions and connections) will be informed by the principles set out nationally and by local work. We will engage with communities around what they want from the new service and how the national and trauma informed practice principles translate to a good patient experience. We will draw on learning from 2019 Glasgow research around distress presenting to general practice and to better understand the experiences and needs of general practice in Glasgow City around trauma informed practice (TIP) and its subsequent recommendations.

Trauma informed training will be a core element of staff development and training.

2. Primary care mental health services should have no age or condition/care group boundaries, and meet the needs of all equalities groups.

The first phase of the Hubs will be for all adult/older patients registered with Phase 1 cluster practices. As recognised nationally, the model will necessarily phase rollout on the basis of patient (and system) complexity and volume.

The approach enables existing local learning to be summarised and validated by further community engagement, with dedicated work to understand the particular needs of equality groups.

Work to create the conditions for gradual and sustained MDT and wider system learning will allow a strong new service to develop. Wider planning activities (needs assessment, ongoing community engagement and collaboration) and the EQIA will allow responses to a range of needs to be put in place. Learning and continuous improvement will inform a key part of delivery.

3. Local systems will positively seek to address health inequalities, proactively engaging those that are less likely to access support.

The importance of this principle was a driving factor to the choice of Phase 1 areas, in enabling early transferrable learning around understanding and responding to local needs. The differences in populations and primary care across the three sites, our planning and early evaluation/improvement activities will support us to understand how we best design and deliver the Wellbeing Hubs in a way that achieves this principle with a range of people. The South Glasgow cluster has high levels of ethnic diversity and population density, the North East site high levels of socio-economic deprivation and ethnic diversity, and the North West a number of smaller general practices, and higher numbers of asylum seekers and refugees and younger adults.

The focus on the first group of patients, being those experiencing mental health and wellbeing issues alongside social co-morbidities, also involves dedicated action to mitigate existing inequalities and prevent them worsening.

Our work to engage with communities about what the Wellbeing Hubs should become will include dedicated attention to hearing from those who are less likely to engage with support, so that we can understand and address potential barriers and enablers to onward uptake. We will also draw on relevant local learning e.g. the Glasgow co-produced Health Inequalities Commission, 2017). We contributed to the recommendations of the Primary Care Health Inequalities Short-Life Working Group: report (March 2022) and are keen to optimise the hub design to impact on health inequity and health inequalities.

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4. Digital approaches to self and supported management of distress and mental health conditions will be an integral part of the service with the caveat that those who are digitally excluded need to be engaged positively in different ways.
We will explore the options around digital approaches to self and supported management locally, build relationships with existing programmes and understand what else needs to be put in place, recognising that a range of supports are currently in place and national resources are also pending. A number of the digital approaches are not currently in accessible formats e.g. languages other than English or adapted for those with a sensory disability etc. We are committed to supporting digital inclusive developments for all our patients. Incorporating digital approaches to self and supported management as an integral part of the Wellbeing Hubs will be informed by workshops to develop the patient pathway and may include the cCBT service, the national psychological therapies service and others.
5. Where support can be accessed to help an individual within the Primary care setting in their own local area this should be the default. If referral to specialist services is required then this should be straightforward and timely.
Support will be able to be accessed either by appointments through GP and other primary care services. An assessment of the supports people want and need will enable the majority of people to be supported within primary and community supports, and where there is a sense that referral to specialist services is necessary, for this option to be discussed with relevant secondary care clinicians and an agreed approach in place. This will maximise the simplicity and speed for patients and avoid any return to GPs for referrals.
6. People presenting in the Out of Hours period should have access to the full range of options available in hours, accepting some options may not be available immediately.
Workshops to develop patient pathways will include consideration of people presenting out of hours and work to the principle of designing pathways and functions with parity of offer of onward supports while recognising that timeframes may differ. Patient pathways and associated links with services will be developed for both out of hours and in-hours contacts with patients. We have started discussions with Glasgow's out of hour's clinical director around this and draw on the team's input as we move forward, as well from CDRS around its existing out of hours referrals. Wider work by NHS Greater Glasgow and Clyde, to explore developments to health professional-facing information resources setting out the range of available supports, will inform this.
7. The Primary Care mental health services linked to a group of practices or a locality to serve a population needs to be developed and resourced to provide appropriate levels of mental health assessment, treatment and support within that Primary care setting.
The Wellbeing Hubs will first support general practices in one primary care cluster in each city locality. This will put in place dedicated support for a group of practices and enable learning about the first phase design and delivery to inform future expansion. Glasgow City has 21 GP clusters and services 730,000 patients (100,000 more than the resident population). Additionally, the needs assessment will inform onward decisions about the appropriate level and nature of support in each area.
8. Staffing levels within Primary Care mental health services will be subject to, and compliant with, safe staffing legislation.
Safe staffing legislation will inform decision making around the level and nature of Wellbeing Hub staffing in year.

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9. Evidence based psychological therapies need to be offered, with appropriate supervision and stepping up seamlessly to secondary care mental health services where appropriate.		
Evidence based psychological therapies are currently offered by Glasgow's PCMHTs. The flow of Wellbeing Hub patients into PCMHTs and Lifelink will be considered as part of planning activities in the coming year, for Phase 1. For information, the CORE score is currently in use by PCMHTs and Lifelink.		
10. The use of screening and clinical measures pre and post intervention is encouraged, as this can indicate efficacy of intervention as well as assist with triage to ensure people are seen in the right service as quickly as possible.		
This will be updated in a future submission to Scottish Government, once the model has been designed. This principle will inform decision making on the same.		
Anticipated Investment:	Details	£
Staffing		£375,234
Accommodation		£34,791
Administration		£15,000
Equipment		
Transport		£55,158
Communications		
Service Accessibility		
Other (please specify)		
TOTAL		480,183
Outcomes, monitoring and reporting [TBC]		
Equalities data to be included.		
Please describe your local planning group and reporting structure?		
The Primary Care Mental Health and Wellbeing Hubs Steering group has been established to oversee the planning and delivery of the Wellbeing Hubs. This group is co-chaired by Glasgow HSCP Head of Adult Services and Head of Health Improvement & Equalities. The steering group reports to the Primary Care and Mental Health Oversight Group, jointly chaired by Assistant Chief Officers for Adult Services and North West Operations and Primary Care and Early Intervention.		

Please note that this plan must be completed in detail and in line with the Planning Guidance to ensure that funding is released