



JOINT MENTAL HEALTH SERVICE

Aim

- 1.1 To give the Integrated Joint Board an overview of the Borders Mental Health Service in terms of:
- Services, the range
 - Strategic approach
 - Operational issues
 - Challenges and further developments

Background

- 2.1 Mental Health Integration in the Borders commenced in 2006 when the Community Health and Care Partnership approved the Mental Health Integration Project Document for taking forward the work required to develop the joint service within the Borders. The Joint Mental Health Service is now looking to take forward further integration of operational teams, fully utilising the opportunities now possible through the wider Health and Social Care Integration as a result of the legislation (Public Bodies (Joint Working) Scotland Act 2014).
- 2.2 Progress has been made to develop service user focused community based mental health services with NHS services in Community Mental Health Teams (CMHT's). The current priority is to develop the social work function within these teams. A steering group is progressing this work with regular meetings, an action plan and timescales for implementation.
- 2.3 The service has a clear focus on the underlying principle that integration aims to improve the experience of service users and families, and deliver the following results:
- remove bureaucratic barriers between organisations that unnecessarily stop the service user getting the service they need, when they need it;
 - reduce the duplication of information gathering and recording across health and social care;
 - quicker access to services for service users and their families;
 - better use of buildings and staff that results in more face to face care and higher quality services;
 - appropriate allocation of work across different professional groups that makes the best use of the unique skills/perspective that each profession brings;
 - easier access for staff in terms of involving appropriate colleagues across organisational boundaries, in the care of their service users;
 - more efficient use of resources that allows money to be spent where it will have maximum effect on the mental health and well-being of the service user group.

2.4 VISION AND VALUES FOR THE JOINT MENTAL HEALTH SERVICE

The Mental Health & Well Being Partnership currently works to the following vision and values:

‘The vision of the Borders Mental Health Partnership is to work in a strong and effective partnership to continually and substantially improve the recovery as well as the mental health and well being of the people of the Scottish Borders.’

In achieving this we are committed to developing services which:

- have an approach that recognises that an individual’s mental health is affected by a combination of their genetic make-up, their relationships with those around them, the physical environment they live in and their own thoughts and feelings;
- promote the provision of local services which seek to engage people with their local communities and facilitate access to meaningful occupation, education, recreation, social activities and housing support;
- are in line with the up to date evidence about what works in improving individual’s mental health and well-being, taking into account individual circumstances;
- respect the dignity of the individual, treats them with compassion and sees them as partners in their care rather than people we do something to;
- involve the minimum restriction on the freedom of the individual that is necessary in the circumstances;
- recognise the importance of families and friends;
- minimise unnecessary bureaucracy and barriers so that people can receive what they need, when they need it, with all services working together to do this;
- seek to protect and improve the mental health and well-being of everyone, and respond to those who have mental illnesses and mental health problems to improve their lives;
- recognise the importance of working for the mental health improvement of all people of the Borders;
- seek to reduce suicide and to develop a partnership approach to suicide prevention.

We will do this through providing services in a manner that:

- makes efficient use of the funding available to us, even if this means moving it around and across organizations and professions;
- accepts that there will be limitations to what we can do with the funding available to us but making sure that decisions on what we spend and how we spend it are made openly and based on reasoned choices.
- demonstrates willingness to share openly the reasons behind decisions without being un-necessarily defensive and be willing to listen and take on board a diverse range of views;
- focuses on jointly finding solutions, making the best use of all of the strengths and skills in the partnership.

The drive towards improving outcomes for our service users is reflected in, and helps steer us toward, the national health and well being outcomes outlined in the Integration Scheme for the Health and Social Care Partnership arrangements.

Summary

3.1 SERVICE PROVISION

Directly Managed Services

The following services are included within the Joint Structure and are directly managed by the Joint Service.

SERVICE AREA	Covers
ACUTE	
3 Integrated Community Mental Health Teams	South, East & West
Mental Health Crisis & Liaison Services	Borders Wide
Adult Day Services	Borders Wide
Acute Adult Mental Health Ward (Huntlyburn)	Borders Wide -19 Beds
OLDER ADULTS MENTAL HEALTH	
2 Mental Health Older Adult Community Teams	West/Central; South/East
Dementia Acute Care Ward (Cauldshiels)	Borders wide - 14 Beds
Dementia Complex Care Ward (Melburn)	Borders wide - 14 beds
Mental Health Older Adults with functional health needs (Lindean) Acute Care	Borders wide - 6 beds
4 Mental Health Older Adult Resource Centres	Westport (Hawick); Firholm (Peebles); Poynderview (Kelso); Sime Place (Galashiels)
REHABILITATION SERVICES	
Integrated Community Rehabilitation Team	Borders Wide
1 Rehabilitation Ward (East Brig)	Borders Wide - 13 Beds
ADDITIONAL SERVICES	
Child and Adolescent Mental Health Service	Borders Wide
Borders Addictions Service	Borders Wide

Commissioned Mental Health Services

The following table identifies external organisations commissioned to provide mental health services.

Commissioned Service	Other Organisations
Scottish Association for Mental Health	
Housing Support Service	New Horizons Borders
Fresh Start Employability Service	Borderline
Crisis Service	BIAS
Penumbra	Re:Discover Borders
Supported Living Service	Artbeat
Youth Project	Alzheimer Scotland (NHS funding)
Carr Gomm	BVCV Mental Health Post
Core and Cluster Supported living service	Elderflowers 1 day per week, Melburn Lodge and Cauldshiels only
	Autism Initiatives
NHS Lothian	
NHS Lothian – IPCU	Regional Eating Disorders Unit
NHS Lothian – Mother & Baby Unit	NHS Lothian – IPU (Child & Adolescent Unit)

3.2 THE MENTAL HEALTH & WELLBEING PARTNERSHIP BOARD

The current Mental Health & Wellbeing Partnership Board (MHWPB) is responsible for setting the strategic direction of services and monitoring its implementation. The membership of this board includes clinical, social care, third sector, service user and carer representatives.

There are a number of groups who sit under the overarching Board. These include:

- Mental Health Executive Group – devolved responsibility for implementing strategic planning and commissioning;
- Mental Health Governance Steering Group – ensure effective governance of the health and social care elements of the service;
- Mental Health & Wellbeing Forum – promote active involvement of third sector providers and service user & carers in the planning of strategy & policy;
- Service user & carer sub groups – meet as required;
- Steering groups to implement strategic direction;
 - Mental Health Improvement
 - Suicide Prevention
 - Acute Services
 - Rehabilitation
 - Borders Addiction Service
 - Mental Health Older Adults
 - Child & Adolescent Mental Health Service

While it is clear that integrated planning and joint management has improved service outcomes for individuals and communities in recent years, the role and remit of the group will be reviewed in the light of the emerging strategic planning arrangements.

3.3 STRATEGIC DIRECTION

Some time before the national guidance on strategic planning for integration was available, the MHWPB were keen to update and revise their Strategy which had served its purpose well but required updating.

Needs Assessment & Mental Health Strategy

A mental health needs assessment was commissioned by the MHWPB in 2014. Figure 8 Consultancy were commissioned to undertake the assessment and a variety of meetings, interviews and surveys took place between July 2014 and October 2014. The full Needs Assessment report presents detailed information about the mental health needs (excluding dementia and Child and Adolescent Services) for adults of working age across the Scottish Borders; and will help to plan and improve the quality of Mental Health Services in the future. The purpose of this study is to assist Scottish Borders Joint Mental Health Service and its partner agencies to:

- See the 'bigger picture' in terms of the health and wellbeing needs and inequalities of those with mental health problems;
- Find a way that will identify the existing and future needs of those with mental health problems;
- See how services are used;
- Help see which services are most needed.

The report contains 21 recommendations for consideration. A stakeholder workshop and a service user workshop will be undertaken in August 2015 in order to consider how the recommendations will be incorporated into a robust strategy and commissioning plan, in line with the overarching Health and Social Care Strategic Plan, for the service to implement over the next 5 to 10 years. Further consideration is then required about how this work can be replicated in both Community Adolescent Mental Health Service (CAMHS) and Mental Health Older Adult Services (MHOAS).

This work will be sponsored by the local partnership groups but the development of the strategy will be taken forward under the auspices of the Health and Social Care Strategic Partnership Group and the Health and Social Care Partnership Strategic Plan.

3.4 OPERATIONAL PRIORITIES

Integration progress

Integration of staff within CMHT's and the Community Rehabilitation Team has progressed with all relevant NHS staff now directly linked to one of the Community Teams. An action plan and risk register have been developed to integrate social work staff which is being overseen by a steering group which in turn reports into the Mental Health Board. Applications have been made to the Integrated Care Fund to support a smooth transition of the social work staff to the CHMT's.

Service relocation

A full business case option appraisal has been carried out for the relocation of the Mental Health Rehabilitation Ward from East Brig in Galashiels. The Crumhaugh site in Hawick has been identified as the preferred option and, once approved, it is expected the transfer will be undertaken over the coming year. Discussions are taking place with local residents to ensure that any issues and concerns are addressed.

East & West CMHT's are currently co-located in Roxburgh Street, Galashiels. An option appraisal has been undertaken in order to identify more suitable premises for these teams to co-locate. The preferred option identified is to relocate to the Huntlyburn House site at Borders General Hospital which has now been agreed and work is due to be completed within the next 6 months.

The move will also include re locating the Borders Crisis & Liaison Service from Galashiels to the Huntlyburn site providing closer working opportunities between this service and the Mental Health Acute Admissions Ward, also located on this site.

DCAQ (Demand, Capacity, Activity & Queue)

DCAQ provides a methodology by which demand, capacity and improvement work can be undertaken within a service. An activity tracker has been undertaken in CAMHS. The process is currently underway within MHOAS with reports available by the end of July 2015. A schedule has been developed for the remainder of the service to undertake this process throughout the coming year.

3.5 CHALLENGES

HEAT targets – CAMHS & Psychological Therapies

At present, the HEAT target waiting times are being breached for Psychological Therapies and although not being breached yet in CAMHS, the performance declined in the first quarter of 2015 due to staff absences and sick leave. A plan is being developed to address the actions required in order for CAMHS performance to return to 100%.

The DCAQ work and additional staffing will support the actions required to achieve the standard regarding Psychological Therapies.

Young People

Recent months have seen increased demand on the service to support young people with complex mental health needs. A national pressure on the demand for suitable inpatient beds has meant that on occasions these young people have been treated within Huntlyburn Ward which has placed increased pressures on the service. The request for Innovation Fund money to support intensive home treatment will go some way to support these young people but the national pressures on inpatient beds continues to be a challenge across Scotland.

Older Adults

NHS Borders, The Scottish Government, Alzheimers Scotland and Borders Joint Mental Health Service have funded an Alzheimers Scotland Nurse Consultant who commenced post in June 2015. The Alzheimer Scotland Nurse Consultant will work closely with the Dementia in Acute Care Improvement Lead, to support and develop local and national improvement activity related to the 10 care actions contained in Commitment 10 of Scotland's National Dementia Strategy 2013 - 2016. This will include the development and reporting of measures, identifying and supporting test sites and supporting the recording of improvement activity.

Two tendering processes are currently progressing for a Dementia Awareness & Support Service and for Specialist Residential Care & Support. The Post Diagnostic Support HEAT target's final report will be in April 2016.

The inaugural meeting of the Scottish Borders Working Group for People with Dementia will be held in September 2015

3.6 FURTHER DEVELOPMENTS

Integrated Care Fund

In addition to the funding proposals mentioned above to support the integration of the CMHT's, two further requests have been made to support work linked to Mental Health Services. Firstly, for a post to support and develop services locally for those who experience Alcohol Related Brain Disease (ARBD) and secondly, for a post to support implementation of the recently launched Borders Autism Strategy.

Mental Health Innovation Fund

A proposal has been sent to Scottish Government to utilise this funding to employ a Care Navigator within A&E to support people in distress and link them to appropriate support, and also to employ an Intensive Home Treatment Worker within CAMHS.

Veterans First Point (V1P Scotland)

Funding has been obtained (£114,000) to support veterans and their families through psychological interventions and offer peer support within the Borders.

Recommendation

The Health & Social Care Integration Joint Board is asked to :

- **Note** the work that has taken place to integrate mental health services from a user perspective
- **Endorse** the approach toward the strategic development, linked to the work already done and in the context of the new Strategic planning arrangements

Policy/Strategy Implications	Integration progress has been made and is in line with the intent of the new legislation.
Consultation	Wide consultation of the Needs Assessment has been undertaken
Risk Assessment	A risk register has been developed for the integration process
Compliance with requirements on Equality and Diversity	An equality impact assessment will be completed with the development of the new Mental Health Strategy
Resource/Staffing Implications	N/A

Approved by

Name	Designation	Name	Designation
Simon Burt	General Manager LD & MH		

Author(s)

Name	Designation	Name	Designation
Haylis Smith	Group Manager MH & Addictions		