



**AGENDA ITEM NO 7**

**REPORT NO IJB 63/20**

**ANGUS HEALTH AND SOCIAL CARE**

**INTEGRATION JOINT BOARD – 28 OCTOBER 2020**

**ANGUS MENTAL HEALTH AND WELLBEING UPDATE**

**REPORT BY GAIL SMITH, INTERIM CHIEF OFFICER**

**ABSTRACT**

This report updates members of local developments and references links to the Tayside Mental Health Improvement Programme.

Prior to Covid-19, Angus Mental Health Services were progressing a number of strategic developments reflecting changes to public expectations, economic pressures and the need to modernise our workforce strategies. A number of external service inspections of Angus and Tayside's services as well as the current pandemic have reinforced the need that all agencies and communities work together to develop a 'Whole Population Approach' to managing our collective response for improving mental health and wellbeing outcomes in the future.

**1. RECOMMENDATION**

It is recommended that the Integration Joint Board note the content of this report.

**2. BACKGROUND**

Since the formation of Angus Health and Social Care Partnership, local mental health services have made a significant shift to planning, providing and supporting wellbeing services and initiatives to compliment secondary care treatment and protection services. This is essential in order to build community resilience, promote early intervention, self-management, empower local populations to recognise and support individual or groups with health and wellbeing needs and to break down barriers and challenge stigma.

The Angus Mental Health and Wellbeing Network was established in 2019, and comprises of statutory and third sector providers, service users and carer representatives from the whole mental health spectrum, including children, adult and older people. Its vision for Angus is to support:

- All agencies working together to promote prevention and early intervention opportunities and activities,
- Service improvements
- Effective links with other strategic planning groups including the Angus HSCP Strategic Planning Group and the Tayside Mental Health and Wellbeing Strategy Board.

The aim of the Network is to achieve the best outcome possible for the citizens of Angus in relation to all aspects of mental health and wellbeing, including suicide prevention. An example of the Networks success to date has been co-ordinating financial support to third sector organisations to increase their capacity as a consequence of Covid 19.

The work of the Network is influenced by the National Mental Health Strategy 2017 – 2027, the National Suicide Prevention Action Plan August 2018 and the Angus HSCP Strategic Commissioning Plan.

### 3. CURRENT POSITION (Examples of local developments)

#### 3.1 Co-occurring Mental Health and Substance Use (Co-morbidity)

Angus have established an improvement project to address the needs of people with a co-occurring mental health and substance use problems who experience challenges to accessing specialist services. The vision is to produce an outcome where:

*Every person with co-occurring mental health and substance use problems can access services where and when they require it and are able to move through the system easily within Angus Integrated Mental Health Services.*

This will be achieved through:

- Staff knowing about each other's role
- Having knowledgeable and skilled staff in mental health and substance use problems
- Having agreed clear pathways
- Having a simplified referral system which is underpinned by an inclusive approach to complex / co-occurring needs e.g. easier access to the right support at the right time
- With assessment, interventions and documentation
- With movement through the system as the person progresses
- Underpinned by clear and simple communication systems.

#### 3.2 Enhanced Community Support for Community Mental Health Services.

Following an engagement exercise with the North East Cluster Group it was agreed to review the community mental health team model, with all GPs supporting piloting a new primary/secondary model. This will result in a multidisciplinary team of up to 10 people being based in the Links Health Service, Montrose who will develop stronger relationships with the GPs, provide a single entry point for all mental health specialities and third sector providers, screen and triage all referrals ensuring, by working with services users, that they reach the right service at the right time. This team will include the following:-

- Peer Support Workers
- Recovery Workers
- Community Mental Health Nurses
- Substance Misuse Workers
- Mental Health Social Workers
- Psychological Therapies.

As more services and interventions as made available, it is recognised that it may be problematic for people who use our services to navigate. This pathway will replicate a growing number of services who adhere to a 'no wrong door' policy and no referral will be rejected. Instead where it is unclear what intervention is required a conversation will take place with the service user at the point of screening to agree how best to meet their needs.

The target date for this service commencing is January 2021. Following an evaluation, it is planned this approach will be implemented across Angus.

#### 3.3 Seven Day Working

A specific recommendation of Trust and Respect relates to Angus - ***Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.*** Angus Mental Health Services has an agreed plan, ready to implement, to expand the existing Monday to Friday Community Mental Health Teams to deliver Enhanced Home Treatment to support people, who may require daily visits by professional staff in their own homes to manage an acute mental health episode, seven days per week, 52 weeks per year. Seven day working in the community will be supported by a 24/7 multi-disciplinary Crisis Assessment Service currently based at the Carseview Centre, Dundee. We anticipate this going live in North Angus by January 2021 and South Angus sometime in 2021/22 subject to a transfer of resource from NHS Tayside.

### 3.4 Advanced Nurse Practitioners and Senior Social Work Practitioners

Community Mental Health Services have introduced two new roles to meet the changing needs of people who use our service. Within the last 12 months we have appointed two Advanced Nurse Practitioners (ANPs) and two Social Work Senior Practitioners.

The ANPs role is to work within the Primary Care setting to improve the physical health of people who have mental health difficulties. They work closely with people and their families/ carers to identify physical and mental health clinical issues quickly, ensuring the individual is supported to access the most appropriate intervention. They explore and help patients overcome barriers to universal screening programmes all of which help improve life expectancy. **Appendix 1** contains a reflective account of one the ANP which demonstrates the differences their role is making to our population.

The Senior Practitioners were appointed earlier this year. Their main role is to ensure the delivery of robust scrutiny of professional social work practice across the community mental health services. These posts help the service demonstrate, promote and uphold social work values and deliver fair and evidence-based decision making. Their workload is heavily influenced by legislation. Examples include Adults with Incapacity (Scotland) Act 2000, Adult Support and Protection (Scotland) Act 2007, The Social Care (Self-directed Support) (Scotland) Act 2013 and the Carers (Scotland) Act 2016. Early feedback from staff indicates they are benefiting by being able to have this expert resource in their teams to discuss more complex cases where different legislation can be used to protect the individuals they are working with. Senior practitioners are involved in triaging referrals often resulting in people being allocated to the most appropriate discipline, minimising any delays in the individual receiving the most appropriate care and support.

### 3.5 Peer Support

There is now a mental health and wellbeing peer worker in every GP Practice in Angus.

This new service, devised following significant consultation across Angus with GPs and user groups offer quick, easy access to support adults over the age of 16 years old. The peer worker will offer one to one support for up to three appointments, will provide information, self-management tools, provide social, emotional or practical support and focus on strengths and work towards recovery. It is delivered by Penumbra in South Angus and Hillcrest Futures in North Angus. Comments from people who have used the mental health and wellbeing peer support service include:

*"Speaking to someone who's lived the same experiences as yourself is much more meaningful"*

*"Liked how it was available at local surgery, liked the speed at which available".*

### 3.6 Listen Learn Change

Listen Learn Change is the Action Plan for mental health services in Tayside in response to 'Trust and Respect' Independent Inquiry Report (February 2020). This Action Plan sets out Tayside's approach to delivering the 51 Recommendations contained in the Trust and Respect as well as the Health Improvement Scotland Report published in July 2020. To deliver this ambitious change programme Tayside has formed a Mental Health & Wellbeing Strategic Programme Board, accountable for the development of the Tayside Mental Health & Wellbeing Strategy.

Partnership working in Angus is represented on this Strategic Board by the following key people:

Angus Chief Social Work Officer	Providing a CSWO and local authority perspective
Chair of Angus Voice	Provides a perspective from those with a lived experience in Angus
CEO, Voluntary Action Angus	Provides third sector input from Angus
CEO Angus Independent Advocacy	Ensures independent advocacy is represented within the strategy
Head of Angus Mental Health Services	Representing all interests of Angus HSCP

In addition there are a number of people who have Tayside or national roles ensuring other stakeholder groups are represented including carers, children and young people, people with learning disabilities and staff partnership groups.

### 3.7 Covid-19

As a result of the Covid-19 pandemic the need to look after our mental health has never been greater. We need to see a continued focus on good mental wellbeing, and ensuring the right help and support is available for mental health when needed. The reality is we now face long-lasting economic, social and health challenges. Our emotional resilience is being tested.

Over the past 6 months the services have worked and supported all partners to adapt to new ways of working. This includes increased use of NearMe technology to deliver treatments and offering grants to third sector organisations to address any short term financial risks. A fuller mobilisation plan has been developed in Angus and Tayside. **Appendix 1** contains an account from one Angus Third Sector Partner.

What members of the Angus Mental Health and wellbeing Network have said aligns with the emerging body of academic evidence on the mental health impacts of Covid-19 and lockdown. The Scottish Mental Health Research Advisory Group has a critical role in translating research findings into advice for the Scottish Government. Their initial findings can be summarised into the following key themes:

- Pre Covid-19, rising public awareness and demand for mental health treatment was outstripping supply.
- There are, and will be, different impacts on different populations mostly associated with traditional inequalities.
- Traumatic experiences in acute hospitals for patients, and for people living in care homes, could lead to mental health morbidity, requiring additional help. This is also the case for people involved with patients or residents, including staff.
- Early impact is higher level of distress. Later formal anxiety and depressive disorders are likely to emerge, as will greater rates of substance misuse, traumatic reactions, self-harm and suicide.
- An 8% current worsening of the incidence of mental health disorders is estimated. This is particularly for anxiety and mood disorders and particularly in young people and women.
- There will be challenge in meeting new need, and gearing back up services, but opportunities arise for better individualised approaches to personal wellbeing and mental health service delivery. There have been many successes in terms of how services have been reshaped. Some will remain in place or will be further developed to better meet need in a person-centred way.
- The critical influence of inequalities will require cross government work and commitment.
- Joint focus will be needed on both population wellbeing and on mental ill health. The evidence base is still developing but suggests there is a need for whole population approaches alongside targeted support for at risk and vulnerable groups.

#### 4. FINANCIAL IMPLICATIONS

With the exception of funding seven day working in South Angus, all of the above developments are included within existing HSCP financial plans. It was confirmed in 2019 that a resource transfer from Inpatient Services to Angus HSCP would take place to fund these additional costs.

#### 5. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

<b>Direction Required to Angus Council, NHS Tayside or Both</b>	<b>Direction to:</b>	
	No Direction Required	X
	Angus Council	
	NHS Tayside	
	Angus Council and NHS Tayside	

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Appendices: Appendix 1 - Angus Third Sector Partner and ANP Account

### **Angus Creative Minds**

Angus Creative Minds is a centre for creativity to benefit health and wellbeing, with a particular focus on removing health or social barriers to participation. We celebrate everyone's creativity. Our policy is one of engaging in all level of the arts, e.g. full time artists; community groups; people at the early career stage; people wanting to have a go; and people who might need encouragement to try something. Many of our visitors and members hear about us through workers within Angus Health & Social Care Partnership, through the voluntary sector and through word of mouth.

Having opened in October 2019, the pandemic hit when we were still in the process of securing funding to cover our core costs for 2020/21. We had already secured small amounts of funding from Corra (#shiftpower) for a mental health podcast group project (3 hours per week), and from the National Lottery Community Fund for a creative group facilitator (7 hours per week), and from CIF for a proportion of our premises costs. During lockdown we secured short term funding from the Scottish Government Wellbeing Fund, Foundation Scotland's RRR fund, and the Third Sector Resilience Fund, which enabled us to emulate our focus on Creativity, Skill-sharing and Community remotely. Along with those we were already connected with, we were able to distribute creative resources through our contacts with local mental health teams, Penumbra and the Community Opportunities Team.

The sustainability grant from Angus Health and Social Care Partnership means that from August 20 to March 21, as we progress through the Scottish Government route map out of COVID-19 we are able to continue to provide people with access to a range of creative activities - varying between face to face, Creative Connections newsletters, using video technology etc - currently for 21 hours per week. Our team of part time, sessional staff and volunteers have particular empathy with the health and social challenges many of our visitors and members face.

### **Advanced Nurse Practitioner**

Triaging patients whose appointments were significantly delayed due to Covid or had missed contacts. This involved anticipating client needs and capturing salient information including health status, physical health needs, and anticipatory medications. This included any plans for treatment change, need for urgent contact, onward referral or in some cases discharge. Verbal feedback from clients was predominantly positive and most people appeared grateful for reassurance, contact advice support or signposting.

The process of triage revealed that there were some patients who could be safely discharged either due to recovery, disengagement or in getting their needs met elsewhere. Some patients were appropriately signposted to other organisations such as Penumbra, counselling, social work, housing or psychology. There were other patients whose physical health needs on enquiry were the primary issue, and perhaps due to barriers in knowing how or who to contact during the pandemic were supported in getting their needs met. One example of this was in re-directing patients to respiratory or practice nurses for inhalers or in making recommendations for the GP for follow up. In addition to this there were some safeguarding issues which required additional liaison with services or family members. This highlighted an opportunity for developing the anticipatory care plans for future the ANP role to include prompts for safeguarding such as gender base violence, child protection, welfare and guardianship to name a few.

Working through cases on triage offered a rare opportunity to think about anticipatory, prevention and early intervention. It was also clear that there were challenges evident for some patients with mental health problems and complex needs in accessing or articulating their needs. In some cases I was able to begin to address barriers on their behalf in meeting their needs. Having the opportunity and permission to be curious about people's physical health needs in addition to their mental health needs helped to consolidate some of the theory from the advanced clinical skills module. This provided context and confidence in asking the right questions about people's physical health with more structure and clarity for both the patient and in feeding this back to other health professionals.