



Business Case

Project Stage
Define

Project Name	Action 15: Increasing Mental Health support in HMP&YOI Grampian – city contribution (joint project with AHSCP)	Date	14/09/2020
Project Manager/ Author	Jeff Shaw, MH/LD Manager, Aberdeenshire HSCP Julia Wells, Aberdeenshire HSCP Susie Downie Transformation programme manager, ACHSCP	Date of Programme Boards/ IJB	EPB IJB October

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1. Business Need

The Aberdeen City Health & Social Care Partnership (ACHSCP) recognises that redesigning services to meet people's needs across health and justice settings is complex and that it will require collaborative partnership working across organisational boundaries. The key leads and stakeholders from ACHSCP have been working with colleagues from Aberdeenshire to implement projects cross boundary with a focus on people's outcomes. This ensures the organisations are using resources effectively and most efficiently.

This project has been led by Aberdeenshire HSCP (AHSCP) and this paper seeks to agree funding for the Aberdeen City contribution towards mental health support in one of the key settings identified by Action 15, HMP&YOI Grampian.

The proposal recognises the need to deliver a tiered approach to support people in custody to support and improve mental wellbeing within HMP&YOI Grampian. Recognises characteristics (trauma history, cognitive impairment, impact of substance misuse, socio-economic determinants) within prison population and provides a holistic and targeted service. The desired outcome is to contribute to the improvement of peoples functioning so that they are able to better engage with the opportunities which prison presents in terms of recovery and progression. This should then contribute to improved longer term and sustained positive outcomes in the transition out of prison and integration into communities.

Strategic Alignment

The Scottish Government Mental Health Strategy has committed to increase the mental health workforce by an additional 800 workers within key settings (A&E, Custody Suites, GPs, Prisons) in order to increase access to appropriate mental health support as early as possible. This project will improve access to workers within those key settings.

The project will contribute to the following aims of the strategic plan:

- Prevention – to provide timely interventions to those in prison
- Early intervention –a supportive response to de-escalate where possible

Under the new prison health care arrangements, prisoners are now entitled to equivalent access to the same quality and range of health care services as the general population, and they have the same rights in relation to mental health care as other patients (The Mental Health (Care & Treatment) (Scotland) 2003 Act; The Equality Act, 2010).

NHS Grampian is therefore required to provide equal access to Psychological Interventions to its prison population as is available to its general population; and within Aberdeen City and Aberdeenshire community adult mental health service patients would have access to clinical psychologists / CBT therapist at tier 3/4 within the community mental health team; and would have access to mental wellbeing workers / psychological therapist at tier 1/2 primary care level.



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In addition, within community settings there is a HEAT target requirement for psychological therapies to be commenced within 18 weeks of referral; current waiting time to the psychological therapies service is around 18 weeks with generally only high intensity / specialist referrals being submitted - and so waiting time would be likely to significantly increase if referrals for low intensity interventions were to commence given probable prevalence of common mental health problems.

HMP&YOI Grampian: Prison Population

At 10/03/2020, the prison population at HMP & YOI Grampian was 454 of which 217 were from Aberdeen City and 93 Aberdeenshire. The remaining 144 were from other areas in Scotland and from England.

Prison Population (May 2020)	Total	%	% incl OOA
Overall Population	454		
City	217	48	64
Shire	93	20	36
Out of Area (OOA)	144	32	

Following the early prisoner release process during May 2020, at 23/06/2020, the prison population at HMP & YOI Grampian was 393 of which 194 are Aberdeen City and 78 Aberdeenshire. The remaining 121 are from other areas. A table below demonstrates the split of population between the 2 partnerships. As this is to be a Prison-wide service the OOAs would be split 50/50 between the organisations. A total percentage is given below.

Demonstrating little variation in terms of the split although the numbers are reduced.

Prison Population (June 2020)	Total	%	% incl OOA
Overall Population	393		
City	194	49	65
Shire	78	20	35
Out of Area (OOA)	121	31	

Psychological Needs of the prison population in UK:

Its widely known that people who are in prison are affected by mental health and mental wellbeing issues. Various needs analysis' have highlighted high levels of psychological need within the prison population. In a psychiatric morbidity study in prison in England and Wales up to 90% of the population were found to have a mental health problem (Singleton et al, 1998). Light, Grant and Hopkins (2013) found that male and female People in custodys (aged 18 and over) reported much higher rates of **anxiety** (61% of females and 33% of males) and **depression** (65% of females and 37% of males) than general populations (mixed anxiety and depressive disorder: 11% of females and 6.9% of males;



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McManus et al., 2009). Rates of reported **psychotic symptoms** (25% of females and 15% of males) were also higher than in general populations (0.5% of females and 0.3% of males; McManus et al., 2009). Similarly, People in custody reported rates (21% of females and 7% of males) of **suicide attempts** in the year preceding custody higher than those in general populations (0.4% of males and 0.9% of females; McManus et al., 2009), and the same for rates (29% for females and 13% for males) of **self-harm** (general population: 3.5% of females and 3.4% of males; McManus et al., 2009).

Needs Identified in Needs Analysis Conducted in prisons in Scotland:

In a recent needs analysis of prisons in NHS Greater Glasgow and Clyde (2017) - **45%** of the total number of referrals to the Clinical Psychology and Psychological Interventions Service across all three prisons were as a result of **trauma related difficulties**. This was followed by “**common mental health problems**” which accounted for **27%** of referrals to the service (Anxiety = 16%, Depression = 6%, and Poor Coping/Affect Regulation = 5%). Personality disorder and interpersonal difficulties accounted for a further 10% of referrals to the service, with the remainder attributed to neurodevelopmental disorders (3%), OCD (2%), Bipolar Affective Disorder (2%), Psychosis/Schizophrenia (1%) and “other” (10%).

Similarly in a recent needs analysis for prisons in NHS Forth Valley (2016) which involved review of sample of current mental and substance use service caseload - high levels of common mental health difficulties were noted (i.e. anxiety, depression and stress) within caseloads in all prisons. There was also a high prevalence of childhood traumatic experiences, illicit drug use, complex and co-morbid mental health and substance misuse problems. Staff identified complex trauma as the key underlying need for mental health and substance misuse problems (Kreis, Ogilvie, Connor & Lowe, 2016).

HMP&YOI Grampian: Mental Health Referrals

Mental health referrals made to the Prison Health Centre during the year 2019, totalled 458 referrals. The nature of the referrals ranged in complexity and treatment need. At March 2020, the mental health nurses each carried approximately 100 people on their caseload. There were 131 People in custody on medication for depression. There was an 18-week waiting time to be seen by the Consultant Clinical Psychologist. Not every referral translates into a clinical diagnosis and treatment need. The prison based mental health service which includes medical and nursing staff clearly approach the deliver of their service from a medical perspective. What the proposal seeks to achieve is to enhance this provision through access to non-medicalised interventions.

Gaps in provision

At present in HMP&YOI Grampian there is a consultant clinical psychologist able to offer psychological assessment and intervention for the most complex mental health problems and so delivery of highly specialist intervention. A Band 7 psychological therapist provides delivery of high intensity interventions.



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The gap therefore in the provision of psychological therapies care for patients in HMP & YOI Grampian is the delivery of low intensity interventions which could potentially offer intervention to address: anxiety, depression (including behavioural activation), stress management, sleep problems, increased self-awareness, emotion regulation and development of coping skills, stabilisation in trauma, and recovery from mental health and substance problems.

Roles

The approach would look to have a variety of roles within the model to reflect the variety of need within the custody population. See above information on needs analysis. Recruitment at the prison is an ongoing challenge however asset psychologists (whom would fit the requirements of this role and who need this type of experience) are abundant within health sector. The proposal looks to embed resource within existing structures as a supporting role to the psychologists whom will be able to support CBT but under supervision of the wider team. It also allows for the opportunity to progress staff in-house in an area difficult to recruit.

Finance

Consideration ought to be given that there may be adjustment in the financial contributions. Any change will be by negotiation and agreement based on actual usage and will likely even out and not adversely affect our overall budget.

2. Objectives

1. To improve people in custody outcomes and mental health support treatment and recovery within HMP&YOI Grampian
2. To meet the Scottish Government target of increasing mental health support in key settings (incl. HMP&YOI Grampian)
3. To introduce new roles and ways of working
4. To utilise resources effectively and efficiently
5. To ensure equity and equality of mental health support services within a prison setting

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3. Options Appraisal

3.1. Option 1 – Do Nothing / Do Minimum

Description	To not put in place support within HMP&YOI Grampian.
Expected Costs	No costs.
Risks Specific to this Option	This option is not viable as the partnership would not be meeting Scottish Government targets for key settings as per national strategy (Action 15).
Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> • No funding is required. <p>Disadvantages</p> <ul style="list-style-type: none"> • Waiting times would continue to increase in current MH services supporting the prison population. • Inappropriate referrals to other services which would be not best use of current resources.
Other Points	None

3.2. Option 2 – Tiered Model complementing existing service provision (OT and Mental Wellbeing Worker)

Description	<p>This model looks to ensure that support is given to meet those wider mental health and wellbeing needs through intervention which may complement existing service provision or provide an alternative and more appropriate service. This approach is enabling and support positive decision making to improve MH outcomes.</p> <ul style="list-style-type: none"> • 0.6wte x Band 6 Occupational Therapist • 1wte x Band 5 Mental Wellbeing Worker (Mental Health)
Expected Costs	<u>Cost:</u> £72,166 per annum including on costs
Risks Specific to this Option	<ul style="list-style-type: none"> • Demand may exceed service capacity. • Failure to meet the needs of the custody population.



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Advantages & Disadvantages	<p>Advantages</p> <ul style="list-style-type: none"> • Opportunity for the population within the setting of prison to have access to a stepped mental health and mental wellbeing support service • Opportunity for screening into specialist mental health services within the setting of prison • Enhances existing collaborative practice with other prison-based service providers such as public health and social work which already exists in the setting of prison • Creates improved care pathways and transition planning as part of throughcare provision <p>Disadvantages</p> <ul style="list-style-type: none"> • Limited service capacity given the size of the population in prison • Failure to meet need.
Other Points	n/a

3.3. Option 3 – Tiered Model Option 1 with Clinical Psychologist (Older Adult) and Asst Psychologist (Brain Injury)	
Description	<p>This model looks to ensure that support is given to meet those wider mental health and wellbeing needs through intervention which may complement existing service provision or provide an alternative and more appropriate service. It also includes the additional resource of a 0.5wte Asst Psychologist specialising in brain injury. This allows a level of response to people who are affected by potential brain injury or early onset dementia.</p> <ul style="list-style-type: none"> • 1wte x Band 6 Occupational Therapist • 1wte x Band 5 Mental Wellbeing Worker (MH) • 0.2wte x Band 8a Clinical Psychologist (OA) • 0.5wte x Band 5 Assistant Psychologist (BI)
Expected Costs	<u>Cost</u> : £136,595 per annum (including on costs)
Risks Specific to this Option	<ul style="list-style-type: none"> • Older Adult and Brain Injury screening/intervention may create increased demand for other parts of the health centre provision • Demand exceeds service provision



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Advantages & Disadvantages	<p><u>Advantages:</u></p> <ul style="list-style-type: none">• Enhances delivery of existing OT and psychology services which are evidence based and will provide a stepped care model of service• Service will meet the demand of the population within the setting of prison, however, may have limited capacity• Provides screening opportunity into specialist services• Recognises characteristics within population specifically early onset dementia and brain injury so provides a fairly holistic and targeted service <p><u>Disadvantages:</u></p> <ul style="list-style-type: none">• increasing concern regarding meeting potential demand to provide comprehensive service• more expensive model
Other Points	Any other relevant information.



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3.4. Scoring of Options Against Objectives

#	Objectives	Option 1	Option 2	Option 3
1.	To improve People in custody outcomes and mental health support treatment and recovery within HMP Grampian/YOI	0	3	3
2.	To meet the Scottish Government target of increasing mental health support in key settings (incl. HMP Grampian/YOI)	0	2	3
3.	To introduce new roles and ways of working within health and social care.	0	2	2
4.	To utilise resources effectively and efficiently by working with partners.	0	3	1
5.	To ensure equity and equality of mental health support services within a prison setting.	-1	2	3
	Totals	0	12	11
	Rank	3	1	2

Scoring

Fully Delivers = 3; Mostly Delivers = 2; Delivers to a Limited Extent = 1; Does not Deliver = 0; Will have a negative impact on objective = -1

3.5. Recommendation

The recommended option is **Option 2 – Tiered Model complementing existing service provision (OT and Mental Wellbeing Worker).**

4. Scope

This project looks to be a prison-wide service to ensure equity of service.

This project will ensure smooth transition via a multi-disciplinary and multi-agency case management whom will support the reintegration of individuals back into the community within Aberdeen City. HMP Grampian's Offender Outcomes Team have a standardised procedure to engage with community partners, external agencies and appropriate organisations to assist those individuals. Partners will work together in ensuring adequate support has been identified and referrals have been made for prisoners prior to liberation (i.e. housing, mental health, employability, welfare, addictions). This will be based on individual needs. It will ensure that all individuals sentenced to short term sentences with no statutory or licence conditions leaving HMP Grampian and reintegrating back into the Aberdeen City.



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4.1. Out of Scope

A recurring £30,000 for a part time permanent social work post has been committed by Aberdeenshire Health and Social Care Partnership to deliver support and low intensity interventions to people who are affected by substance misuse and mental health/ mental wellbeing issues. This post will work alongside the Action 15 posts delivering a service to people from Aberdeenshire.

Aberdeen city as part of the mental health redesign and in line with the recently consulted ACHSCP Promoting Good Mental Health Delivery Plan (2020) will work to ensure community mental health support across a 7-day week for those requiring tier 1 support.

4.2. Project Dependencies

This project is dependent on the successful and timely recruitment to posts.



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5. Benefits

Benefits will be defined and monitored by the project team within Aberdeenshire HSCP and will be reported back via ACHSCP Action 15 Steering Group. Types of benefits are included below however these are not finalised nor exhaustive and will require further development once service is in place.

People in custody Benefits (TO BE AGREED)

<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Wellbeing	Resilience	Outcome Questionnaire	On initial assessment	Improved citizen resilience	Baseline @ 6 & 12 months
	Quality of life	Outcome Questionnaire	On initial assessment	Improved quality of life	Baseline @ 6 & 12 months
	Happiness	Outcome Questionnaire	On initial assessment	Increased happiness	Baseline @ 6 & 12 months
Satisfaction	Perception of MH Support project	Service Questionnaire & Interviews	n/a	Standard and satisfaction with care is no worse than usual care	@ 6 months



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Staff Benefit (TO BE AGREED)

<u>Benefit</u>	<u>Measure</u>	<u>Source</u>	<u>Baseline</u>	<u>Expected benefit</u>	<u>Measure frequency</u>
Satisfaction	Perception of improved outcomes	Service Questionnaire & Interviews	n/a	Standard and satisfaction with care is no worse than usual care	@ 6 months
	Perception of improved capacity				

6. Costs

6.1. Project Revenue Expenditure & Income

Funding required from Aberdeen City Health and Social Care Partnership for their contribution to provision of mental support within HMP&YOI Grampian: 1x Mental Health Support worker (Band 5) and 1x Occupational Therapist (Band 6). These are permanent posts however a 4-year projection has been given.

The total commitment is £46,908 (with added pay increases) on a recurring basis. Demonstrated below over a 4-year period.

Year	2020/21	2021/22	2022/23	2023/24	Total costs	Contrib. /Prison population %
City Contribution	£46,908	£48,081	£49,282	£50,515	£194,786	65
Shire Contribution	£25,258	£25,890	£26,537	£27,200	£104,885	35
Overall Service Cost	£72,166	73,970	75,819	77,715	<u>£299,670</u>	



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7. Procurement Approach

If this project will involve the procurement of products or services, describe the approach that will be taken based upon the recommended option.

Not applicable. Aberdeenshire HSCP will recruit directly to the posts internally.

8. State Aid Implications

Indicate whether this project will have any state aid implications.

There are no anticipated state aid implications.

9. Equalities Impact Assessment

What equalities impacts (including health impacts) with the project have. Indicate whether an equalities impact assessment and/or health impact assessment has or will be undertaken.

The project will actively promote the engagement of People in custodys from diverse and marginalised groups by:

- Engaging and supporting the engagement from diverse backgrounds
- Encourage processes to make it easy to find, understand and use information

10. Key Risks

Description	Mitigation
<i>Fully explain any significant risks to the project, especially those which could affect the decision on whether and in what form the project goes ahead.</i>	<i>Details of any mitigating action already taken or suggested</i>
Lack of buy in from the HMP Grampian staff, who therefore resist its implementation.	<p>Cocreation of the project objectives with service managers involved in the development of the business need and proposed solutions.</p> <p>Sharing examples of best practice to demonstrate role value and purpose.</p> <p>Production of clear guidelines and appropriate documentation to ensure role clarity.</p> <p>Post holders to ensure communication and to champion project within/ out with the prison.</p>
Lack of time in programme to achieve clear outcomes	Posts will be amalgamated with the existing structures to ensure assimilation and best use of resources using a team based approach.



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For the proposed new model of service delivery to be effective and to maximise the benefits, full commitment and “buy in” to the new service model and the project from all partners and stakeholders is essential.	Communication and Engagement Strategy to be in place
Demand outstripping resources.	Resources will be reviewed regularly to ensure capacity is used to best effective within constraints.

11. Time
11.1. Time Constraints & Aspirations
The service looks to recruit and be in place from 2020/21 financial year.

11.2. Key Milestones												
<table border="1"> <thead> <tr> <th>Description</th> <th>Target Date</th> </tr> </thead> <tbody> <tr> <td>Draft model, plan and funding stream identified</td> <td>July-August 2020</td> </tr> <tr> <td>Approval at City Action 15 meeting</td> <td>13th August 2020</td> </tr> <tr> <td>Approval at EPB</td> <td>02 Sept 2020</td> </tr> <tr> <td>IJB decision</td> <td>October 2020</td> </tr> <tr> <td>Implementation following decision</td> <td>October 2020</td> </tr> </tbody> </table>	Description	Target Date	Draft model, plan and funding stream identified	July-August 2020	Approval at City Action 15 meeting	13 th August 2020	Approval at EPB	02 Sept 2020	IJB decision	October 2020	Implementation following decision	October 2020
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12. Governance								
<p><i>Include any plans around the ownership and governance of the project and identify the people in the key project roles in the table below.</i></p> <p>This project will be jointly accountable to both the Aberdeen City & Aberdeenshire’s Health and Social Care Partnerships. It will be reported for ACHSCP via the Action 15 Steering Group 6-weekly and ultimately the Executive Programme Board and IJB.</p> <p>Aberdeenshire HSCP as the lead for this project will be responsible for its delivery and have a local project team in place.</p>								
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Project Sponsor	Kevin Dawson, Lead Mental Health / LD /SMS Services, ACHSCP / Julia Wells, Service Manager / MH/LD Manager, AHSCP							
Programme Manager	Susie Downie, Transformation Programme Manager, ACHSCP							
Project Manager	Carina Strachan – Strategic Development Manager, AHSCP							



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Implementation Lead	Dawn Leslie, Service manager, AHSCP
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13. Constraints
<i>Document any known pressures, limits or restrictions associated with the project.</i> Constraints are being defined and managed as the project progresses.

14. Resources			
Task	Responsible Service/Team	Start Date	End Date
Third sector interface			
Data Sharing/ Information Governance Advice			
To review role and remit	OT-Lead		

15. Environmental Management
The project should have a neutral impact on the environment as the team will be based within the prison itself.

16. Stakeholders
Key stakeholders have been identified and AHSCP will develop a communications plan. Aberdeenshire will ensure relevant updates are provided to all stakeholders as required.

17. Assumptions
Plans and financial projections for this project will be developed on the assumption that it will be successful in delivering its anticipated benefits and that capacity within the third sector is available.

18. Dependencies
This project is part of a wider transformational programme across Aberdeen City intended to radically change the system of health and social care. Whilst this project will have great value on its own, when it is taken together with the other elements of implementing the integration strategies and plans it will provide essential and fundamental support for service change across the city.
Whilst this project is dependent upon the partner organisations successfully dealing with the challenges in a positive and proactive way, it is also a significantly contributing action that is part of the overall approach to dealing with these issues through:



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- Promoting people's shared responsibility for prevention, anticipation and self-management
- Improved integration across the ACHSCP and other public and third sector bodies
- Recognition, promotion and development of mental health wellbeing team
- Engagement and buy in from frontline and community based services

19. Constraints

Constraints are being defined and managed as the project progresses.

20. ICT Hardware, Software or Network infrastructure

Description of change to Hardware, Software or Network Infrastructure	EA Approval Required?	Date Approval Received
Mobile device and ICT equipment to be provided by the Aberdeenshire HSCP for the post holders as required.	No	

21. Support Services Consulted

Service	Name	Sections Checked / Contributed	Their Comments	Date
Finance	Gillian Parkin / Eve Bain	Finance	No amendments	13/08/2020
MH/LD	Service Managers	Whole Document	Re 3 sector applicability/ management of posts	14/08/2020
HMP&YOI Grampian	Dawn Leslie	Whole document	Amended options / Data	15//08/2020
Legal				

22. Document Revision History

Version	Reason	By	Date
1.0	Initial draft for sub-group	D Leslie / J Shaw	26/07/2020
1.1	Amended financials	S Downie	11/08/2020

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1.2	Finalised	S Downie	14/09/2020
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