



Aberdeen City Health & Social Care Partnership

Delivery Plan for Action 15 of National Mental Health Strategy

This delivery plan sets out, at a high level, the intentions of Aberdeen City Health and Social Care Partnership (ACHSCP) which will contribute towards the national commitment to support the employment of 800 additional mental health workers across Scotland over the next five years to improve access in key settings. The plan aligns with the ACHSCP's developing Mental Health Strategy and with the ACHSCP Primary Care Improvement Plan (PCIP) and should be read in conjunction with both documents.

When "Partnership" is referred to in this document, it refers to the Aberdeen City Health and Social Care Partnership in its widest sense including: staff working for the Partnership employed by NHS Grampian and Aberdeen City Council; independent practitioners and organisations; the third sector including community organisations; and the citizens who live in communities in Aberdeen.



A

BACKGROUND

Action 15 of the National Mental Health Strategy states:

“Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings”

The Health and Justice Collaboration and Improvement Board considered how this commitment might best be delivered and adopted four broad principles that it believes are likely to inform credible local improvements. This plan sets out to contribute to these broad principles which are:

1. the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;
2. the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;
3. prospective improvements may include the provision of services through digital platforms or telephone support;
4. improvement may include development for staff who are not currently working in the field of mental health.

Integration Authorities were asked by the Head of Mental Health and Protection of Rights Division of the Population Health Directorate of the Scottish Government to develop a plan by 31st July 2018 that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. The plan is required to include information on:

- How it contributes to the broad principles
- How it takes account of the views of local justice and other Health partners in the area about what improvements should be introduced.
- How it fits with other local plans currently in development
- Initial scoping of potential staffing changes over the next 4 years as a result of the additional funding towards the committed 800.



B	Goals for Improving Capacity in settings outlined in Action 15 of Mental Health Strategy
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Our goals for the four settings identified in Action 15 are as follows:

Accident and Emergency (A&Es)

Our overall goal for A&E is to ensure the provision of optimum outcomes for patients and to reduce waiting times.

A need has been identified (particularly out of hours), for a triage service, so individuals can have their mental health assessed and subsequently be referred for the level of support that meets their needs in a timely manner. There is a requirement to provide access to Registered Mental Health Nurses especially at peak times (which tends to be Friday and Saturday evenings). Although A&E require access to such a service, it is not thought that this needs to be physically located within the A&E setting. With appropriate referral routes and utilising a peripatetic model, this service could be based off-site, most likely in the Community Mental Health and Wellbeing Hub (the Hub-referenced below under Police Station Custody Suites).

During the first phase of this project, the service aims will be scoped and a business case developed to support the implementation of a test of change. The model will be developed, scaled and embedded, depending on the impact and outcomes of the test. This model assumes the availability of appropriate follow up services for referral and this assumption will be tested as part of the scoping and test.

As the A&E client base covers both authority areas, it is intended that the service would be developed and implemented jointly with Aberdeenshire HSCP.

General Practitioner (GP) Practices

Our overall goal for GP Practices is that our work around Action 15 aligns itself with our strategic ambitions for primary care improvement as detailed in our Primary Care Improvement Plan (PCIP).

Primary Care Psychological Therapist Service

As set out in our PCIP, it is intended to contribute to Action 15 through the continuation and scaling up of the Primary Care Psychological Therapy Service. This project has been tested during the last 12 months and initial evaluation shows that positive clinical outcomes are being experienced by those being supported. There are now waiting lists for up to 6 months for some practices, highlighting an opportunity for the scaling of this service. The service



enables a tiered approach to address mild-moderate (Tier 2) mental health problems which present at a level below that which would be appropriate for specialist secondary care (Tier 3 and 4) mental health treatment. The project is supported by the NHS Education for Scotland (NES) MSc in Primary Care Interventions training which is fundamental in ensuring a high standard of clinical governance.

Currently there are 5 Psychological Therapists employed on a fixed term basis through this test of change (supplementing an existing permanent resource of 3FTE.). In addition there are 2 Clinical/Counselling Psychologists based in Primary Care, providing additional Tier 3 resources for patients with more complex needs who can appropriately be seen in a primary care environment. It is our intention that this service is made permanent, scaled up, and developed further over the next 3 – 4 years.

Development of this existing test of change could include additional workforce to provide fast access, short term interventions in the form of Cognitive Behavioural Therapy (CBT) based guided self-help, either face to face or via telephone, and large group work for topics such as stress management, emotional self-management (Decider Skills) and low mood. This may include coaching to reduce dropout rates and increase effectiveness of online CBT packages. The additional workforce could include people who do not require specific formal mental health qualifications and experience, as training can be provided, and the clinical work is largely protocol driven, thus bringing a much-needed new pool of candidates into the workforce.

Referral to this service would be via General Practitioner and self-referral, and the developed service would seek to enhance the transition process for patients between the tiers, in an appropriate manner, without necessarily requiring to return to the GP for referral to a separate service.

This service will work closely with the Link Practitioners (as referenced in the PCIP) and a wider third sector tiered support for people in distress, to provide an effective interface between physical health and mental health services.

Community Chaplaincy Listening Service

The Community Chaplaincy Listening Service has been in place in Aberdeen for a couple of years. There are currently 12 volunteers supported through formal clinical supervision. For Action 15, our goal is to provide dedicated coordinator support which will allow the volunteer provision to grow to an estimated 48 volunteers over a 3–4 year period.

Borderline Personality Disorder

Borderline Personality Disorder (BPD) is common and costly both in terms of its impact on peoples' lives, and in terms of the health and wider social costs of functional impairment. Service users accessing services across, Primary Care, Criminal Justice, 3rd Sector, Further



Education, A&E and Homeless services have common causal factors and they frequently access one or more of these services when in crisis.

We intend to implement a multidisciplinary approach, providing a service at point of access (or as close as possible) which is accessible and relevant to the needs of service users.

The key aims of the service would focus on building personal skills and recovery capital, by working with the individual and relevant others in the construction of social, physical human and cultural investment.

This service would develop a new approach to BPD, moving from what can be a stigmatising medical model, to work with a wider range of symptom severity.

It is proposed that the service would be commissioned from the 3rd sector, with referrals coming from GPs, A&E, Primary Care, Police, Criminal Justice, Social Work, Homelessness Services, Universities and Colleges, and third sector agencies.

The team would comprise initially of several life-skills coaches, working on an individual and group setting basis with service users and relevant others (identified by the service user).

The life-skills coaches would receive initial specialist training and routine 'model specific' supervision to maintain individual support and integrity to evidence-based practice.

The service would have an administrative centre allowing for centralised referral and triage of service users, determining the need for individual, carer services, building skills around the crisis presentation and working towards group work when appropriate.

Police Station Custody Suites

Our overall goal for police station custody suites is that our holistic approach to early intervention and prevention improves outcomes for citizens with mental health problems, their families and their communities.

Community Mental Health and Wellbeing Hub

Police Scotland are currently establishing Community Mental Health & Wellbeing Hubs throughout the country. While the hubs will streamline Police Custody, records processing and productions under one roof, the intention is also to transform a custody suite from a place of detention and security to providing an opportunity for delivering interventions to support healthcare and wellbeing, in collaboration with NHS colleagues, partner agencies and third sector organisations.

Currently an NHS Custody Healthcare Team is embedded in the custody suite at Kittybrewster in Aberdeen, working alongside support workers from Alcohol and Drugs Action (a third sector organisation).



The aim of the Community Mental Health & Wellbeing Hubs is to:

- Provide places of Safety, Wellbeing and Support
- Address reoffending by tackling the underlying causes
 - Health and Wellbeing
 - Welfare
 - Housing
 - Employability
- Provide Evidence Based Interventions to prevent and reduce the risk of reoffending
- Provide informed opportunities for diversion which meet needs
- Ensure pathways to ongoing support are accessible
- Deliver Police Custody in Partnership

The breadth of mental health presentations at custody suites and elsewhere is huge. Not all mental health presentations require a specialist nurse or physician. We recognise that it will be beneficial to adopt a collaborative and multi-agency approach which has early intervention and prevention as its core principles and which allows the mentally unwell to be seen by the right person at the right time.

The creation of a Community Mental Health and Wellbeing Hub at Kittybrewster could bring together a range of resources including the existing Custody Healthcare Team, Criminal Justice Social Work, Community Safety and third sector providers, together with a new resource of Registered Mental Health Nurses.

It would be intended that the new resource of Mental Health Nurses would have a key function of assessing and undertaking triage – to support A&E (as detailed above), to support the Woman's Centre, and Multi Agency Public Protection Arrangements (MAPPA).

- **Woman's Centre:** Many, if not most, of the women seen in the Connections Women's Centre have mental health issues, including personality disorders and mental illness. Criminal Justice Social Work staff would work Community Psychiatric Nurse (CPN) to assess women and to advise staff on mental health management issues.
- **MAPPA** and other assigned patients recently released from prison who we know are a risk of violent or threatening behaviour still need to be registered with a GP and have access to social and primary care services. To manage the risk to practice and community-based health and social care professionals, it would be intended to use the Hub in the early stages following release as a purpose-designed safe environment for consultations which could be face to face or virtual depending on the service required and the proximity and availability of the professional.



It is felt that integrating this new additional resource with existing related service will maximise impact of the available resource in a key location which has/ could have:

- facilities for multi-agency office space,
- a waiting area,
- safe consultation rooms
- and a 24/7 multi-agency team
- a base for a range of community services such as Street Pastors.

Although Kittybrewster will be the base, it would be intended that the teams will operate on a peripatetic basis reaching out to support mentally unwell people in the community wherever that support is needed. It is envisaged that the Hub would not only deal with patients coming from the custody suites but also be a focal point for support for the wider community, particularly those with Borderline Personality Disorder who do not meet the criteria for other services. Services provided could include counselling, signposting, peer to peer support using lived experience, and community groups providing “Decider Skills” particularly to young people to help minimise impulsive behaviour.

The range of people helped by the Hub could include offenders after their release from custody, those who have had no involvement with the criminal justice system but who are a risk of doing so due to low level mental health needs and the family or friends of the mentally unwell who need help to support their loved ones. The aim would be to de-criminalise mental health.

With the correct infrastructure it is felt the Hub model can be a very positive development for the population of Aberdeen and beyond and can offer alternatives to individuals "in distress" for whom specialist services often have little to offer other than assessment. The Hub would need to have clearly agreed pathways for assessment and moving on.

It is recognised that there will be challenges in implementing this new integrated model (such as data sharing), and the project will seek to develop solutions for these challenges during its initial stages.

As the custody suites are hosted by Aberdeenshire and used by offenders throughout Grampian it is intended to work collaborative with Aberdeenshire HSCP. The project will be implemented in a phased approach including scoping and development of business case and then managed implementation.

Supporting People in Distress/ Crisis

The Aberdeen Distress Brief Interventions (DBI) pilot commenced in October 2017 and to date has received 217 referrals, 129 from Primary Care and 88 from Police Scotland. DBI Level 1 training has been delivered to a third of the GP practices in the city. Evidence shows that demand for this service is rapidly increasing and it is also clear that DBI could



work effectively with other key stakeholders such as Social Work, GMED, NHS24 and Custody staff.

It is proposed that this pilot is developed as a tiered approach, commissioning third sector organisations, working in partnership with statutory providers to support people in distress/crisis.

Prisons

Our overall goal for prisons is to effectively manage and support people involved in the Adult Criminal Justice System in the community to reduce the likelihood of their reoffending and improve outcomes for these individuals, their families and communities.

Her Majesty's Prison & Young Offenders' Institution (HMP and YOI) Grampian

Aberdeen City Health and Social Care Partnership will work with Aberdeenshire Health and Social Care Partnership to support Mental health training to be provided to upskill prison service staff and provide low level psychological interventions at tiers 1 and 2.

Scottish Prison Service (SPS) staff who provide the residential management and support of prisoners and those who are allocated personal officer responsibilities are in a key position to deliver such interventions.

Within the setting of prison, many individuals may not refer through the health centre pathway for assistance with tier 1 and 2 mental health and wellbeing issues. Indeed, the recognition of such issues is sometimes not revealed due to the presentation of other behaviours. The potential to access psychological support within the life space of residential units or within personal officer contact would be significant in positively contributing to the assessment of lower level mental health issues. Onwards treatment and intervention pathways if required through the prison based psychological service can then take place. Such recognition of the need for psychological support also informs the throughcare pathway as prisoners are released from custody. Referral into the primary care provision can then take place as part of the throughcare support plan. Existing throughcare support to access primary care provision can take place through existing services in criminal justice social work, SPS throughcare support officers and public social partnership third sector organisations.

This will also hope to address inequality in access to primary care services for people who have been involved in the justice system. This has therefore wider positive benefits in terms of engagement around other primary care needs.

Within the prison setting, access to the mental health services which will exist within community based primary care should be accessible to the prison patient population. Additional resource around mental health professionals to provide assessment and tier 1 and tier 2 interventions will be developed.



C

Contribution towards delivery of Broad Principles

This plan contributes to the Health and Justice Collaboration Improvement Board's broad principles in the following way:

- It is anticipated that approximately 74 additional Mental Health workers will be in place by 2021. These include posts working across Aberdeen City and Aberdeenshire, as well as wholly within the city.
- The nature of the additional capacity will be very broad ranging, from roles such as volunteer listeners and mental health trained linking practitioners through to mental health nurses and senior psychologists.
- The delivery of the plan will support or link to (as appropriate) the development and use of appropriate digital supports such as Beating the Blues, Breathing Space, Silver Line, Time for Talking Service and online CBT therapy as well as identifying and developing enabling systems such as an electronic directory of services and relevant governance arrangements to allow partners to share information.
- The plan will also support the implementation of a digital mental health system which will improve the efficiency of staff delivering mental health services, allowing more time to be spent supporting patients rather than carrying out administrative requirements. For example, such systems include the capability for patients to self-refer to parts of the service (e.g. to groups) and symptom questionnaires can be completed by the patient at home and uploaded online so that they do not use face to face clinical time to do this. In addition to clinical time there are savings in administration time since this is fully integrated into the clinical system, removing the need to move from one system to another to upload or download information. Improvements in both data input and output reduce the time taken to collect data, the quality of that data and also the ability to report on the data.
- The plan will link to our Technology Enabled Care (TEC) Framework which includes a priority around the upskilling of staff providing care to "think digital", and increased marketing and communication of apps and online support that can help maintain wellbeing and provide support when people experience poor health.
- The plan will link to services delivering support to children and to people with Autism and Adult attention deficit and hyperactivity disorder (ADHD) – recognising that diagnosis can be an issue in the latter two areas. Consideration will be given to the co-location of staff groups where it is felt this will enhance the service available.
- The plan identifies a number of key staff and other groups where there could be a need to deliver training and these include: our third sector partners, police, procurator fiscal and custody suite staff, paramedics, GPs, Dentists, Opticians, health and social care colleagues (not already working in the area of mental health), local authority school, housing and benefits staff, community learning and development, sport, libraries, arts and culture staff, further education staff, fire service personnel, customer facing staff in the community (such as shop workers, hairdressers etc), volunteers and carers.



D

Engagement process: *How the plan takes account of the views of local Justice and other Health partners in the area about what improvements should be introduced*

There are a number of activities that have been ongoing over the last few months, which have involved significant engagement and participation, the outputs of which have informed the development of this plan. These include:

- Development of City Mental Health Strategy
 - Following the publication of the national Mental Health Strategy, a range of local consultation workshops took place to identify local priorities and actions.
 - A small working group was set up to develop a draft Aberdeen City Mental Health Strategy and this will go out for wider consultation following approval by the IJB in August 2018. The strategy has 5 aims around supporting people with poor mental health and aligns with this Action 15 Plan.
 - Following consultation, the final strategy and Action Plan will be submitted to the IJB in December 2018 and published early 2019.
- Development of the PCIP
 - The development of the PCIP involved a range of engagement activities including: a workshop to which all GP practices were invited and provided initial feedback on priorities including for mental health; a range of consultation iterations of drafts of the PCIP which received a high level of engagement and feedback from General Practice.
 - Individual discussions are now taking place with GP Practices to provide a briefing on the PCIP and receive feedback from individual GPs on their preferences for implementation timescales of the various initiatives into their practices. These discussions are including the relevant activities within this Action 15 Plan.

In addition, the following engagement activities have been undertaken specific to the development of the Action 15 Plan:

- 29/6/18: Workshop with number of diverse stakeholders including third sector organisations, health and social care colleagues, and the Police. The purpose of the workshop was to provide the opportunity for a wide range of stakeholders to identify potential opportunities for improving outcomes for people experiencing mental health challenges, in line with the aspirations of Action 15.
- 5/7/18: Notes from workshop shared with wide stakeholder group, and specific stakeholder groups including Aberdeen Community Planning Partnership's Community Justice Outcome Improvement Group
- 13/7/18: Meeting of sub group to take output from workshop and develop plan
- 16/7/18: First draft of plan circulated for consultation



- 20/7/18: Second meeting of sub group for refinement of plan following comments
- 23/7/18: Revised draft of plan circulated for consultation
- 25/7/18: Plan considered by Extended Executive Team

There have also been other engagement activities which have helped to shape this plan. These include:

- 21/6/18 Custody Healthcare and Interventions Workshop
- 26/6/18 Cross Grampian meeting with Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships and Acute Sector to discuss opportunities for joint working around unscheduled and urgent care.

E

Alignment with other local plans currently in development

This Action 15 plan has been cross referenced and aligned with priorities in the following plans already in existence or in development.

- Aberdeen City Health and Social Care Partnership Strategic Plan:
Support and improve the health, wellbeing and quality of life of our local population.
- Aberdeen City Health and Social Care Partnership Locality Plans:
*Mental health noted as an area of challenge in all four locality plans
Interventions needed locally for people with mental health problems (Central)
Focus to improve mental health and wellbeing (all)
Opportunities for all ages in health/wellbeing activities, education, housing and mental health (South)
Access to Psychological Services to sustain unmet need and sustain longer term improvements in mental health (South)*
- Aberdeen City Mental Health Strategy:
*Ensure people in Aberdeen enjoy the best possible mental health & wellbeing; Ensure people who begin to experience poor mental health are supported in their communities;
Ensure people who experience mental illness are supported throughout their recovery*
- Aberdeen City Primary Care Improvement Plan:



Will involve the implementation of a number of new initiatives/ establishment and scale of up existing tests of change. Some of which directly contribute to Action 15 and others which will have positive relationships. These include:

- *Community Treatment and Care Services*
- *Additional Professional roles*
- *Community Links Practitioners*
- *Community Mental Health Service*
- *Community Chaplaincy Listening Service*

- *Aberdeen City Reimagining Primary and Community Care:*

*We will begin to deliver mental health workers in primary care
Increased range of extended practice roles in wider team including Mental Health Worker*

- *Aberdeen City Autism Strategy:*

A multi-agency care pathway for assessment, diagnosis and intervention to improve the support for people with ASD and remove barriers.

- *Aberdeen City Carers Strategy:*

Carers are supported to manage their caring role

- *Aberdeen City Drug Strategy:*

*Reduce chaotic or risky behaviour
More drug users assisted to move on from drug use and develop skills to avoid relapse.*

- *Aberdeen City Alcohol Strategy:*

Recognising the relationship between alcohol and mental health

- *Community Planning Aberdeen Local Outcome Improvement Plan*

We will seek to reduce the risk of harm by increasing individual and community resilience to vulnerability

We will effectively manage and support people involved in the adult Criminal Justice System in the community to reduce the likelihood of their reoffending and improve outcomes for these individuals, their families and communities

We will promote health and wellbeing in all policies by Community Planning Partners to maximise contribution toward prevention of ill health and reduction in health inequalities.



F	Initial scoping of potential staffing changes over next 4 years
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This plan identifies the following projected staffing changes over the next four years (note: implementation will be staged, and the staffing numbers state the projected position at year 4.)

Primary Care Psychological Therapy Service

- Psychologists (2FTE)
- Psychological Therapists (9FTE)
- Mental Health Workers (4 FTE)

Chaplaincy Listening Service

- Listening Volunteers (48)

Community Mental Health Hub including A&E Triage

- Registered Mental Health Nurses (2.4 FTE)

Borderline Personality MDT Approach

- BDI Life Skills Coaches (4 FTE)

HMP Grampian

- Psychological Therapist (1FTE)
- Mental Health Enabler (1FTE)

Supporting People in Distress/ Crisis

- Distress Brief Intervention Recovery Practitioners (3FTE)

To support the above Mental Health Workers the plan also provides for a range of administrative staff members.

Actual staff numbers may vary as business cases are developed and tested.

G	Governance:
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The development of this plan has been led by a small subgroup including representation from Mental Health Services, Alcohol and Drugs Partnership, Community Nursing, and Strategy and Transformation.

Following completion and approval of this plan by IJB in August 2018, a detailed implementation plan will be developed, and its delivery will be supported through Aberdeen City Health and Social Care Partnership's existing programme management governance structure, including programme boards and ultimately reporting on performance to the IJB and Audit and Performance Systems Committee.



H Funding profile

A detailed 4-year financial profile has been developed to cover all the projects within this plan and the Primary Care Improvement Plan and is aligned with the confirmed and projected funding available for this purpose.

As projects progress, the financial profile will be refined and monitored, utilising the transformation governance process approved by the ACHSCP IJB and as utilised for our wider Transformation Programme.

The development of each project within the programme will be supported through a robust business case process, and changes supported through the partnerships Change Control Framework process.

Progress of the plan including monitoring of overall expenditure is reported through the partnership's Programme Board governance structure, including regular reporting to the ACHSCP's Audit and Performance Committee.

I Evaluation and outcomes: *Key success indicators over the life of the plan and how these will be assessed*

Evaluation will be required at two levels in order to derive the impact of this action plan: 1) at a localised, project level and 2) an overarching, strategic level. For example, whilst indicators such as number of mental health workers will be tracked, this will not demonstrate the impact that these additional roles have.

The degree of evaluation activity occurring across separate projects will be determined on a case-by-case basis and informed by time and resource availability. The specific content of each may vary, however they will all align to similar key principles. These include assessing patient outcomes (eg. Improving wellbeing); staff outcomes (eg. Satisfaction and professional development) and resource outcomes (eg. Improving efficiencies), in addition to understanding the mechanisms through which these outcomes were achieved (i.e. process evaluation).

Data collected from these localised project-specific evaluations may then be synthesised to derive overall impact, in addition to understanding how these new roles have contributed at a strategic level, for example achieving the 9 national health and wellbeing outcomes. Other high-level outcomes, such as the MSG indicators, can be monitored over time and compared to projected figures to help determine overall impact.