

North East Locality - Let's Talk About Mental Health Engagement Report Five Year Plan and Priorities for Mental Health Strategy in the North East

On Monday 5th of March 2018 in Calton Heritage centre over 70 representatives from the North East (NE) Locality Engagement Forum, voluntary and third sector providers, local community groups as well as mental health service users participated in two engagement sessions. The sessions focused on the newly published draft Five Year Mental Health Strategy, and the proposals to develop an East End Health and Social Care Hub.

Katrina Phillips (NE Locality, Head of Adult Services) gave a presentation detailing the current mental health service provision in the NE and the future demands on services, proposed overall reduction of inpatient services and the move towards more local community based service provision.

Katrina explained that this would require a move towards earlier intervention and prevention, a recovery focussed approach with increased community based support and self care in partnership with the third sector and community organisations.

Katrina highlighted a number of future challenges in relation to unscheduled care. She emphasised that the Strategy sets out the 'general direction of travel' and assured the audience that there would be further opportunities for discussion with groups and service users to develop mental health service provision in the north east.

This was followed by a Question and Answer Session.

Question & Answer Session

Q. Mary McPherson – Kinship Carer

One of our carer's son's who is known to the Arran Centre was having a crisis and the Crisis Team would not come out to the house. The family were told to phone the Police who came and put the 18 year old in jail. This happened at 10.00pm.

A. Just now the Crisis Team can only attend homes in the community up until 8.00pm. Extending this service to a 24/7 service is part of the Crisis Team review which is taking place just now. We hope to extend the Crisis Team hours.

Ann Souter – NE LEF

Q. How are you going to roll this information out into the community, what plans do you have to engage with the community?

A. After the initial consultation and engagement at sessions like this across the city the comments and feedback will be collated with possible alterations to the draft Plan. The Plan will then go back to the Greater Glasgow & Clyde Health Board/IJB's for approval. An Implementation plan will be drawn up along with a Communication and Engagement plan.

Katrina offered to attend the North East Locality Engagement Forum or community organisations at any stage and happy to organise another NE event like this in order to engage with as wide an audience as possible.

GAMH Representative

Q. What is the timescale for the Recovery Colleges and Crisis Cafes?

A. The first action is to employ Peer Support Workers through the CMHT's. The funding will be applied for and approved as soon as possible in order to recruit over the summer 2018.

Every strand of the implementation plan will have a timescale but strands will take longer than others to implement. The overall strategy may take five years to realise, as the funding will have to come from the savings made by closing beds/. We will not lose beds/wards until we have made changes to community supports and tested those changes. This is a five year plan.

Q. Pauline Toner – Choose Life Co-ordinator

Q. I welcome the inclusion of Distress Clubs/Crisis Cafes. Suicide Prevention actively engaged in Mental Health services planning but the suicide rate last year went up after a period of continual reduction. Some types of services help protect people who are very distressed and Crisis Cafe is a good idea but it's very short term. There is a gap – there is a need for a Crisis Short Term Residential Service where people can stay for two- three days and get concentrated therapeutic support – are you considering this idea.?

A. Katrina agreed with the questioner. She advised that although there is no decrease in the Mental Health budget there is neither an increase in the budget and

need to direct money to extend and support existing services which leaves limited investment for new projects. There are multi agency working groups collaborating to develop 'joined up accessible services' for people who use Mental Health Services (and there is a possibility of taking bids for new monies and investment forward under Scottish Government's 'commitment 15'). There are a number of strands of the new Plan and investment is needed to deliver these. It was noted that 70 – 85% of people who commit suicide do not contact, engage or seek support from services.

Dr Mhairi Adams – local GP

Q. How can we help our patients access the best service for them at the time they need it as the pathways are not always clear or barriers free. The GP made a referral to the CMHT and the person was not accepted but redirected back to GP for onward referral to PCMHT. Don't have many options of support or services to refer patients. Also have you considered a single point of access? How do you reduce DNA's (Did not attend)?

Katrina advised that the referral to the CMHT should not have been returned but that if it was to be directed to PCMHT then mental health service should have done this. She was unable to comment further without knowing the individual circumstances.

There has been a long running debate about establishing a 'single point of access' but we have not reached a conclusion yet. We are looking to improve access and have clearer pathways to services – looking at using SCI Gateway and happy to take any other suggestion.

Always looking to reduce DNAs - we send out text message reminders, phone patients as every DNA has to have a follow up to make sure the patient is OK which takes staff time/resources. There is evidence that self referral services often have fewer DNA's than referral by an agency or GP.

Service User

Q. You are cutting back on beds and you say there will always be beds for those people who need it but then you also say there is an increase in demand for services – this doesn't add up?

A. Katrina assured the audience that there would always be a bed for people who need in-patient treatment – we will still have beds but we need to manage them more effectively to stop patients getting 'stuck' in hospital due to a social, financial or family concern. There is a target of a 53 bed reduction from across GGC but the beds will only be reduced after testing and reinvestment in other support services.

Service User

Q Why were the Police not invited to this meeting?

A. The Police are key partners and involved in the Multiagency distress collaborative.

Q.What resources are going into Children Mental Health services?

A.Children's MH services are not part of this strategy at present and children's services will develop their own strategy which we will ensure is closely linked to outcomes and makes clear interface arrangements with adult services

General Comments

Prison TSO: There are grey areas between Addictions and Mental Health Services, people drop between services.

Mental Health Network: Culture Change is required - a hospital bed is seen as a place of safety by some individuals therefore conversations are required.

Young adults, Families want to help but confidentiality is used to not give info/support.

OT Esteem: Glad to hear team being established for Bipolar diagnosis.

Proposed East End Health and Social Care Hub

The session was followed by a presentation on the Proposed East End Health and Social Care Hub by Gary Dover Head of Planning and Strategy Children and Families. Gary informed those present that the prospect of a new £40 million state-of-the-art Health and Social Care Hub in Parkhead moved one step closer when the Glasgow City Integration Joint Board agreed at its February meeting that the project should be a priority for future investment.

Gary explained that the new hub will bring together a number of public health and care services into one dedicated site making it easier for people to access services. It will be designed to be much more than a simple replacement of the existing facility.

Gary said this was an opportunity for local people to get involved in the shaping of health and social services for example there were reserved places for community representatives on the design working group.



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Adult MH Strategy 2018-23

Overview

1978



Woodilee



Gartnavel



Gartloch

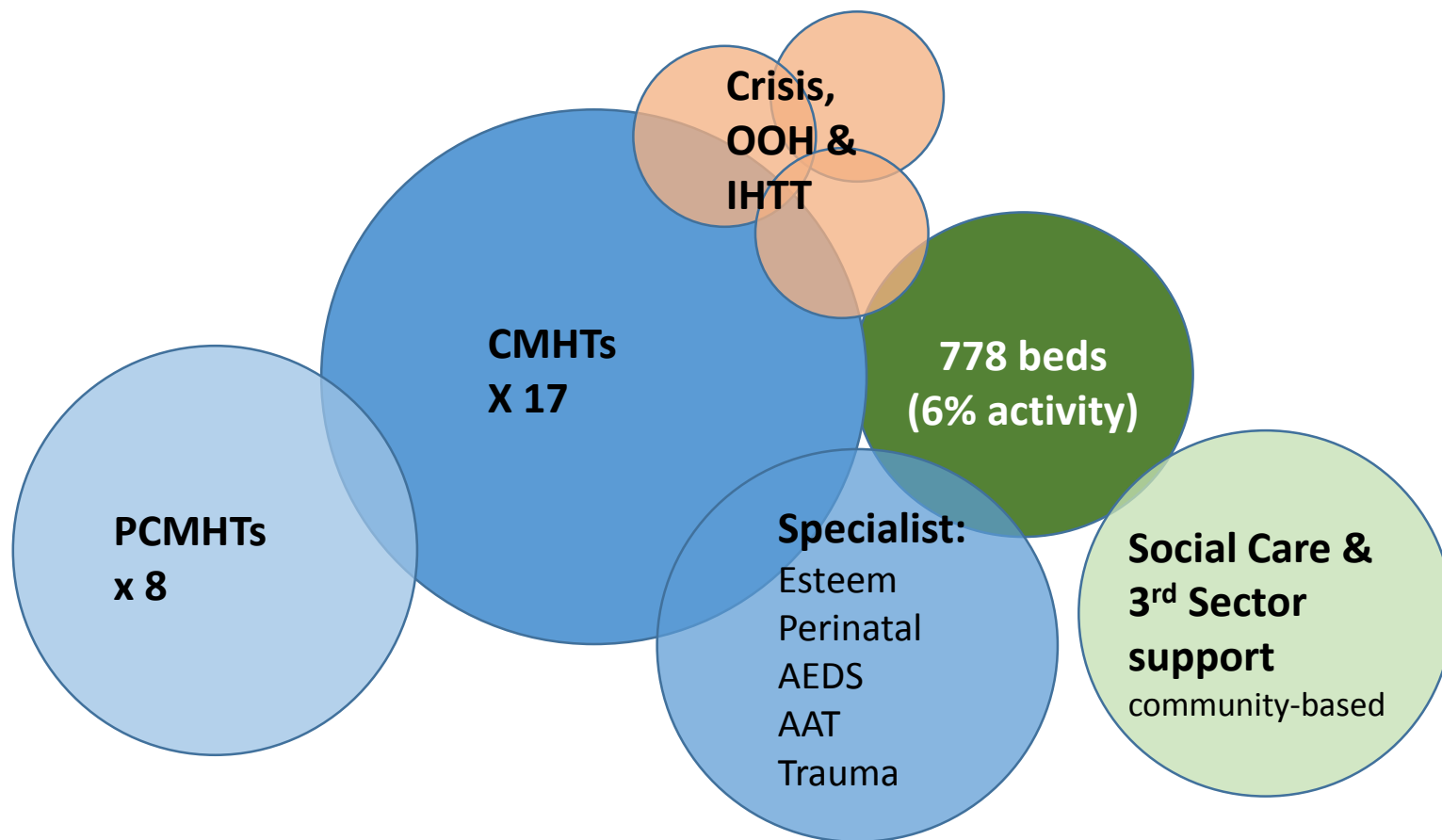


Leverndale

Consultant- led
outpatient clinics

4,370 Glasgow
inpatient beds

2018



→ 2023

open access

GP referral

2^o care referral

**Recovery, ACEs,
Carer & Primary Care support**

MH link workers, GPs, distress hubs, third sector support,
trauma-sensitive care, recovery Colleges, peer support

PCMHTs

depression, anxiety,
OCD, PTSD

CMHTs

schizophrenia, bipolar,
chronic depression, PD

**Unscheduled
Care**

Liaison
CRHT
distress hubs

20-25%
fewer beds
2 or 3
acute sites

Specialist

BPD, bipolar
Esteem
Perinatal
AEDS
AAT
Trauma

**Rehabilitation
& Recovery**

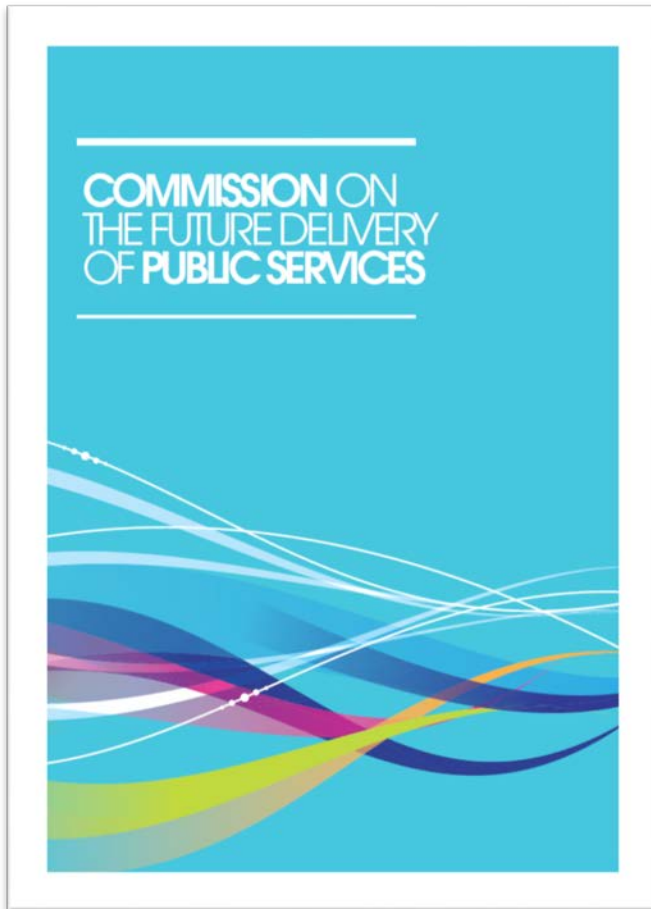
Inpatient and
community-based

social care
commissioned
services

Prevention, ACE reduction:

HSCPs, Education, Health Scotland & partners

Strategy



- Reforms must aim to **empower individuals and communities** receiving public services by involving them in the design and delivery of the services they use.
- Public service providers must be required to work much more closely in partnership, to **integrate service provision** and thus improve the outcomes they achieve.
- We must prioritise expenditure on public services which **prevent negative outcomes** from arising.
- And our whole system of public services – public, third and private sectors – **must become more efficient** by reducing duplication and sharing services wherever possible.

DR CAMPBELL CHRISTIE CBE

Strategy



Strategy chapters

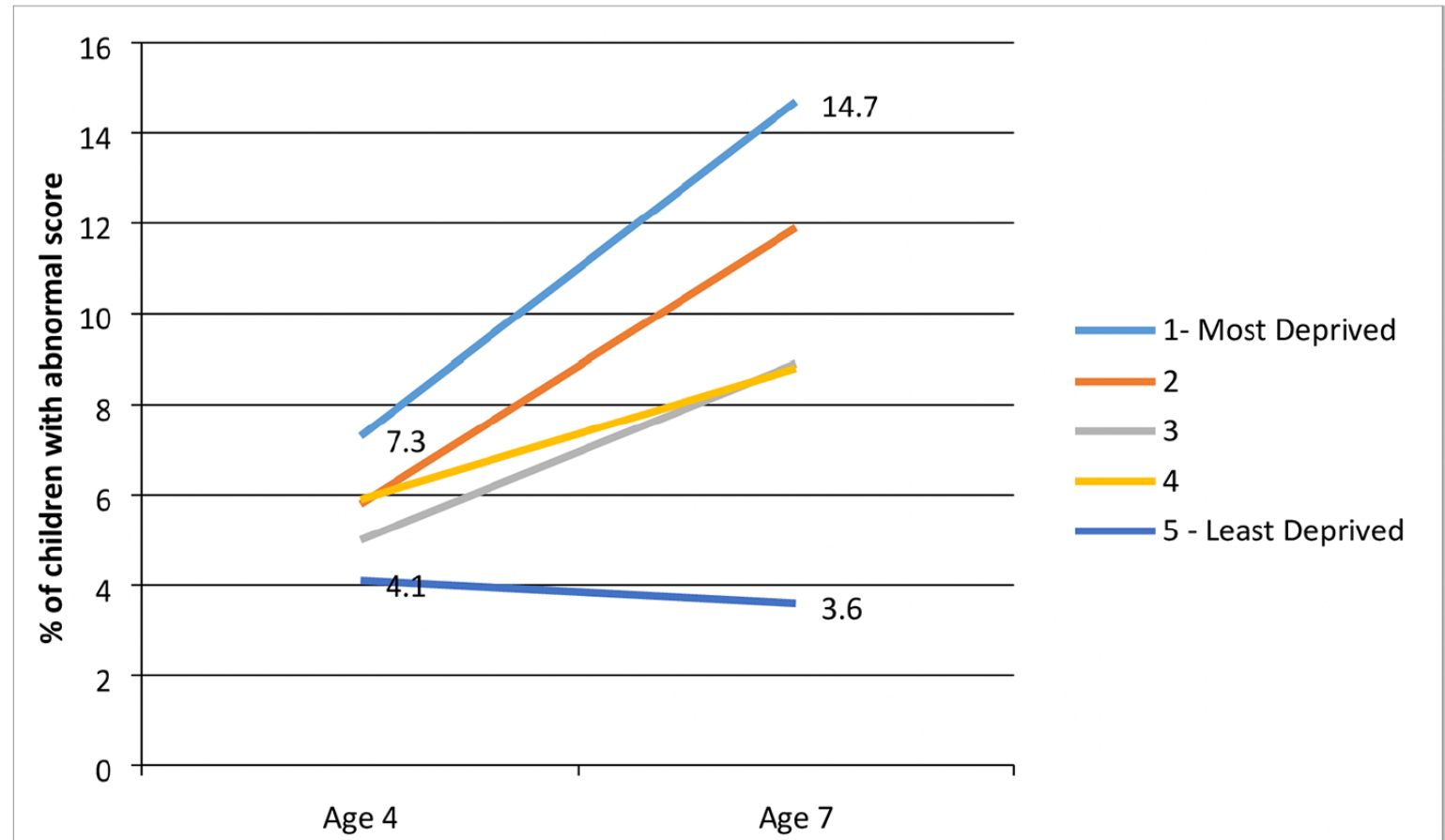
1. Overview
2. Prevention
3. Recovery
4. Unscheduled care
5. Community
6. Inpatient beds
7. Workforce
8. Users and Carers
9. Finance
10. Risks and governance

Strategy chapters

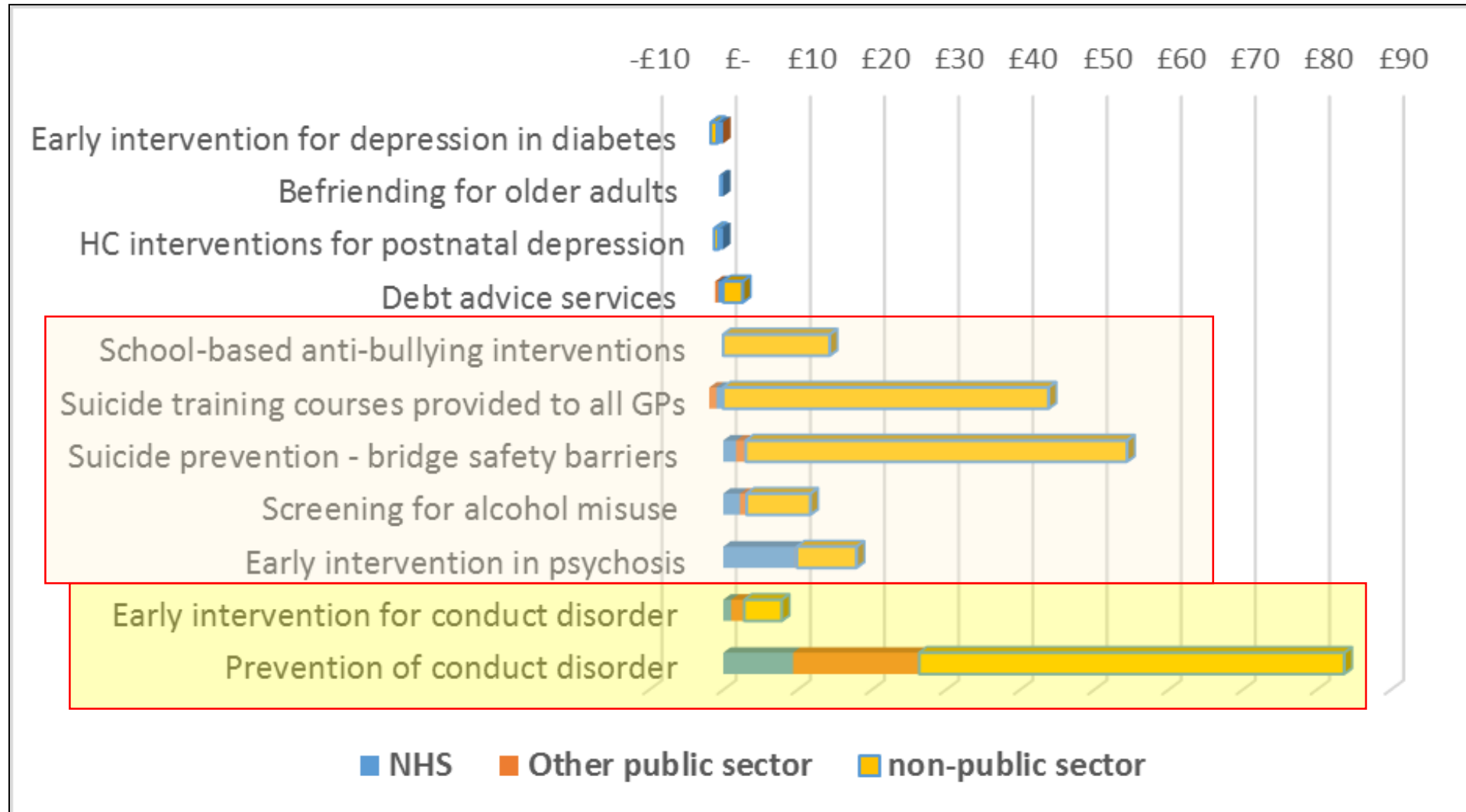
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Prevention

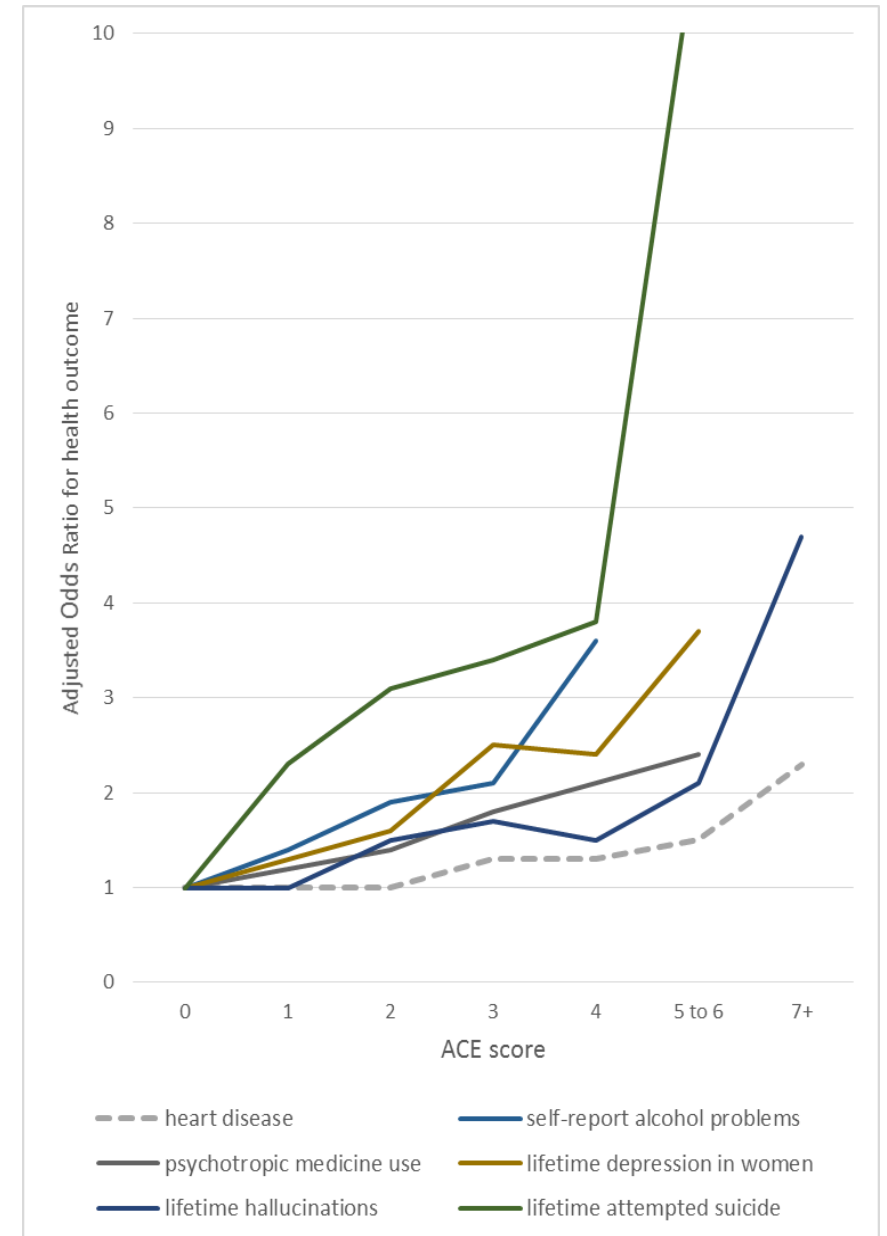
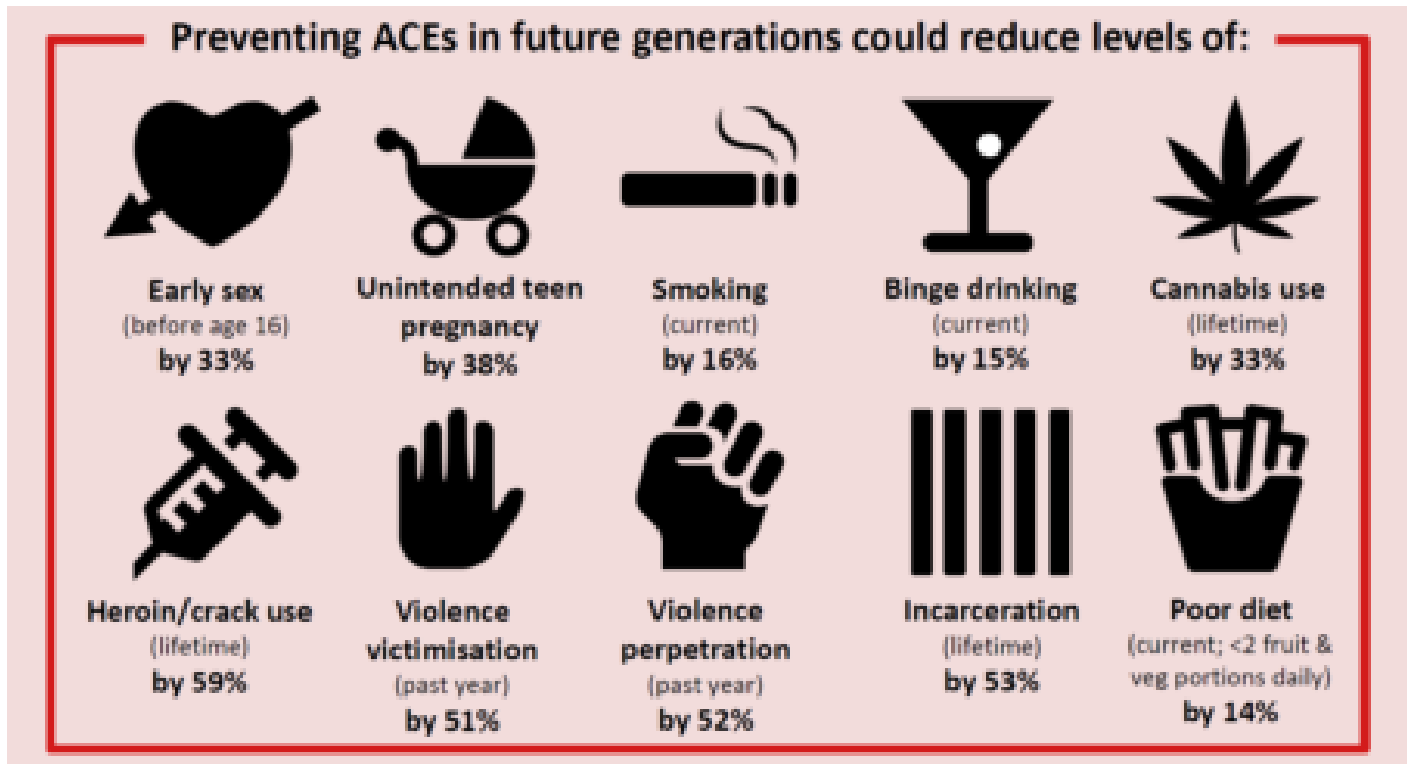
- 50% of adult MH problems have begun by 15y
- 75% of adult MH problems have begun by 18y



Prevention: interventions

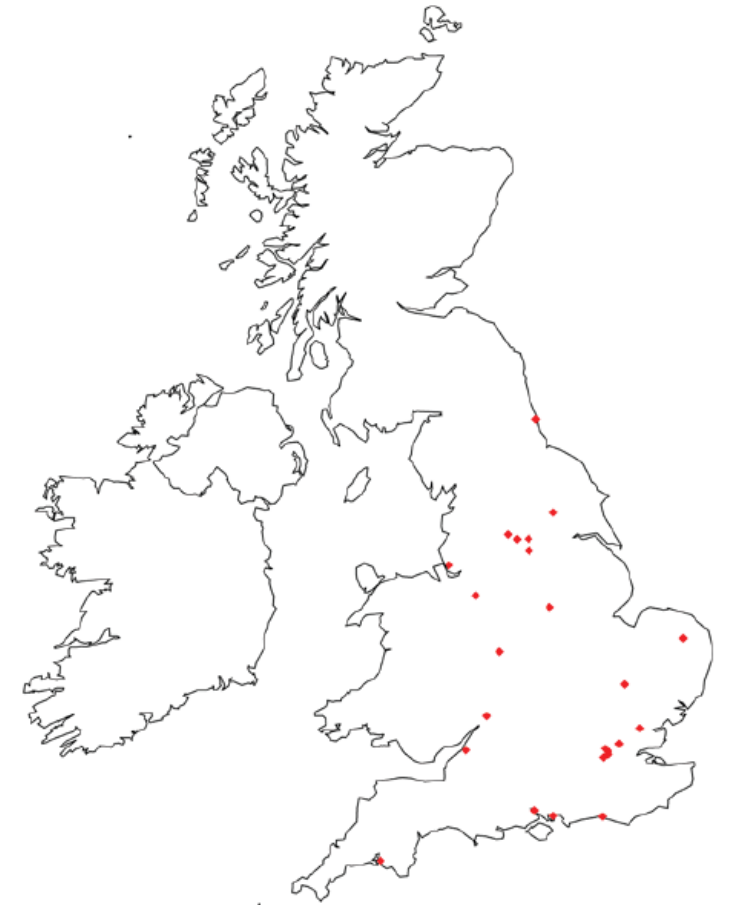


Prevention: ACEs



Recovery

Clinical	Recovery
Reducing symptoms	Supports people to achieve their goals and ambitions
Problems are identified and treatments chosen by professionals – “on top”	Staff become coaches who help people find their own solutions – “on tap”
Direction	Co-production



Recovery

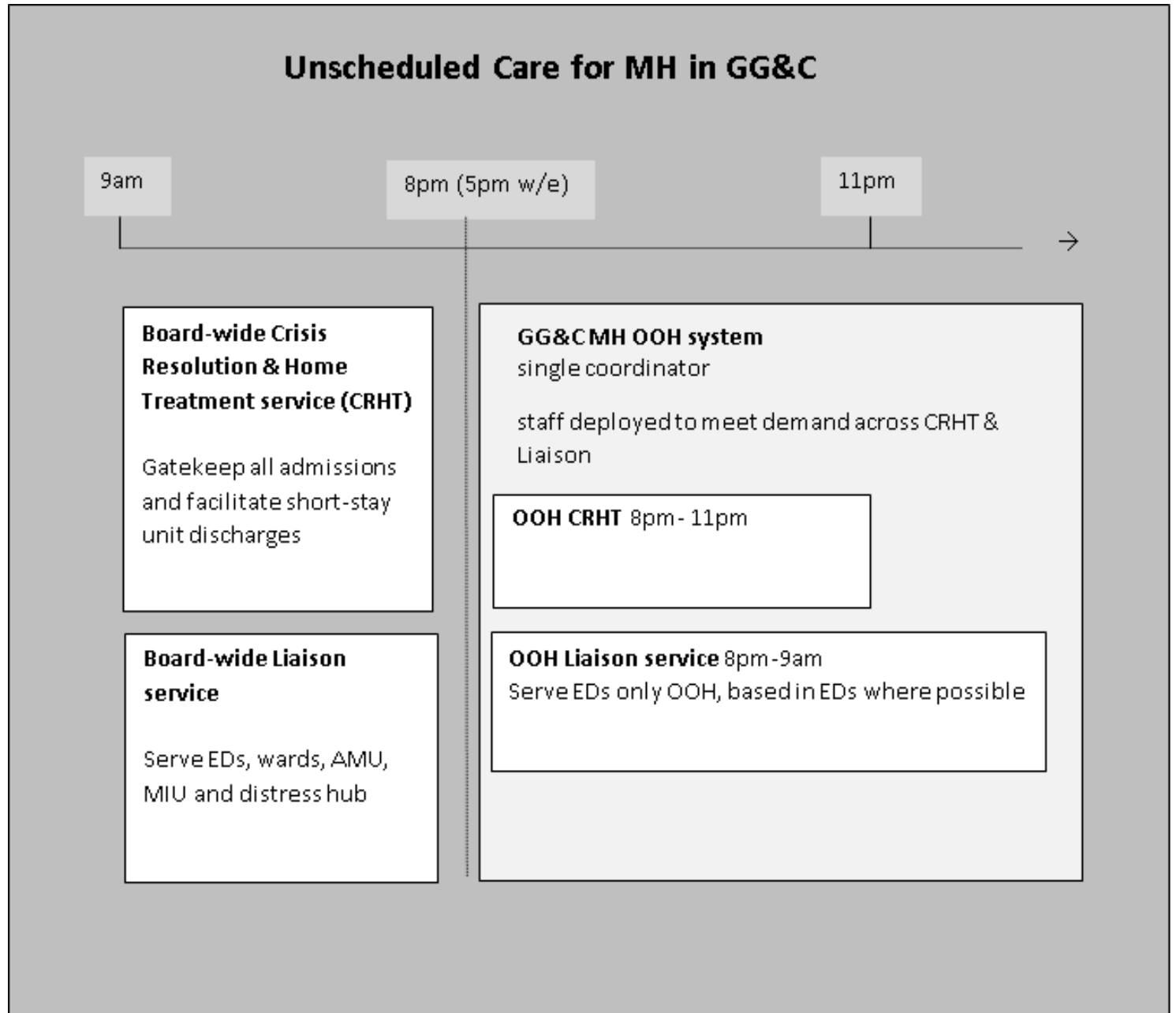
- Recovery communities
- Recovery hubs
- Recovery College
- Peer support
 - RoI £4.76

Clinical	Recovery College
Therapist	Tutor
Referral	Registration
Referral to social groups	Engagement with fellow students
Discharge	Graduation

Community

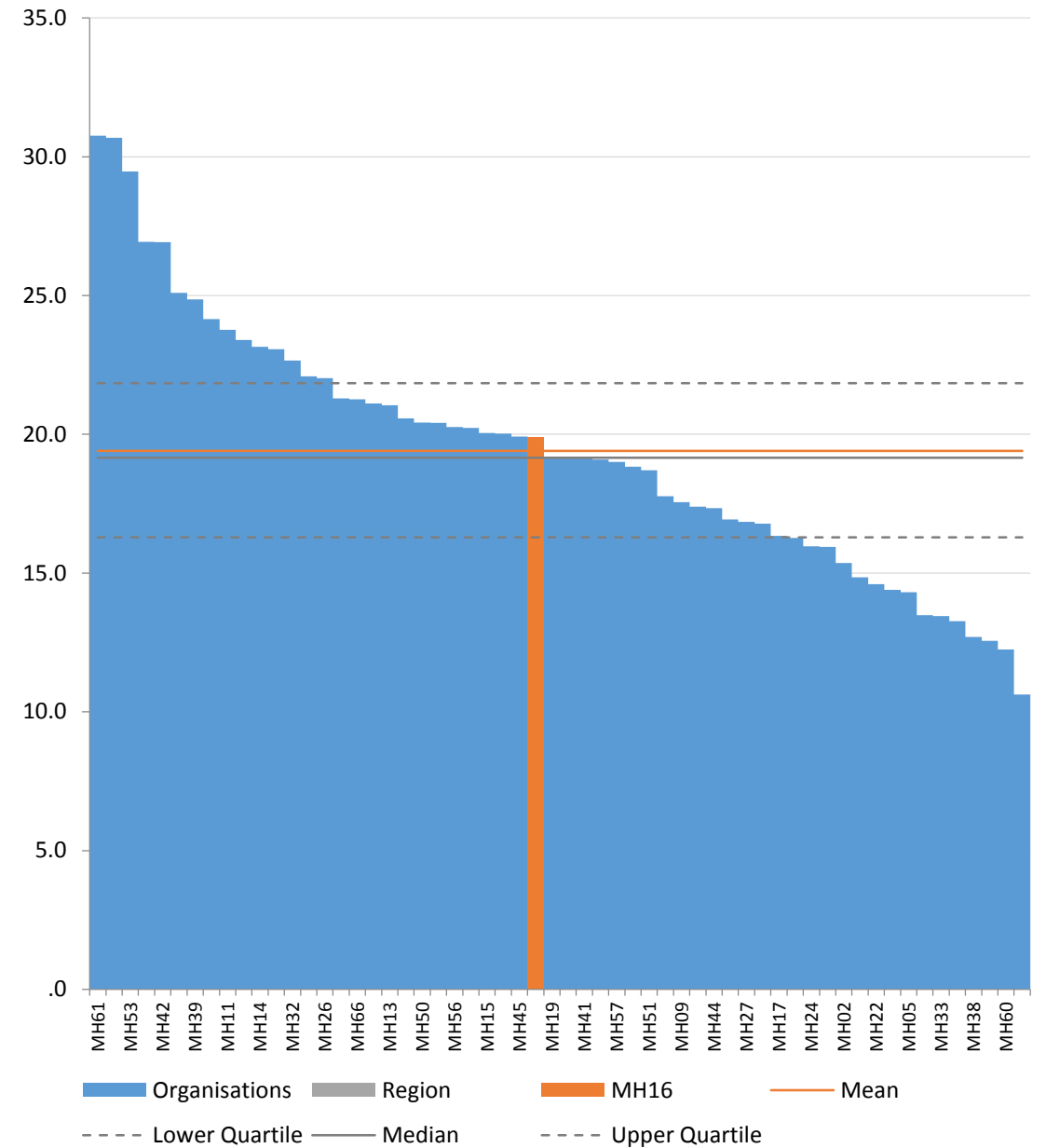
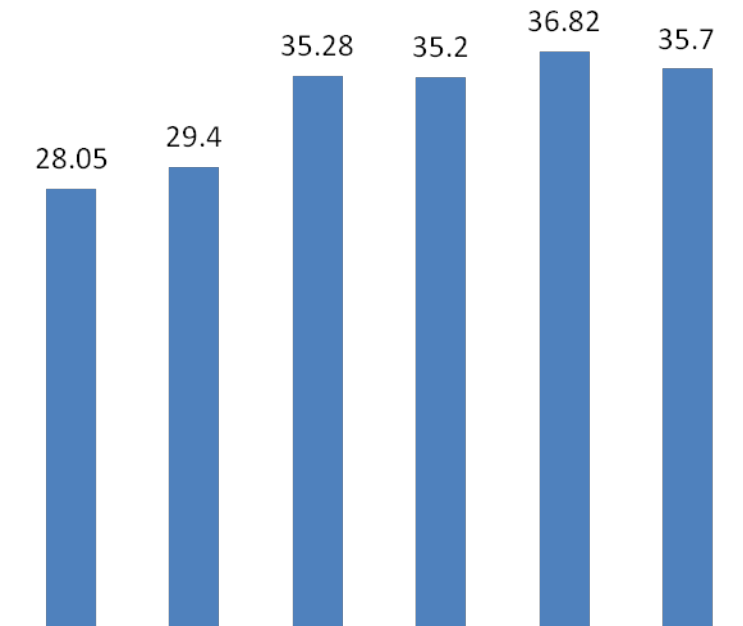
- Productivity and QI for CMHTs and specialist teams
 - Manage a 3% increase in demand each year
 - Working with a reduced bed base
 - Matched care: “all the care you need, but no more”
 - Flow: “Easy in, easy out”
- New initiatives supporting primary care, third sector
 - Recovery, distress, responses to trauma and adversity

Unscheduled care



beds

Beds per 100K weighted popn



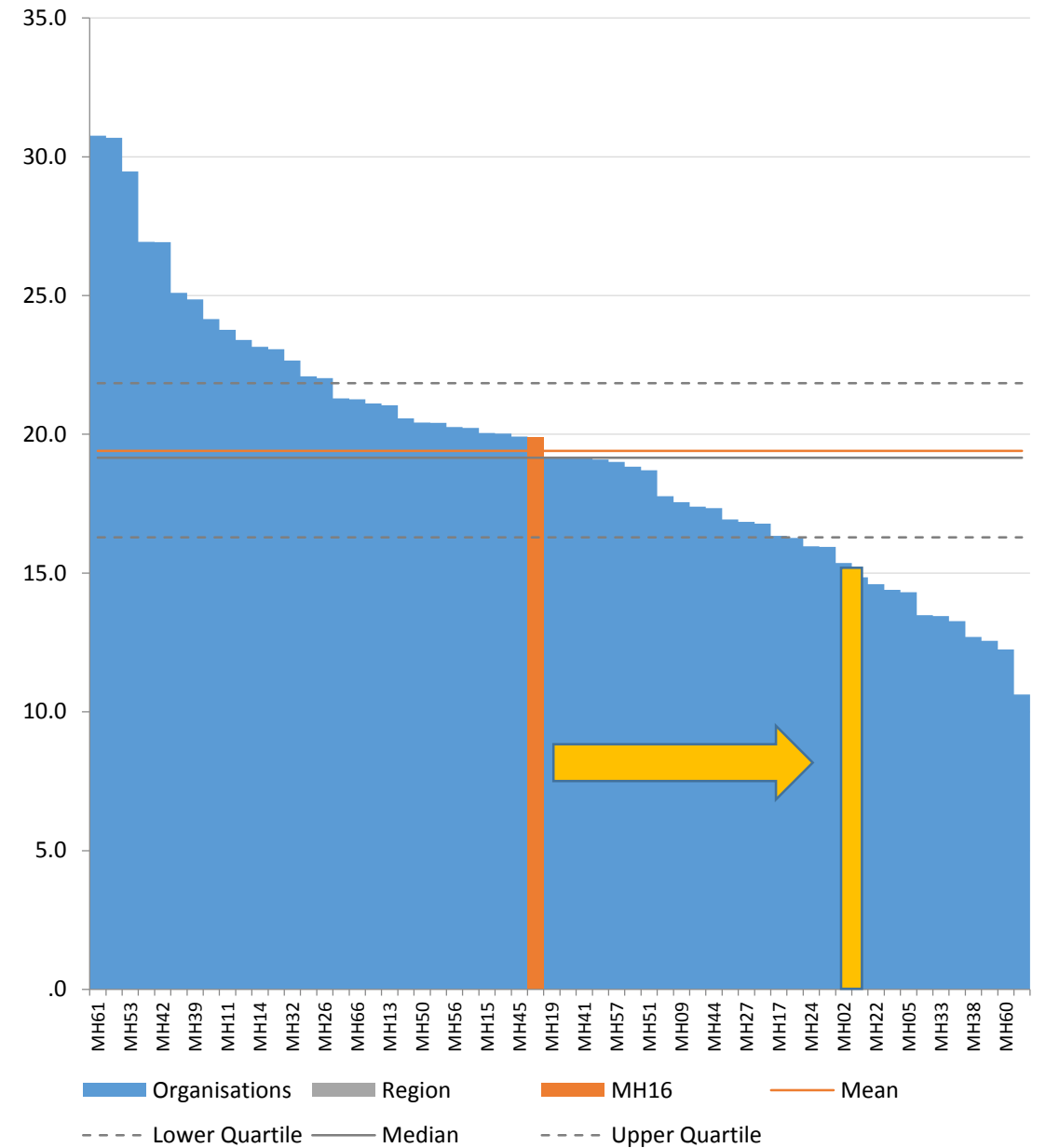
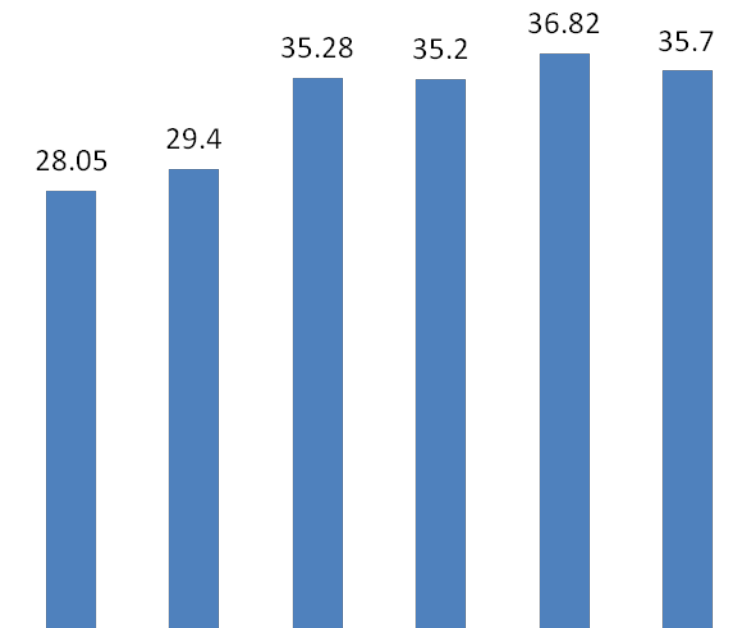
beds

Intervention	Bed reductions per item	Total bed reductions
1. All short-stay units to function as Site A, but with no greater than 95% occupancy	-20	20
2. As 1, but with a 15% reduction in stays more than 3 months (Total of 116 beds attributable to >3months LOS per year. 15% reduction of this figure)	-17	37
3. As 2, but with an additional 50% reduction in beds occupied by people with BPD (24 beds attributable to this group, 50% reduction in this)	-12	49
4. As 3, but with a 10% reduction in short term (LOS < 14 days) admissions through Board-wide implementation of home treatment (around 1990 admission per year for LOS< 14 days, 38 beds attributable to this group)	-4	53

Longer-stay beds

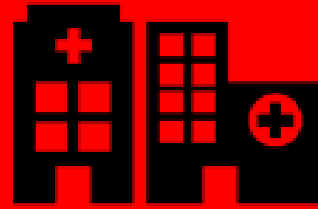
beds

Beds per 100K weighted popn

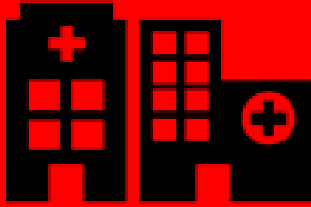



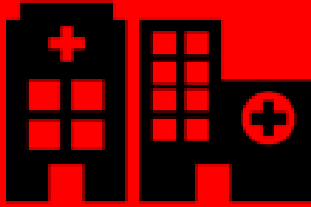

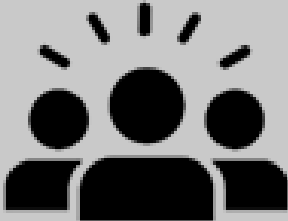
Summary

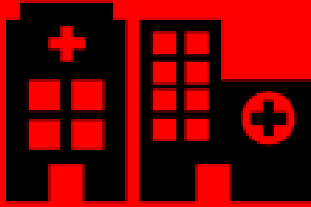

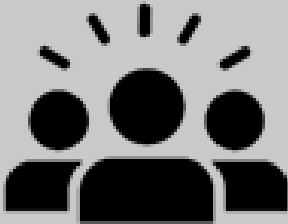

balance of care



Reduce inpatient beds and invest in alternative forms of health and social care

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Productivity: specialisation & matched care		Enhance capacity in CMHTs, PCMHTs Extend role of specialist teams Rationalise, consolidate unscheduled care

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Prevention		Focussed investment in early years, conduct disorder, bullying, ACE reduction

Proposals for a new Health and Social Care Hub in North East Glasgow





***How it looks at
the moment***



***How it could
look in the
future***

***Or Like
this.....***





***.....Or like
this....a
welcoming
entrance...***

***...Easy to
access...***



***.....Good use
of protected
space for
greenery.....***



***.....High
quality
spaces for
service
users and
staff***



Current Services at Parkhead

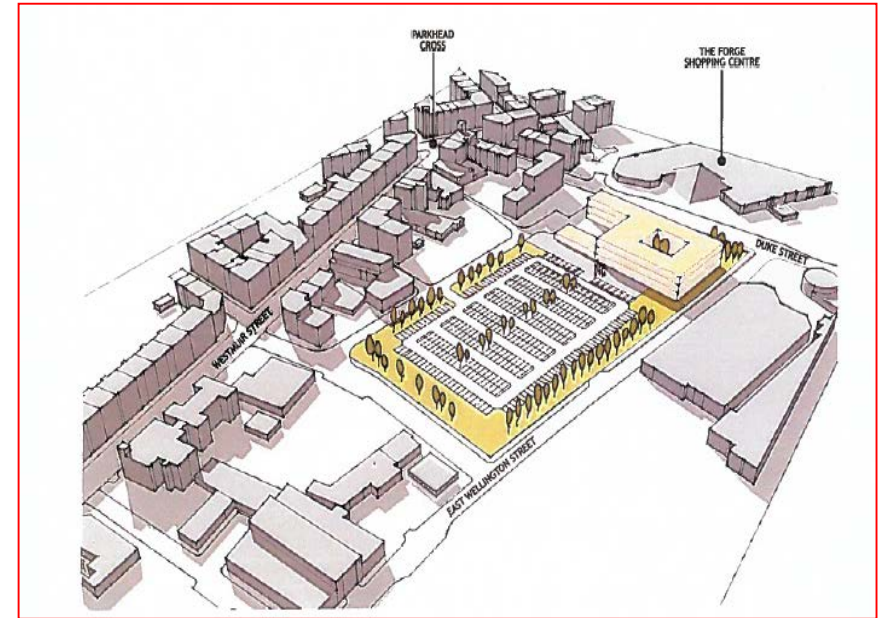
- Parkhead Hospital Mental Health Inpatients and Addiction services
- Health Centre
- Community Mental Health Resource Centre
- Sandyford Sexual Health Services

Other buildings affected

- Templeton – HQ and Children’s Services
- Newlands - Social Work and Addictions
- Parkview Resource Centre – Older people
- Brook Street – Social Work training
- Potential others

Future Plans

- All the existing health centre services (such as GP, pharmacy, dental) plus integrated teams covering:
- Children and Families
- Specialist Children's Services
- Rehabilitation and enablement services
- District nursing
- Health visiting and school nursing
- Social Work children and family teams
- Older people's mental health services
- Learning disability services
- Sandyford East sexual health services
- Health and social work addiction services, including hospital addiction team
- Criminal justice social work services
- Acute hospital services, such as outpatient clinics
- **Serving communities in the wider north east**



Who have we spoken to?

- Spoken to a wide range of local people and local organisations
- Community councils and other local groups
- Community planning, housing groups and other local network meetings
- Students
- Held stalls in local supermarkets
- Held stalls in health centre and our other offices to speak to patients, service users and our staff
- On line and paper based survey questionnaire
- Asked local organisations to send out questionnaire to their members

What people have told us

- Overall support for proposals
- Services should be as local as possible
- Close to public transport
- Good parking facilities
- Bright and well lit, bright colours
- Good signage
- Open space with pot plants etc
- Background music and TV screen
- Office spaces allow personal choice in how you work

What people have told us

- Information, newspapers, magazines
- Something for children to do
- Welcoming staff and open area with manned reception
- Security - to avoid folk hanging around entrance
- Accessible for people with disabilities
- Flexibility to respond to changes in services
- Promote integration
- Spaces can be used by voluntary and community groups.

Planning for completion by 2022

Will require Council, Health Board and Scottish Government funding

Scottish Government agreed that we could take the project to this stage

Local people will be involved in the future stages



As a sign of the Board's commitment to the area, the meeting also saw members welcome and give their support to the development of a new health and social care hub for the east end of Glasgow. A project board will now be set up to oversee the development of the new health and care hub, which will bring an investment of approximately £40 million for new health and social care facilities to the area

Greater Glasgow and Clyde Health Board Meeting on the 15th June 2017

The Process

- Strategic Assessment – approved 2017
- **Initial Agreement – Where we are now**
- Outline Business Case - 2019
- Full Business Case - 2020
- Construction phase – From 2021-23
- Monitoring and evaluation – From 2023 onwards