

5. ADULT MENTAL HEALTH PLANNING FRAMEWORK

5.1 Analysis of Local Position

- 5.1.1 The Joint Planning, Performance & Implementation Group (JPPIG) in Renfrewshire has lead responsibility for planning of Adult Mental Health Services. The JPPIG has representation from service users, from carers, from Health and Local Authority senior staff and from the voluntary sector.
- 5.1.2 A key focus of the JPPIG in the last 3 years has been the implementation of the Clyde Modernising Mental Health Services Strategy (CMMHSS). This has delivered a significant change in the balance of care in Renfrewshire and an increase in the range of community based mental health services available. This has included the expansion of existing Community Mental Health Teams, the roll-out of the Doing Well model of primary care and the creation of a new Intensive Home Treatment Team (IHTT).
- 5.1.3 This is substantially reducing the scale of the differential between Mental Health Services available in Renfrewshire and those available in Greater Glasgow, but will not achieve full equity of community provision, balance of care and comparable patterns of in patient activity between the Clyde and Greater Glasgow Services.
- 5.1.4 A key focus of the JPPIG in the coming year will be to complete the final implementation of the strategy and to focus on the issues; of patient flow and how the component parts of the remodelled service work together to improve service users' experience.
- 5.1.5 The Adult Mental Health JPPIG will work closely with the Mental Health Partnership review of options for further shifts in the balance of care following the consolidation of recent service changes.

5.2. Numeric Analysis

- 5.2.1 The adult population of Renfrewshire is circa 100,000. At any one time, approximately one in six adults are experiencing at least one diagnosable mental health problem (Singleton et al 2001). Applied to Renfrewshire this equates to circa 17,000 adults.

The current Mental Health service includes:

- 45 acute admission beds consolidated on the Dykebar Hospital site
- 12 adult recovery beds, based on the Dykebar Hospital site
- 8 Intensive Rehabilitation beds (South Clyde), based on the Dykebar Hospital site
- 2 Community Mental Health Teams, Paisley and West Renfrewshire
- A new Intensive Home Treatment Team (IHTT)
- 'Doing Well' Primary Care Mental Health Team
- 8 IPCU beds based at Ravenscraig Hospital as part of a South Clyde facility
- Liaison Psychiatry team, based at the RAH in Paisley

- 5.2.2 The target nationally was to reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero, by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years. The rate for Renfrewshire was circa 2%, below the Greater Glasgow and Clyde average of

circa 3.5%. This target is removed as of 2010/11 and local prescribing indicators are now being developed. Work will also be undertaken during 2010/11 on the development of the new psychological therapies target.

5.2.3 The whole system suicide prevention HEAT target is to reduce the suicide rate by 20% in the years between 2002 and 2013, supported by a target of 50% of key frontline staff being educated and trained in using suicide assessment tools/suicide prevention by December 2010. In Renfrewshire 27% of key frontline staff have already been trained.

5.2.4 The HEAT target to reduce by 10% the number of readmissions (within one year) for those that have had a hospital admission of over 7 days has been achieved for NHS GG&C. In relation to Renfrewshire CHP, admissions to adult short stay are showing a downward trend, from 733 admissions in 2008 to 719 in 2009.

5.3 Health Gap and Key Issues

5.3.1 There is a HEAT target for reducing the use of anti-depressants. The Doing Well model of primary mental health services is being rolled out across the CHP and evidence collected in 2008 demonstrates that this initiative impacts on the use of anti-depressants. The service is now available to 25 out of 30 GP practices in Renfrewshire. Full coverage by July 2010 is the goal.

5.3.2 A new HEAT target is to be introduced in relation to access to psychology therapies. It is not known how the HEAT target will be defined. During the course of the next 12 months, the initial stage of the redesign psychology services will be completed and contribute to our ability to meet the new target.

5.3.3 The need to collect and collate and report clinical activity and management information, including reviewing newly implemented Clyde Modernising Mental Health Strategy services, using existing and electronic technologies remains a challenge.

5.3.4 Employment support to people with mental health problems continues to be a key issue. Employment, peer support, physical health and somewhere to live are also areas that require additional focus. A pilot scheme to support employment will be implemented across Renfrewshire and West Dunbartonshire.

5.3.5 EQIAs have already been completed for Dykebar Hospital based inpatient services. EQIAs will be completed for Community and Primary Care Mental Health Teams and the Intensive Home Treatment Team. Actions arising from these will be progressed.

5.4 Outcomes Table

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
<p>Delivery of effective treatment, care and support</p> <p>Overall outcome indicators:</p> <ul style="list-style-type: none"> - Low levels of readmissions - Low levels of use of compulsory powers reflect voluntary engagement & acceptability of services to service users - Crisis services provide alternative to admission equivalent to 15-20% of all admissions 	<p>Continue complete implementation of Clyde Modernising Mental Health Strategy.</p>	<p>Community and inpatient service change investment completed by July 2010 (except capital related changes); Bed capacity & use consistent with strategy benchmarks Re-provision of non-acute bed numbers implemented. Capital programme delivered and new service locations operational by 03/2012.</p>
	<p>Development and implementation of proposals for reconfigured out of hours service to ensure ongoing sustainability post Modernising Medical Careers changes.</p>	<p>Options explored and proposals developed 20/09/10 Proposals implemented 04/2011.</p>
	<p>Development of inpatient environment linked to inpatient capital process.</p>	<p>Number of wards with improved environments (level of progression of design) Timing per capital programme implementation.</p>
	<p>Continued development & implementation of a programme of service improvement measures to ensure that the level of prescribing of defined daily doses per capita of anti-depressants is minimised, while remaining clinically appropriate.</p>	<p>Quarterly reporting of local indicators re:</p> <ul style="list-style-type: none"> - Level of formulary compliance by GPs with Fluoxetine and Citalopram as first line antidepressants; and - Reduction of prescribing of Escitalopram to <5% of all SSRIs. - Doing Well model of primary care to deliver 100% coverage to Renfrewshire GP practices.

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Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	Continued development & implementation of a programme of service improvement measures to ensure that hospital readmissions of >7days continue to be minimised.	Quarterly monitoring of admission rates to ensure that appropriate consideration is consistently being given to the use of Intensive Home Treatment Team Service and community services as an alternative to admissions.
<p>Delivery of care on a timely basis in the right settings, and which focuses on recovery</p> <p>Overall outcome indicators:</p> <ul style="list-style-type: none"> - Low levels of readmissions - Low levels of use of compulsory powers reflect voluntary engagement & acceptability of services to service users - Crisis services provide alternative to admission equivalent to 15-20% of all admissions - Level of primary care brief therapeutic interventions - Level of primary care advice/signposting contacts 	Involvement in the wider review of NHS GG&C ARBD service provision and exploring options for implementation of Greater Glasgow & Clyde Eating Disorder Service, and perinatal services in Renfrewshire.	Completion and analysis of review.
	Develop proposals for sustainable delivery of peer support models.	Involvement in wider NHS GG&C proposals development by 06/2010.
	<ul style="list-style-type: none"> - Undertake preparatory work in respect of the determination of pathways and measurement criteria for ensuring timely access to psychological therapies in advance of the introduction of the HEAT Target in 2011. - Review of PCMH models, data audit and patient pathway modelling. - Harmonisation of resources/materials for use by PCMHTs. - Review and collection of robust PCMH data for comparative performance. - Complete roll out of Doing Well model of 	<p>Complete implementation of initial redesign of Psychology Service.</p> <p>Implementation over next 3years of ICP for Depression.</p> <p>New HEAT target on access/waiting from 2011/2012.</p> <p>Development of local reporting waiting and activity across all tiers.</p> <p>Weighted comparability of activity including deprivation</p> <p>Activity count on distribution/web hits.</p> <p>Use of appropriate data for GP activity</p>

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	<p>Primary Care.</p> <ul style="list-style-type: none"> - Ensure user & carer engagement in pathway review of MH services. - Use of SPARRA data to inform priority cases for assertive outreach work. - Undertake DWP funded Employability Advisers pilot (until 2012). 	<p>Doing Well service available in all GP surgeries.</p> <p>Delivery of two local Renfrewshire events for users and one for referrers to ensure engagement in Patients Pathway Review of MH Services.</p> <p>Evidence of assertive outreach activity targeted to SPARRA cohort.</p> <p>Pilot completed. Progress report from Warwick University.</p>
<p>Efficient and effective deployment of resources to sustain the capacity of services to respond during a period of reducing budgets</p> <p>Overall outcome indicators:</p> <p>No negative impact on inpatient activity patterns of:</p> <ul style="list-style-type: none"> - Days boarded out - Admission rates - Lengths of stay - Readmissions - Delayed discharges - % of all admissions managed by crisis as alternative to admission - No's 6 months plus 	<p>Renfrewshire CHP ensure achievement of benchmark levels of bed use consistent with MMH Strategy.</p>	<p>Benchmark inpatient activity levels achieved by March 2011 with proportionate progress through 2010/2011.</p>
	<p>Ensure local input into GG&C rebalancing of local NHS and social care infrastructure to optimise its effectiveness in supporting benchmark activity patterns</p> <p>Review of community services to ensure deployment of resource inputs are focussed and targeted efficiently and effectively to maximise health outcomes for patients.</p>	<p>Review local position and develop plans for reconfiguration as required.</p> <p>Review of local nursing home provision gaps to report to JPPIG. Local discussion of process and short term solutions for people with behaviour challenging for nursing homes. Multidisciplinary/agency case reviews for potential delayed discharge or complex cases progressed.</p>
	<p>Review efficiency, effectiveness and targeting of primary care mental health services.</p>	<p>Complete roll-out of Doing Well Primary Care Service contribute to CHP/MHP's framework review process by 06/09.</p>

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Compulsory treatments as a proportion of all treatments		
	Ensure consistent implementation of primary care specification.	Contribute to CHP's/CHCP wide review process and proposals reported by 09/09.
	Roll out of IM&T strategy proposals and processes to Clyde areas to be developed March 2011.	Process implemented throughout 2010/2011.
	Participate in the GG&C wide review and benchmark resource allocation to ensure the appropriate matching of resources to needs weighted local populations.	Contribute to position statement and implications report.
	Contribute to the ongoing process of identifying savings and efficiencies.	Contribute to proposals developed and agreed across the CHP.
<p>Efficient and effective deployment of resources to sustain the capacity of Improving the quality of services to respond during a period of reducing budgets continued life for those who have a mental health problem</p> <p>Overall Outcome indicators:</p> <ul style="list-style-type: none"> - Employability indicators package of CMHT caseload getting GP annual physical health check - Retention of housing tenure 	Development and implementation of local Mental Health Improvement action plans consistent with the forthcoming Mental Health Improvement Framework.	<p>Review existing local action plan to ensure consistency with Mental Health Improvement Framework (2010/2011)</p> <p>Use of SRI tool and evidence of services using learning from EQIAs</p> <p>Share feedback from local pilot of Department Of Work & Pensions supported scheme for people in work but who are at risk of losing their job due to mental health. Warwick University evaluation of project.</p> <p>Use data QoF for depression review, physical health checks.</p> <p>User surveys on well being and inpatient survey.</p>

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		Audit of SSAs for employability assessment/discussion
<p>Strengthened approaches to prevention of mental illness</p> <p>Overall Outcome indicators:</p> <ul style="list-style-type: none"> - Levels of people accessing advice clinics/signposting - Levels of people accessing early intervention through 1 to 1 brief therapeutic interventions 	<p>Implement model of early intervention within CMHTs.</p>	<p>Evidence of early intervention activity in caseload review.</p> <p>New HEAT target on access/waiting. Reporting waiting and activity.</p>
<p>Improved promotion of mental health and well-being through wider Partnership working.</p> <p>Overall Outcome indicators: Population indicators of mental health & well being via:</p> <ul style="list-style-type: none"> - 3 yearly GG&C popn health survey - Development of mental health and well being profiles by CHP (via GCPH) 	<p>Continued implementation of planned programme of training to ensure that key frontline staff in mental health and substance misuse services, are trained in using suicide assessment/suicide prevention training programmes.</p> <p>(To be undertaken in conjunction with partner agencies)</p>	<p>At least 50% of staff to be trained by December 2010</p>
<p>Addressing health inequalities and promoting social inclusion</p>	<p>EQIAs for Primary Care Mental Health Intensive Home Treatment Team and Community Mental Health Teams will be completed and evaluation of progress on actions arising from EQIAs for in-patient and community services undertaken.</p>	<p>EQIAs completed and action plan agreed/implemented.</p>

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	<p>Improve patient data systems and shared assessment and care planning processes to ensure key dimensions of inequalities are captured and processed as part of mainstream care activities.</p>	<p>Input to development and implementation rollout of mental health IM&T strategy to Renfrewshire based mental health services. Confirm proposed IM&T strategy data systems able to demonstrate analysis by required range of inequalities dimensions; proactive use of such data in on-going planning and service delivery.</p>
	<p>Develop on-going programmes of workforce development to ensure competence in responding to inequalities issues and needs of diverse communities.</p>	<p>Regular progress reports on training needs analysis and delivery of training on inequalities themes.</p>
	<p>Production and implementation of gender based violence action plans in line with Health Board policy and guidance, for all mental health related services.</p>	<p>Progress reports on key actions of the plans.</p>
	<p>In line with requirements of Disability Discrimination Act, develop and sustain programmes that challenge stigma and discrimination associated with mental ill health, and promote wider awareness of mental health issues.</p>	<p>Evidence continued input to the Renfrewshire Mental Health Arts Festival.</p> <p>EQIA action plans.</p> <p>Evidence user led “positive mental attitudes” training programme.</p>
	<p>Participate in the GG&C wide review of benchmark resource allocation to ensure appropriate matching of resources to needs weighted local populations.</p>	<p>Contribute to position statement and implications report.</p> <p>Contribute to agreeing pace of change and movement to equity.</p>

5.5 Finance and Workforce

- 5.5.1 The Clyde Modernising Mental Health Services Strategy has delivered a programme of service changes that shift the balance of care and resource to the community.
- 5.5.2 Spend on staffing represents c76% of all spend.
- 5.5.3 The major proposals around reconfiguration of inpatient services, and the development of community services in Clyde, affected c640 staff of whom 511 people have now been successfully redeployed. It is expected that the remaining number can be redeployed effectively. This will require an assertive approach to redeployment and detailed linkage between elderly mental health services and the financial planning for services.
- 5.5.4 Further work on out of hours services will review the competencies required to deliver a new model of out of hours support sustainable beyond the changes linked to modernising medical careers.
- 5.5.5 Local services will contribute to the ongoing process of identifying savings and efficiencies across the CHP for 2010/11.