

	<h1>Business Case</h1>	Project Stage Define
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Project Name	Action 15: Increasing Mental Health support in HMP&YOI Grampian – city contribution (joint project with AHSCP)	Date	23/11/2020
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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) because the delivery of health services within HMP&YOI Grampian are hosted by Aberdeenshire Health and Social Care Partnership. 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 matched step care model to support and improve mental wellbeing within HMP&YOI Grampian population. The proposal recognises common characteristics (trauma history, cognitive impairment, impact of substance misuse, socio-economic determinants) within the 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 mental health and mental wellbeing interventions to its prison population as is available to its community population. Within Aberdeen City and Aberdeenshire, community adult mental health service patients would have access to occupational therapists and clinical psychologists / CBT therapist at



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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. Access to Occupational Therapy (OT) provision within the prison setting reflects community provision, provides alternative and complimentary interventions to addressing mental health and wellbeing and further enhances delivery of clinical and psychological interventions, meeting the particular needs of the prison population and again contributing to the prevention of escalating behaviour and deteriorating mental health. Occupational Therapy provision in the setting of prison further contributes to early intervention, the environment sometimes being the catalyst for a distress reaction which can be managed in a more timely and appropriate manner without escalation to a clinical intervention.

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. Community integration in the transition out of prison is enhanced by the care pathway between prison based OT and community led OT and other throughcare supports. This continuity of care informs what support should be established so again contributing to the reduction of risk of escalation in behaviour and deterioration in mental health and wellbeing given the difficult time which is known to be the transition experience leaving prison.

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.



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

Mental Health Needs of the prison population in UK:

It is widely known that people who are in prison are affected by mental health and mental wellbeing issues. Various needs analyses have highlighted high levels of mental health 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 males and females in custody (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; 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 a 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).



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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 but the current service is targeted towards complex needs including severe and enduring mental health problems (similar to a CMHT model). Primary care mental health needs tend to be addressed by prison based GP services, and for example at March 2020, 131 people in custody were on medication for depression.

Based on current NICE guidelines for the treatment of the mental health difficulties most commonly identified in UK and Scottish prisons (i.e. depression, anxiety, trauma); all guidelines recommend Cognitive Behavioural Therapy based psychological interventions alone or in combination with drug treatment.

Additional Mental Health Needs of the Prison Population: Mental Health Needs of Older Adults and individuals with a Brain Injury

- **Brain Injury Population**

The prevalence rate of traumatic brain injury varies within the literature; however, a recent UK study showed that using a screening measure 47% of a prison population sample indicated they had experienced a traumatic brain injury with 76% of them experiencing more than one (Pitman et al., 2014), leading to mild to moderate cognitive impairment. The National Prisoners Healthcare Network published a document on Brain Injury and Offending (2016) which highlighted a recent study by the Division of Clinical Neuropsychology which found that around 12% of the prison population have a severe head injury. They highlight that there is a section of the prison population who have mild head injuries which still need to be considered in terms of responsivity to interventions. With increased resource to screen and detect head injuries, rehabilitation programmes and mental health input can be adapted, to better serve the needs of this population.

- **Older Adult Population**

Dementia is a progressive organic brain disease that gradually impairs cognitive abilities. Although dementia prevalence rates in UK prisons are still unclear, it has been estimated at somewhere between 1% and 4%, with an expectation that this will increase in the future due to an ageing population (Moll, 2013). Prisons in the UK, including in Scotland, have been repeatedly criticised for failing to meet the social care needs of prisoners with physical incapacities and personal care needs (Couper & Fraser, 2014; Le Mesurier 2011; Moll, 2013). In addition, in the UK, comparisons of older adults with younger prisoners suggest that there are higher rates of mental disorder among older prisoners with depressive disorders reportedly five times higher among older prisoners than younger prisoners (Fazel, Hope, O'Donnely, & Jacoby, 2001), and studies estimating that 50% of older prisoners have a psychiatric disorder (Kingston et al., 2011). Several findings also indicate that many older prisoners have life-long unmet alcohol misuse needs, which may



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be related to recidivism and number of times in custody (Arndt et al., 2002; Senior et al., 2013).

Evidence Base and Provision of Occupational Therapy Services for Mental Health Needs

Occupational therapists are already established in many statutory mental health services and the profession has been identified as one of the five key professions for mental health (RCOT 2018). There is growing interest in occupational therapy across the Scottish prison estate and through action 15 monies, several prison health services have been successful in obtaining Occupational Therapy posts.

There is a growing body of evidence within occupational therapy and occupational science literature evidencing the positive impact of and need, for occupational therapy in mental health. Kelly et al (2010) aimed to explore the relationship between recovery and occupation in service users with mental health problems. The participants' highlighted the benefits of occupation in their recovery facilitating feelings of social cohesion, meaning, purpose, normalisation, routine, competence, productivity, skill acquisition, routine and pleasure. These factors enabled the participants to re-establish self-concepts and subsequently promoted mental health.

Birken's 2017 study explored the experiences of people with a personality and mood disorder carrying out everyday activities following discharge from hospital. The findings of this study identified challenges people with a personality or mood disorder experience post-discharge regarding developing a daily routine, managing their home environment and participating in social activities. It also highlighted the negative impact of multiple admissions on activities of daily living and indicated the importance of occupational therapy provision following discharge from hospital.

Considering empirical findings when reviewing clinical findings from Occupational Therapy assessment in the Community Reintegration Unit (Unpublished report: Jamieson & Burnside 2015) and findings from reviewing clinical productivity in 2015 (HMP Grampian Occupational Therapy Service Activity Summary, Jamieson 2016) similar challenges exist for those who are released from prison, having implications on community reintegration, health, wellbeing and desistence.

Gaps in Service Provision and Action 15 Option Proposals

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 (e.g. for individuals who often present with comorbid diagnoses including personality disorder, or who may experience psychotic symptoms). A Band 7 psychological therapist provides delivery of high intensity interventions. ***The gap, therefore, in the provision of psychological therapies in HMP & YOI Grampian is the delivery of low intensity interventions to support provision of matched stepped care model for individuals with mild to moderate mental health and / or substance use problems.***



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At present within HMP & YOI Grampian there is provision for 0.1wte Band 8b neuropsychologist. There is a referral process which provides the opportunity for all agencies within the prison to make a referral to the neuropsychology service based at ARI. Referrals are placed on a waiting list; background information gathered; and patients are then offered appointments for neuropsychological assessment followed by a feedback appointment if appropriate. ***At present there is therefore, a gap in service in terms of sufficient clinical time to enable the psychology service to be based weekly within the prison; and as a consequence this limits opportunities for development of screening process and identification of individuals with brain injury; and limits also opportunities for liaison, consultation and training with other professionals.***

At present the older adult psychology service provides 0.1wte Band 8b clinical psychology service to HMP & YOI Grampian. There is a referral process by which healthcare staff, SPS staff and social work can make a direct referral for cognitive assessment related to potential dementia, chronic mental health problems, or long-term substance misuse. Referrals are placed on the waiting list; background information obtained; and patients then offered an appointment for assessment. Following completion of assessment, a summary of the assessment and recommendations are provided. ***At present there is therefore, a gap in service in terms of sufficient clinical time to enable the older adult psychology service to be based weekly within the prison; and as a consequence this limits opportunities for development of identification of individuals deteriorating cognitive functioning; limits opportunities for identification of emotional and mental health issues for older adults within the prison; limits also opportunities for liaison and support in the implementation of assessment recommendations.***

In HMP Grampian, the Occupational Therapy service has been in operation since January 2015 and consists of 0.5 WTE Band 7 Occupational Therapist (Approx. £26,588 per annum). It works with remand, short term, long term and life prisoners whose ability to participate in meaningful everyday occupations creates problems in relation to their health, prevents progression through the prison system or creates barriers to successful community reintegration. Those seen by the service often present with health comorbidities, are seen by multiple services and their needs span primary, secondary and at times, tertiary care. Many present with mental health problems which do not meet the criteria for secondary specialist mental health services. The service has an average attendance rate of 87%. The service however can only respond to 55% of referrals due to capacity. ***The gap in the provision of occupational therapy is more resource to increase access to this service and increase capacity of the current band 7 through an effective skills mix.***

The options being proposed have been outlined in the Option Appraisal below (section 3).

- **Option 1** seeks no change to the current service provision and so no further information describing this option is required.



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- **Option 2** seeks funding for an Assistant Psychologist and Occupational Therapist and is described in more detail below.
- **Options 3** seeks funding for a Mental Health Worker, Assistant Psychologist for Brain Injury, Older Adult Psychologist, and increased Occupational Therapist resource and is also described below.

Option 2: the proposal seeks to secure:

- An Assistant Psychologist to build upon the existing psychology service and deliver low intensity interventions, tiers 1-2 of the stepped care model.
- An Occupational Therapist (OT) post to build on the existing OT provision and contribute to a more holistic needs led provision of care and support.

The Assistant Psychologist (1.0wte Band 5) would fulfil the following roles:

- To support the process of assessment of psychological needs in collaboration with Band 7 / 8c members of the psychological therapies team by gathering background records and extracting key information.
- Support patients to utilise psychologically informed guided self-help materials to support mental wellbeing and recovery (e.g. Northumberland Tyne and Wear prison-specific self-help guides already currently available to address anxiety, depression and trauma)
- Deliver individual protocol based interventions with clients using cognitive behavioural principles (e.g. problem solving) to support mental wellbeing and recovery
- Work with other psychological therapists to provide protocol based psychoeducational groups [the Forensic Network has available a range of protocolised low intensity treatment programmes to address a range of mental health needs)
- Identify motivational factors and potential barriers, and utilise motivational interviewing based approach to support change (including support with regard to mental health and substance use)
- To deliver the above interventions through regular liaison with primary care / GP services; mental health team, and substance use team.
- To support mental wellbeing and recovery through liaison with wider prison based services including SPS, housing, and education
- To support ongoing progress and reintegration through liaison and handover with community services if appropriate.
- To liaise with older adult psychology service to support process for the screening and early identification of possible dementia, or cognitive decline associated with chronic mental illness or substance misuse within HMP & YOI Grampian (such factors can significantly impact mental wellbeing and ability to engage in therapeutic and rehabilitation services).



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- To liaise with neuropsychology service to support process for brain injury screening and assessment for potential brain injury within HMP & YOI Grampian (such factors can significantly impact mental wellbeing and ability to engage in therapeutic and rehabilitation services).
- To support evaluation of psychological therapies interventions by monitoring administration of psychometrics; maintaining database for evaluation purposes; and engaging in follow-up evaluation (including potential evaluation interview)

The Occupational Therapy (0.6WTE Band 6) Post would fulfil the following roles:

Within HMP & YOI Grampian, there have been significant opportunities created by employing an Occupational Therapist working from an occupational perspective and it would be expected that this would be extended with the recruitment of greater OT resource. These opportunities include:

- Health promotion and Self-Management

The use of occupation as therapeutic tool to support self-management, creating an additional approach to treatment and management of health conditions, complimenting existing pharmacological and psychological approaches.

“I have found this a more meaningful and positive approach. I have never had this kind of thing before – I’ve always thought about it but never had anyone look at it with me”. Service User. Collated in 2016 via care measure

- Supporting Access to Treatment

The occupational therapy service has been successful in identifying mental health issues which have been missed by traditional prison services given the concerns over stigma prisoners can experience and the capacity within the prison mental health teams. Occupational Therapy has successfully engaged such individuals, supported access to the right services and through an occupational approach has supported condition management, prevention, rehabilitation and recovery from mental health and wellbeing problems.

“This approach (occupational therapy) produced some very positive results for prisoners who were not otherwise engaging positively in opportunities within the prison” HM Inspectorate of Prisons for Scotland Report on HMP & YOI Grampian, 2015: P7

“There was evidence that this service had already provided positive support to prisoners who otherwise may have been ‘missed’ by more established interventions and teams” HM Inspectorate of Prisons for Scotland Report on HMP & YOI Grampian, 2015 : P55



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- Early intervention and prevention of mental health problems

An occupational approach has been of significant value with prisoners who are struggling to adapt to prison life, using occupation based interventions to achieve a sense of meaning and purpose within their new circumstances. This has been valued in supporting the adaptive process and preventing a deterioration in mental health and wellbeing.

- Wider variety of treatment approaches available within prison mental health teams.

Having an occupational approach within the prison has offered an alternative approach to address mental health and wellbeing problems, complementing the existing medical and psychological approaches already available. A focus on the daily occupations people do and the roles they hold and where necessary addressing competencies within this, has been seen to reduce crisis presentations within mental health and substance misuse nursing teams and facilitated stability.

- Holistic approach addresses the physical health of those with mental health problems and can help prevent mental health issues in those with physical problems.

Occupational therapy's holistic approach, allows the profession to address physical issues which are contributing to or are a driver for poor mental health and wellbeing. Our holistic practice also ensures that the physical health needs of those with mental health conditions are recognised and addressed.

- Supporting community reintegration

Occupational therapy has assessment tools which are valuable in supporting preparation for release. Reports can be written outlining the supports that an individual with mental health challenges will need to manage daily expectations in the community. This is crucial in minimising stress and supporting health and wellbeing at the point of transition back to the community.

Recruitment Process – Option 2

Recruitment at the prison can be an ongoing challenge due to the specific nature of the environment and demands on workers. There is, however, consistently a significant number of individuals available and keen to take up a post as an Assistant Psychologist and so appointing to this post is not foreseen as problematic. In addition, given the growing evidence base of the effectiveness of OT provision within the setting of prison, the recruitment of an OT is likely to attract wide interest so again recruitment is not foreseen as problematic. NHSG have been consulted on the upcoming recruitment and a collaborative approach will be taken in this process. Aberdeenshire HSCP will be lead employer. The posts will be permanent.



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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.

What is important is that a whole prison approach is taken in the delivery of the Action 15 services so that there is equity across the whole of the prison population. This leads to equal and fair access, is efficient in resource, ethical in approach, practicable in delivery and reduces potential disquiet across the prison estate.

There is sufficiency in funds available through Action 15 within the Aberdeenshire and Aberdeen City Action 15 allocation to fully meet the cost of Option 2.

Option 3: the proposal seeks to secure:

- 1wte x Band 6 Occupational Therapist (to provide enhanced resource to deliver occupational therapy interventions focused upon prevention and recovery)
- 1wte x Band 5 Mental Wellbeing Worker (to deliver low intensity MH interventions – similar role to the Assistant Psychologist in Option 2 above but without specific requirement to complete cognitive screening and liaise with specialist services)
- 0.2wte x Band 8a Clinical Psychologist (to deliver enhanced service for older adults with mental health needs)
 - To develop and implement a process for the screening and early identification of possible dementia, or cognitive decline associated with chronic mental illness or substance misuse.
 - To provide early cognitive assessment for those with dementia or cognitive decline associated with Mental Illness or substance misuse
 - To provide recommendations to support cognitive functioning and potential associated functional difficulties; and offer follow-up support with recommendations to patients and care teams
 - To offer specialist psychological assessment, intervention, guidance for older adults experiencing other mental health problems or substance related problems
- 0.5wte x Band 5 Assistant Psychologist (to deliver enhanced service for individuals with brain injury)
 - completion of initial screening for brain injury
 - review of medical records and brief clinical interview with patient for information gathering
 - delivery of psychoeducational low intensity intervention for mild to moderate brain injury on individual basis



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Finance and Summary

Option 3 is proposed as a comprehensive model for the delivery of mental health care that would meet the very specialist needs of a prison population. Option 3 is, however, not at the present time recommended to the IJB; this is however only because there is not currently available the necessary finances within the allocation of Action 15 budget to fund the posts on a recurring basis.

It is, however, hoped that it might be possible to secure temporary funding to trial and evaluate the above option 3 model through slippage monies. For example, it would be possible to recruit to an Assistant Psychology post on a temporary basis with the focus of the post specifically upon the screening, liaison and delivery of low intensity intervention for older adults and individuals with a brain injury. This would provide the essential evaluation evidence to consider future and recurring investment through other funding streams.



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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
6. To maximise the available financial contribution from Action 15 budget

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



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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 Assistant Psychologist (Mental Health)
Expected Costs	<p><u>Cost:</u> £72,166 per annum including on costs</p>
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.
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	<p>n/a</p>

3.3. Option 3 – Tiered Model Option 1 with Clinical Psychologist (Older Adult) and



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Asst Psychologist (Brain Injury) and additional OT resource.

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 and 0.2wte Clinical Psychologist specialising in the mental health needs of older adults. This allows a level of response to people who are affected by potential brain injury or early onset dementia. It also includes the provision for additional occupational therapy resource to support prevention and recovery.</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	<p><u>Cost:</u> £136,595 per annum (including on costs)</p>
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
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	<p>Any other relevant information.</p>



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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	3	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	3
5.	To ensure equity and equality of mental health support services within a prison setting.	-1	2	3
6.	To maximise the available financial contribution from Action 15 budget	0	3	0
	Totals	-1	16	14
	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

From the scoring matrix Option 2 and Option 3 meet to varying degrees five objectives. although there is a difference in terms of Objective 5. The full specification of these Options have been explored previously. Option 3 which includes the provision of a specialist screening resource to identify people who may be impacted by brain injury does provide a much wider scope of service, therefore fulfilling the objective around equity and equality across the population of the prison. Option 2 builds on existing service provision which is established and is evidenced as effective within the environment of the prison. Option 2, however, lacks the earlier screening resource around the impact of brain injury so has a reduced scoring around equity and equality as the prevalence of undiagnosed impact due to brain injury within the population of people who are in the justice setting is noted. Option 2 also lacks the additional specialist resource for the screening and assessment of dementia and the provision of mental health interventions specifically adapted for the older adult



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population. Option 2 also has reduced occupational therapy provision compared with Option 3.

Of note is the significant difference in the scoring of Objective 6. Option 3 scores zero given that the resource cost fully exceeds the available funds. Option 3 provides greater resource, however, fundamentally the costings of this Option cannot be met although the aspiration is to trial through temporary funding, fixed term posts to develop the evaluation evidence of the resource contained within Option 3 so that future funding from wider funding streams can be explored.

The recommendation of this Business Case is for the endorsement of Option 2 – Tiered Model complementing existing service provision (OT and Assistant Psychologist).

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.

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 Assistant Psychologist (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 custody 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.
For the proposed new model of service delivery	Communication and Engagement



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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.	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												
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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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13. Constraints

Document any known pressures, limits or restrictions associated with the project.

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:

-Promoting people's shared responsibility for prevention, anticipation and self-



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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
1.2	Finalised	S Downie	14/09/2020