

Subject: **Ayrshire and Arran Proposal for Action 15 of the National Mental Health Strategy**

Purpose: To seek IJB approval for the high level Action 15 plan to develop and build capacity of the mental health workforce in key settings in alignment with national commitments for the delivery of the mental health strategy.

Recommendation: That IJB provides retrospective approval of the draft plan and proposal submitted to the Scottish Government.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
SPOG	Strategic Planning & Operational Group
NRAC	NHS Scotland Resource Allocation Committee
TLG	Transformation Leadership Group
CAMHS	Child and Adolescent Mental Health
CRT	Crisis Resolution Team
IST	Intensive Support Team
cCBT	
A&E	Accident and Emergency
GP	General Practitioner
HMIPS	Her Majesty's Inspectorate for Prisons in Scotland

1.	EXECUTIVE SUMMARY
1.1	As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The funding will be available from this year (£12 million, of which £11 million is the subject of the attached letter at Appendix 1) and will rise to £35 million in 2021-22.
1.2	The allocations for all boards are laid out in the letter attached at Appendix 1 and are further broken down by NHS Scotland Resource Allocation Committee (NRAC) formula. However, a large proportion of the services described here are provided on a pan Ayrshire basis such as prison healthcare, police custody suites and Accident and Emergency services.
1.3	The Scottish Government required Integration Authorities to develop a high level proposal/plan by 31 st July 2018 that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy setting out:

	<ul style="list-style-type: none"> • How it contributes to the broad principles set out in the letter under ‘Local Improvements’ • 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 in development • Initial scoping of potential staff changes over the next four years as a result of this additional funding, towards the committed 800.
1.4	North Ayrshire Health and Social Care Partnership has the lead responsibility for Mental Health and will therefore lead on the development of action planning and monitoring of the investment and spend. Governance and monitoring will be through the Pan Ayrshire Strategic Change Mental Health Programme Board, North Ayrshire Health & Social Care Partnership Transformation Board and ultimately through Strategic Planning Operational Group (SPOG) and the Transformational Leadership Group (TLG).
2.	BACKGROUND
2.1	The three Health and Social Care Partnerships, North, South and East Ayrshire are working together to develop and implement a Pan-Ayrshire Mental Health Strategy that will deliver on the actions and aspirations outlined in the Scottish Mental Health Strategy 2017-2027. (See timeline in Appendix 2, page 10).
2.2	<p>In Ayrshire and Arran a significant programme of change and transformation was launched in 2015 with the establishment of a Pan Ayrshire mental health change and strategy programme board to ensure delivery of key strategic objectives in relation to improving mental health and wellbeing across the whole system in alignment with national strategy and local health and social care partnership strategic plans.</p> <p>The aim of all change programmes and tests of change has been to align and integrate services, extending capacity to provide appropriate prevention and early intervention services within community settings, enhancing pathways for service users across community and hospital services.</p>
2.3	A Pan Ayrshire Mental Health strategy Engagement team is currently working together to develop a Pan Ayrshire Mental Health Strategy. This is currently in development and engagement stage and is required in order to ensure both consistent and coherent alignment with the principles and vision of the national mental health strategy in the context of Ayrshire and Arran. This will also ensure that the significant programme of Transformational change and new ways of working are delivered and embedded. This will enable the development of an overarching strategic framework to set the context and future vision for mental health services across three health and social care partnerships enabling the development of locality partnership driven mental health strategies tailored to population needs.
3.	PROPOSALS
3.1	The North health and social care Partnership as the lead partnership for Mental Health has been responsible for engaging with all key interested parties and stakeholders to ensure development and collation of proposals and the high level plan for submission to the Scottish Government.

3.2	There was a requirement by the government to provide an outline proposal by July 31 st 2018. Given the short timescales and the summer recess of the IJB, a proposal was drawn up and agreed by all SPOG members before submission and submitted with the caveat that it would be subject to IJB approval (See submitted high level proposal at Appendix 2).
3.3	<p>Funding from the Mental Health Innovation Fund, CAMHS and Psychological therapies allocation and the Primary Care Transformation Fund to date has allowed various 'tests of change' to take place.</p> <p>These include;</p> <ul style="list-style-type: none"> • Police Triage Pathway linking to the crisis resolution team (CRT) • Community link workers and mental health practitioners in GP practices • The intensive support team (IST) for CAMHS • Development of MDT approaches, membership and roles wrapping services around GP practices • cCBT roll out and implementation in Primary care • Neurodevelopment diagnosis pathway via multidisciplinary working • Increasing access to psychological therapies and new ways of working
3.4	Action 15 monies will enhance and enable earlier implementation of key work in primary care which will dovetail with current Pan Ayrshire redesign of Primary and Community based Mental Health Services.
3.5	Action 15 of the mental health strategy is specifically related to improving access to treatment and the development of accessible, joined up services by <i>'increasing 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'</i> .
3.6	<p>Action 15 proposals must be able to demonstrate additional workforce in these key settings delivering or ensuring that:</p> <ul style="list-style-type: none"> • There are appropriate mental health professionals, accessible in emergency departments and through out of hours crisis services • Access to the most effective, safe care and treatment that follows clinical guidelines accessed in a timely way • Services that promote and support recovery based approaches • Multi-disciplinary teams in Primary care to ensure every GP practice has staff who can support and treat patients with mental health issues
3.7	The proposal identifies the following key areas of work force development over the next two years 2018/19 & 2019/20 and is in alignment with building work force capacity in key service areas noted by Action 15 in Crisis services, Police triage, A&E, GP practices, justice services and Prison services

	Crisis Response Team/Police triage:	Well-developed change programme and business case with proven outcomes. Key areas of priority namely Emergency departments and Police. To support the realisation of Action 15 £1 million has been set aside nationally from the total £12 million available to pilot a national project to improve the care pathway for people suffering from mental illness/mental distress and poor mental wellbeing who are being supported by Police Scotland and the Scottish ambulance service.
		The Ayrshire and Arran crisis team/police triage change programme project implemented from 2016 to present funded with national mental health innovation funding allocation is well established and in significant advancement of the current national project. Permanent funding will enable this approach to be consolidated enabling further future scoping of the ambulance service interface.
	Prison Health Care	Workforce development to ensure safe and effective treatment to be accessed in a timely way. Proposals based on 2 HMP Kilmarnock inspections of 'Her Majesty's Inspectorate of Prisons for Scotland' (HMIPS) and MWC report in 2018 highlighting the lack of Clinical Psychology and Psychological interventions available and also lack of OT input/counselling support for individuals who have been victims of sexual abuse.
	Forensic Inpatient services	Building capacity for Mental Health Officer/social work workforce within Low secure inpatient and Justice services.
	Primary Care	Building Mental Health workforce capacity in Primary care and consolidating existing tests of change/pilot work to secure robust future model. This proposal is in alignment with the priorities set out in the current Primary Care Improvement Plan.
3.8	The proposed plan enables a foundation for continual collaboration and Partnership working to ensure that the future re-design and development of work force meets people needs across health, social care and justice settings in key areas. It is recognised that this initial proposal will be subject to further detailed development particularly in years three and four as local evidence and service response improves over time and mental health strategic priorities and ambitions are fulfilled and realised.	

3.9

A full breakdown of the financial allocation and additional workforce is noted in the proposal in Appendix 2.

The financial impact of each of the areas of investment is summarised below:

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Crisis Response Team	£201,000	£402,000	£402,000	£402,000
Prison Healthcare	£133,000	£266,000	£266,000	£266,000
Forensic Inpatient Services	£25,000	£50,000	£50,000	£50,000
Primary Care	£211,500	£786,061	£786,061	£786,061
To be determined	£0	£0	£274,135	£866,866
TOTAL	£570,500	£1,504,061	£1,778,196	£2,370,927

The financial plan is informed by a realistic assessment of timescales for implementation and takes advantage of the pragmatic approach taken by Scottish Government in relation to the flexibility and protection for the additional investment and therefore will require unallocated funding from Year 1 to be allocated in Year 2, as illustrated below.

	<table><tr><th></th><th>Year 1 2018-19</th><th>Year 2 2019-20</th><th>Year 3 2020-21</th><th>Year 4 2021-22</th></tr><tr><td>Funding Allocation</td><td>£815,006</td><td>£1,259,555</td><td>£1,778,196</td><td>£2,370,927</td></tr><tr><td>Financial Plan</td><td>£570,500</td><td>£1,504,061</td><td>£1,778,196</td><td>£2,370,927</td></tr><tr><td>Difference</td><td>£244,506</td><td>-£244,506</td><td>£0</td><td>£0</td></tr></table>		Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22	Funding Allocation	£815,006	£1,259,555	£1,778,196	£2,370,927	Financial Plan	£570,500	£1,504,061	£1,778,196	£2,370,927	Difference	£244,506	-£244,506	£0	£0	
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Difference	£244,506	-£244,506	£0	£0																		

3.2

Anticipated Outcomes

An increase in the number of staff being able to signpost or deliver mental health interventions in the key settings identified in Action 15 of the mental health strategy which will allow demonstrable progress against the national mental health strategy commitment.

3.3

Measuring Impact

The high level plan for Ayrshire and Arran clearly demonstrates a trajectory towards the national commitment for 800 additional mental health workers. National oversight of implementation and monitoring arrangements for workforce development and spend has yet to be determined. We will await guidance from the government.

4.

IMPLICATIONS

Financial:	The Plan will be monitored throughout the year and the funding requirements may change as service developments are progressed. The funding is noted to be earmarked recurring funding.
Human Resources:	Building capacity and additional workforce in alignment with the national mental health strategy commitment. This will require robust and extensive work force planning and development to ensure effective delivery over the four year period
Legal:	None
Equality:	This will provide extra resource to help support some of the most vulnerable individuals in the community.

Children and Young People	N/A
Environmental & Sustainability:	There are no environmental implications in connection with this proposal
Key Priorities:	Strategic priority for building the mental health work force in key settings in alignment with Action 15 of the national Mental Health Strategy.
Risk Implications:	The proposals and funding investment in mental health work force will build whole systems capacity, increase prevention and early intervention approaches, improve timely access to services.
Community Benefits:	Build community capacity to develop prevention and early intervention approaches and improve access to services.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	X

5.	CONSULTATION
5.1	Action 15 proposals have been developed through a variety of Pan-Ayrshire meetings with oversight by Directors via the Strategic Planning and Operational Group. The pan Ayrshire Mental Health Planning and Strategy Board will have responsibility for operational implementation on behalf of the Ayrshire IJBs. Alignment will be developed with the Primary Care Improvement Plan. Engagement with professional, clinical and staff governance groups will take place as plans develop to ensure support.
5.2	The pan-Ayrshire Mental Health Strategy will be completed by December 2018 which will enable strategic links to the national ambitions and further consolidation of specific action 15 areas for further development and scoping as reflected in this high level plan.
6.	CONCLUSION
6.1	<p>There was a requirement by the Scottish Government for IJB's to provide and submit an outline proposal/plan for the Action 15 of the National Mental Health Strategy funding allocation by July 31st 2018. Given the short timescales and the summer recess of the IJB, a proposal was drawn up and agreed by all SPOG members before submission and submitted with the caveat that it would be subject to IJB approval (See submitted high level proposal at Appendix Two).</p> <p>It is recommended that IJB:</p> <ul style="list-style-type: none"> • Provide retrospective approval for the high level plan and proposal submitted to the Scottish Government on 31st July 2018. <p>The IJB is asked to support the continued development of the plans over the next four years.</p>

For more information please contact Thelma Bowers, Head of Mental Health on (01294) 317849 or thelmabowers@north-ayrshire.gcsx.gov.uk

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Chief Officers, Integration Authorities

cc: Chief Executives, NHS Boards
Directors of Finance, NHS Boards
Chief Executives, Local Authorities
Angiolina Foster, Chief Executive, NHS24
Caroline Lamb, Chief Executive, NES
Colin McKay, Chief Executive, MWC
Health & Justice Collaboration Improvement Board

Your ref:
Our ref:

23 May 2018

Dear Colleague

ACTION 15 OF THE MENTAL HEALTH STRATEGY – PLANNING AND FUNDING FROM 2018/19

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The detail is set out in Action 15 of the Mental Health Strategy. The funding will be available from this year (£12 million, of which £11 million is the subject of this letter) and will rise to £35 million in 2021-22.

Background

You will know that last year, Ministers established the *Health & Justice Collaboration Improvement Board* (HJCIB). The Board draws together some of the most senior leaders from Health, Justice and Local Government. Its purpose is to lead the creation of a much more integrated service response to people whose needs draw upon the work of our Health and Justice services. As you might expect, our mutual response to people who suffer mental illness and distress is a significant theme in the Board's interests. Membership of the Board is set out in Annex A.

Ministers asked the Board to consider how our commitment to additional mental health workers might best be delivered.

National test of change

The Board has subsequently set out an approach that will test improvements in national arrangements for service delivery. This involves the Ambulance Service, NHS24 and Police Scotland, and £1 million has been set aside for this initiative. The current thinking on these ideas is set out at Annex B.

Local improvements

The Board has also adopted some broad principles (helpfully informed by a Short Life Working Group with membership from Integration Authorities, Health Boards, justice and local government) that it believes are likely to inform credible local improvements. These include recognition that:

- 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;
- the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;
- prospective improvements may include the provision of services through digital platforms or telephone support;
- improvement may include development for staff who are not currently working in the field of mental health.

Links to the Primary Care Improvement Fund

Richard Foggo has written to Integration Authority Chief Officers and NHS Chief Executives today regarding the Primary Care Improvement Fund (PCIF) allocation for 2018-19. His correspondence should be read in conjunction with this letter.

As outlined in Richard's letter, nearly £10 million was invested during 2016-18 via the Primary Care Mental Health Fund (PCMHF) to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. In 2018-19, the Primary Care Improvement Fund (£45.750 million) is a single allocation to provide maximum flexibility to local systems to deliver key outcomes.

The PCIF includes recurring funding for mental health services, building on the funding for primary care mental health previously provided. Although it is separate to this funding line, there is likely to be close cross-over between the services, particularly in general practice settings, and in some cases the staff may be the same individuals.

As set out in the letter, Primary Care Improvement Plans should demonstrate how this funding is being used to re-design primary care services through a multi-disciplinary approach, including mental health services.

PCIPs should also show how wider services, including the mental health services which are the subject of this letter, integrate with those new primary care services.

Planning and Partnerships for Delivery of 800 Mental Health Workers

We want to ensure that IAs are able to utilise the additional resources for 800 mental health workers and the PCIF flexibly to support sustainable mental health and primary care service redesign. As far as possible we want to ensure that the planning processes, governance and evaluation processes are aligned.

Planning: by 31 July

We are asking that Integration Authorities each develop a plan by 31 July that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. We would like the plan from each Authority to set out:

- How it contributes to the broad principles set out under *Local Improvements* on page 2;
- 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 four years as a result of this additional funding, towards the committed 800.

Our reason for asking you to do this is that it will help the H&JCIB to shape discussions around future collaboration – including further consideration of national proposals. We will let you know about our thinking as consequence of these discussions over the summer.

This should include demonstrating additionality of the new workforce, such as information about the numbers of additional staff being recruited, existing staff being up-skilled (who are currently not working within mental health services) and the settings which will allow the Scottish Government to demonstrate progress against the national commitment. If it is possible, this could be through a supplementary to your Primary Care Improvement Plans or it could be through a linked document

In the longer term, we anticipate that Primary Care Improvement Plans might start to allow an increasingly integrated approach to mental health planning and delivery of the 800 mental health worker commitment. As set out in Richard Foggo's letter, it is important that the PCIPs from the outset show links with broader community developments, and the 800 mental health worker commitment. Over time, we anticipate that this may develop into a single statement of the approaches being developed.

Consultation and Engagement

The H&JCIB 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.

We recognise that this is a complex area that involves many partners, but it will be essential that your emerging plans demonstrate how Justice and Health partners (both Health Boards and GPs) have been consulted and included in preparation of the plan. If that is not possible to deliver fully in the timescales, an indication of consultation and engagement plans would be very helpful.

Governance

Giving primacy to Integration Authorities to deliver the national commitment for 800 mental health workers in the Primary Care Improvement Plans simplifies local governance arrangements. At local level, Integration Authorities will hold NHS Boards and councils to account for delivery of the milestones set out in their plans, in line with the directions provided to the NHS Board and Council by the Integration Authority for the delivery of Strategic Plans.

At national level, we will consider how we can ensure that Ministers have the necessary assurances about delivery of the overall 800 staff over four years.

Monitoring and Evaluation

You will need to plan for and demonstrate a clear trajectory towards 800 additional mental health workers under the funding for this commitment over the next four years, and we will consider what national oversight arrangements should be in place to offer assurance on that point.

The plans should also include consideration of how the changes will be evaluated locally.

Allocation methodology and future funding

IAs have delegated responsibilities for adult Mental Health services therefore we are asking you to work with Health and Justice partners to deliver a holistic perspective on the additional mental health requirements in key settings (including but not restricted to A&E, GP practices, prisons and police custody suites).

The Scottish Government therefore plans to allocate funding for local improvements to Integration Authorities (via their associated NHS Health Board). National tests of change will continue to be funded centrally.

The expected allocation of additional funds over the next period in total and to each Integration Authority is set out at Annex C. The funding should be considered as *earmarked recurring* funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements of the commitment. We will engage with IAs and others on any plans to baseline these funds beyond 2021/22 subject to Parliamentary approval of the budget.

This is intended to guide your thinking about the future in terms of the funding over the next four years under this commitment. In broad terms, the distribution presumes a local share of the funding based on National Resource Allocation Committee (NRAC) principles and we would encourage partnership working across IA

boundaries, as per the statutory duty on IAs to work together particularly within Health Board areas¹.

In this initial year of funding, the funding will issue in two tranches starting with allocation of 70% of the funding in June 2018. A high level report on how spending has been profiled must be submitted to SG by the start of September and, subject to confirmation via this report that IAs are able to spend their full 100% allocation in-year, the remaining 30% of funding will be allocated in November 2018. An outline template for making the start-September report is at Annex D. A final template will be issued before September.

We understand that the detail of these plans will take some time to develop and that your ideas about what is necessary will change as the extent and depth of understanding and service response improve over time. We also know that tackling these issues in a more effective way over time will do a lot to improve the help that we provide to communities. We are grateful to Chief Officers and to partners for your commitment to prioritising delivery of this commitment in keeping with the ambition in the Mental Health Strategy.

Please share your plans with Pat.McAuley@gov.scot If you have questions about the process or require further information, please contact Pat on 0131 244 0719.



Penny Curtis
Head of Mental Health and Protection of Rights Division

¹ Given Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

Membership of the Health and Justice Collaboration Improvement Board

Paul Johnston (co-chair)	DG Education, Communities & Justice
Paul Gray (co-chair)	DG Health and Social Care
Iain Livingstone	Police Scotland
Alasdair Hay	Scottish Fire and Rescue Service
Pauline Howe	Scottish Ambulance Service
Colin McConnell	Scottish Prison Service
Karyn McCluskey	Community Justice Scotland
David Harvie	Crown Office and Procurator Fiscal Service
Robbie Pearson	Healthcare Improvement Scotland
Jane Grant	NHS GG&C
Cathie Curran	NHS Forth Valley
David Williams	IA Chief Officers Group
Shiona Strachan	Clackmannanshire & Stirling IJB
Sally Loudon	COSLA
Joyce White	SOLACE
Andrew Scott	Scottish Government
Neil Rennick	Scottish Government
Gillian Russell	Scottish Government

NHS24 / Police Scotland / Scottish Ambulance Service Collaboration Project

**IMPROVING THE MANAGEMENT OF, AND RESPONSE TO, MENTAL HEALTH
CRISIS AND DISTRESS FOR THOSE PRESENTING TO
SCOTTISH AMBULANCE SERVICE & POLICE SCOTLAND**

What are we trying to accomplish?

To support the realisation of Action 15 – Mental Health Strategy (Scotland) 2017-2027, this project (test of change) will improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being who are being supported by Police Scotland and/or the Scottish Ambulance Service.

This initial (draft) proposal has been shared with senior colleagues across all three partner agencies. To date we have received a positive response to the overarching principles of the First Response Test of Change concept, which is aligned to:

Integration with strategic priorities across all service providers.

Integration and facilitation of a joint co-productive / collaborative approach to future service development and delivery.

The project will initially be implemented across a specified geographical area, and delivered within a "test and learn" environment.

The project aim is:

To improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being presenting to Police Scotland and / or Scottish Ambulance Service. By increasing access for Police Scotland and Scottish Ambulance Control Room and Frontline Staff to designated mental health professionals within NHS 24, working closely with locality based care and support services, to provide an appropriate and enhanced mental health triage and assessment of need service.

The project will also aim to (1) Reduce deployment of frontline Police Scotland and Scottish Ambulance Service staff to manage patients in mental distress/ suffering from poor mental health or mental well-being, and (2) Reduce demand placed on locality based Emergency services to manage individuals in mental health crisis / mental distress.

The current service provision for patients who contact Police Scotland / Scottish Ambulance Service requiring mental health care and support is described in Appendix 1.

Significant analysis of the demand placed on NHS 24, Scottish Ambulance Service, Police Scotland and NHS Emergency Departments to manage the mental health and

well-being of the population has been gathered and this will be used to determine outcome measures and key performance indicators for the test of change. Key findings from this work have identified:

People with a Mental Health Problem are three times more likely than the general population to attend the Emergency Department.

The peak presentation time to the Emergency Department is after 11pm, and this patient group are five times more likely to be admitted in the out of hours period. Frequent callers to emergency services are more likely to be already known and supported by locality based mental health services.

The benefits of an improved care pathway (Appendix 2) for individuals contacting in mental distress / with poor mental health are:

The ability to provide the level of support required to reduce distress and safely manage the needs of the individual effectively either via telephone support or ongoing referral to appropriate locality based services.

Reduction in the need for people to be transferred by / to emergency services.
Reduction in unnecessary demand being placed on Emergency Departments

Project (service) outcomes will be reviewed and reported on monthly, and project activities will be coordinated to ensure that changes tested and implemented successfully within the "test and learn" environment are, if appropriate and feasible, spread across the wider service.

How will we know that a change is an improvement?

A framework of evaluation will be developed in consultation with all partners, including the locality based integrated joint board supporting the "test and learn" phase. This framework will include both quantitative and qualitative measures. Qualitative data will also be used, to gain insights and feedback from individuals utilising the service, staff, partners and wider stakeholders.

Qualitative Outcome measures – across the triumvirate model

Individual experience in relation to outcomes, satisfaction levels, and any follow up action

Partner experience in relation to appropriateness of contacts received, and any follow up/re-triage required at a local level

Staff experience – NHS 24 / Police Scotland / Scottish Ambulance Service

Quantitative Outcome measures – across the triumvirate model

Number of mental health calls managed within the test & learn environment.

Number of mental health calls resulting in a final disposition of self care and our web based content

Numbers of mental health calls across the range of possible outcomes

Reduction in demand to emergency services including ED attendance

Number of contacts signposted to community based services

The project team have had the opportunity to liaise with other service providers who have implemented a first response service to manage the mental health needs of the population they serve. This service model incorporates mental health professionals working across a number of service areas, including Police Control Centres.

Data from Cambridgeshire and Peterborough Crisis Care Concordant (comparing 6 months pre intervention, 8 months post intervention) showed:

ED attendance for any "mental health" need – down 25%
 Admission to Acute Trust for MH patients from ED – down 19%
 Mental Health Ambulance Conveyances – down 26%
 111 Calls and OOH GP appointments – down 45% and 39%

What changes can we make that will result in improvement?

The timetable below highlights the key milestones of the initial test of change proposal:

TIMESCALE	OUTCOME
To Month 3	Briefing Paper re ToC to sponsor Identification of ToC Geographical Area Establish Programme Board / Governance and Assurance Structure. Recruitment of Frontline Mental Health Professionals Recruitment of project staff Establish Shared Outcome Measures across all partner agencies. Planning and preparation; Process, Operations, Technology and Information
Month 3 – Month 6	Training and Locality Pathway Development. Phase One of Implementation of TOC.
Month 6 – Month 9	Evaluation of Phase One Implementation. Phase 2 / Whole System Implementation.
Month 9 – Month 12	Project Evaluation. Development Proposal for further / future upscaling of model – national learning and implementation plan

Project Team

The Project Team will comprise of three distinct groupings, all of which will be aligned to the current Service Transformation Plans in place across NHS 24 / Police Scotland and the Scottish Ambulance Service:

Programme Board (Quarterly Meetings)

Programme Lead(s) – PS / SAS / NHS24

Communication and Engagement Lead

Evaluation Lead

Locality Representative(s)

Project Manager (NHS 24)

Executive Leadership Representation from PS / NHS24 / SAS

Executive Sponsor : Scottish Government Mental Health Division

Implementation Group (Monthly Meetings)

Programme Leads

Project Manager

Data Analyst

Locality Representatives – including service users.

Frontline Police Scotland & Scottish Ambulance Service Representatives

Communication and Engagement Lead

Project (Service) Delivery Team (Daily / Weekly Meetings)

Project Manager

Communication & Engagement

Team Leader(s)

Mental Health Support Workers

Mental Health Advisors

Mental Health Specialist Practitioners

Learning & Development Advisor

Financial Implications

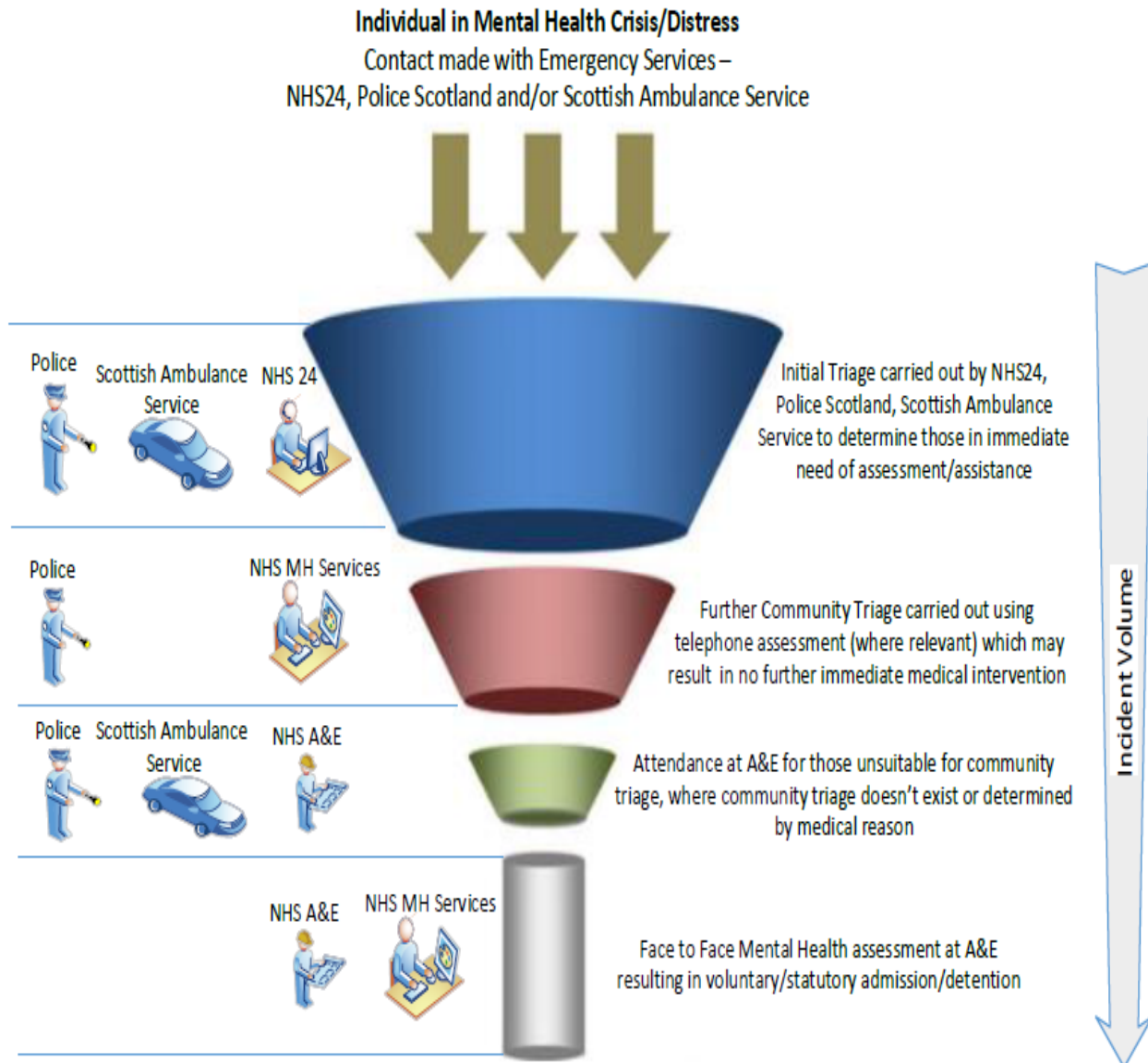
The final budget required to deliver this proposed test of change model is dependant on the needs and demand of the agreed geographical area where the pilot will be implemented. The table below details a workable draft budget, with reference given to particular roles and responsibilities required to ensure a smooth delivery of the project across all three partner areas. Several of these roles will straddle across all three components of the project.

Details	Amount
<p>Infrastructure, Development & Implementation of Model</p> <ul style="list-style-type: none"> - Senior Programme Leadership - Communication and Engagement - Learning & Education - Technology / Systems Upgrade 	£117,144
<p>Service Delivery Staffing</p> <ul style="list-style-type: none"> - Mental Health Clinical Service Manager (1xWTE Band 8a) - Mental Health Team Leaders (2x WTE Band 7) - Mental Health Call Operators (5x WTE Band 3) - Mental Health and Well-being Advisors (4x WTE Band 4) - Mental Health Specialist Practitioner (4x WTE Band 6) <p>*** This would ensure at least 16 new Mental Health Professionals being recruited to support direct patient care***</p>	£669,288
<p>Evaluation and Programme Management</p> <p>Project Administrator</p> <p>Data Analyst / Researcher</p>	£81,582

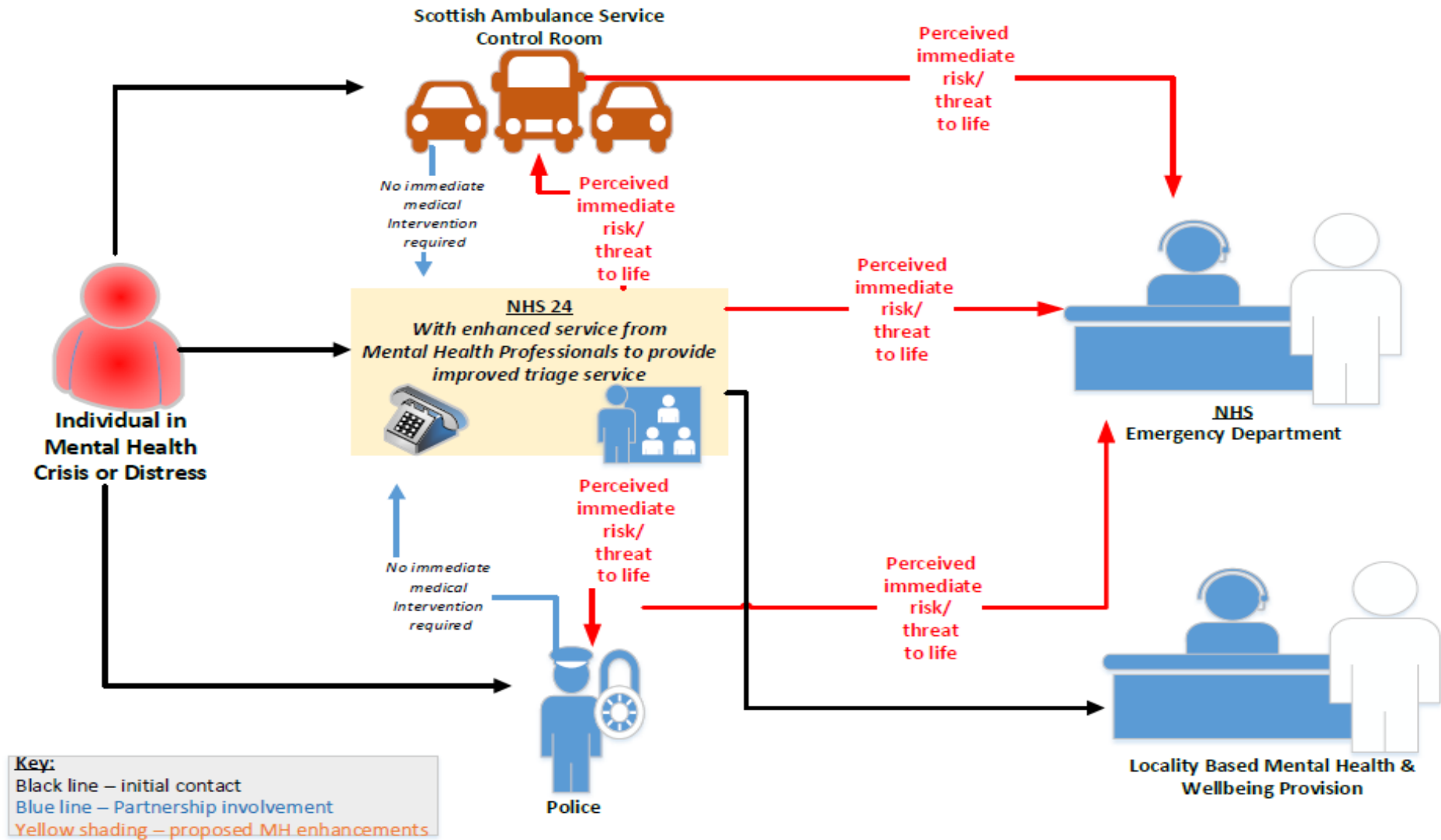
The proposed draft budget for year 1 would be **£868,014**.

Appendix 1: Current Service provision

Appendix 1



Appendix 2 – Proposed Enhanced Mental Health Pathways First Response



Breakdown of funding

Please note - these figures are only provided as a guide using the NRAC formula calculator for 2018/19. ² The formula changes only very slightly each year therefore it is not possible to provide an exact figure over the next 4 years.

Allocations by Territorial Board – 2018/2019 £11 Million		
NHS Board	Target Share	NRAC Share
NHS Ayrshire and Arran	7.409%	£815,006
NHS Borders	2.104%	£231,456
NHS Dumfries and Galloway	2.979%	£327,738
NHS Fife	6.806%	£748,636
NHS Forth Valley	5.419%	£596,129
NHS Grampian	9.873%	£1,085,983
NHS Greater Glasgow & Clyde	22.337%	£2,457,118
NHS Highland	6.442%	£708,660
NHS Lanarkshire	12.348%	£1,358,226
NHS Lothian	14.80 4%	£1,628,474
NHS Orkney	0.483%	£53,077
NHS Shetland	0.490%	£53,907
NHS Tayside	7.848%	£863,306
NHS Western Isles	0.657%	£72,285

Breakdown of estimated allocation per IJB - 2018/2019 £11 Million					
NHS Board	NRAC Share %	NRAC Share £	HSCP Name	HSCP NRAC Share %	NRAC Share £
Ayrshire & Arran	7.41%	815,006	East Ayrshire	2.43%	£267,351
			North Ayrshire	2.72%	£299,538
			South Ayrshire	2.26%	£248,118
Borders	2.10%	231,456	Scottish Borders	2.10%	£231,456
Dumfries & Galloway	2.98%	327,738	Dumfries and Galloway	2.98%	£327,738
Fife	6.81%	748,636	Fife	6.81%	£748,636
Forth Valley	5.42%	596,129	Clackmannanshire and Stirling	2.55%	£280,549
			Falkirk	2.87%	£315,580
Grampian	9.87%	1,085,983	Aberdeen City	3.92%	£431,203

² As per the footnote on page 5, Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

			Aberdeenshire	4.23%	£465,384
			Moray	1.72%	£189,396
Greater Glasgow & Clyde	22.34%	2,457,118	East Dunbartonshire	1.82%	£199,776
			East Renfrewshire	1.56%	£171,667
			Glasgow City	12.09%	£1,329,497
			Inverclyde	1.65%	£181,485
			Renfrewshire	3.40%	£373,503
			West Dunbartonshire	1.83%	£201,190
Highland	6.44%	708,660	Argyll and Bute	1.85%	£203,883
			Highland	4.59%	£504,777
Lanarkshire	12.35%	1,358,226	North Lanarkshire	6.43%	£706,750
			South Lanarkshire	5.92%	£651,476
Lothian	14.80%	1,628,474	East Lothian	1.83%	£201,801
			Edinburgh	8.32%	£915,205
			Midlothian	1.57%	£173,170
			West Lothian	3.08%	£338,298
Orkney	0.48%	53,077	Orkney Islands	0.48%	£53,077
Shetland	0.49%	53,907	Shetland Islands	0.49%	£53,907
Tayside	7.85%	863,306	Angus	2.15%	£237,042
			Dundee City	2.96%	£325,907
			Perth and Kinross	2.73%	£300,357
Western Isles	0.66%	72,285	Eilean Siar (Western Isles)	0.66%	£72,285

Allocations by Territorial Board – 2019/2020 £17 million		
NHS Board	Target Share	NRAC Share
NHS Ayrshire and Arran	7.409%	£1,259,555
NHS Borders	2.104%	£357,705
NHS Dumfries and Galloway	2.979%	£506,503
NHS Fife	6.806%	£1,156,983
NHS Forth Valley	5.419%	£921,290
NHS Grampian	9.873%	£1,678,337
NHS Greater Glasgow & Clyde	22.337%	£3,797,365
NHS Highland	6.442%	£1,095,201
NHS Lanarkshire	12.348%	£2,099,076
NHS Lothian	14.804%	£2,516,732
NHS Orkney	0.483%	£82,029
NHS Shetland	0.490%	£83,311
NHS Tayside	7.848%	£1,334,200
NHS Western Isles	0.657%	£111,713

Breakdown of estimated allocation per IJB - 2019/2020					
17 Million					
NHS Board	NRAC Share %	NRAC Share £	HSCP Name	HSCP NRAC Share %	NRAC Share £
Ayrshire & Arran	7.41%	1,259,555	East Ayrshire	2.43%	£413,178
			North Ayrshire	2.72%	£462,922
			South Ayrshire	2.26%	£383,455
Borders	2.10%	357,705	Scottish Borders	2.10%	£357,705
Dumfries & Galloway	2.98%	506,503	Dumfries and Galloway	2.98%	£506,503
Fife	6.81%	1,156,983	Fife	6.81%	£1,156,983
Forth Valley	5.42%	921,290	Clackmannanshire and Stirling	2.55%	£433,575
			Falkirk	2.87%	£487,715
Grampian	9.87%	1,678,337	Aberdeen City	3.92%	£666,404
			Aberdeenshire	4.23%	£719,229
			Moray	1.72%	£292,703
Greater Glasgow & Clyde	22.34%	3,797,365	East Dunbartonshire	1.82%	£308,745
			East Renfrewshire	1.56%	£265,303
			Glasgow City	12.09%	£2,054,677
			Inverclyde	1.65%	£280,477
			Renfrewshire	3.40%	£577,233
			West Dunbartonshire	1.83%	£310,930
Highland	6.44%	1,095,201	Argyll and Bute	1.85%	£315,091
			Highland	4.59%	£780,110
Lanarkshire	12.35%	2,099,076	North Lanarkshire	6.43%	£1,092,250
			South Lanarkshire	5.92%	£1,006,826
Lothian	14.80%	2,516,732	East Lothian	1.83%	£311,875
			Edinburgh	8.32%	£1,414,407
			Midlothian	1.57%	£267,626
			West Lothian	3.08%	£522,823
Orkney	0.48%	82,029	Orkney Islands	0.48%	£82,029
Shetland	0.49%	83,311	Shetland Islands	0.49%	£83,311
Tayside	7.85%	1,334,200	Angus	2.15%	£366,337
			Dundee City	2.96%	£503,674
			Perth and Kinross	2.73%	£464,188
Western Isles	0.66%	111,713	Eilean Siar (Western Isles)	0.66%	£111,713

Allocations by Territorial Board – 2020/2021		
£24 million		
NHS Board	Target Share	NRAC Share
NHS Ayrshire and Arran	7.409%	£1,778,196
NHS Borders	2.104%	£504,995

NHS Dumfries and Galloway	2.979%	£715,064
NHS Fife	6.806%	£1,633,388
NHS Forth Valley	5.419%	£1,300,645
NHS Grampian	9.873%	£2,369,417
NHS Greater Glasgow & Clyde	22.337%	£5,360,986
NHS Highland	6.442%	£1,546,166
NHS Lanarkshire	12.348%	£2,963,402
NHS Lothian	14.804%	£3,553,033
NHS Orkney	0.483%	£115,805
NHS Shetland	0.490%	£117,615
NHS Tayside	7.848%	£1,883,576
NHS Western Isles	0.657%	£157,712

<u>Breakdown of estimated allocation per IJB - 2020/2021</u>					
24 Million					
NHS Board	NRAC Share %	NRAC Share £	HSCP Name	HSCP NRAC Share %	NRAC Share £
Ayrshire & Arran	7.41%	1,778,196	East Ayrshire	2.43%	£583,310
			North Ayrshire	2.72%	£653,537
			South Ayrshire	2.26%	£541,348
Borders	2.10%	504,995	Scottish Borders	2.10%	£504,995
Dumfries & Galloway	2.98%	715,064	Dumfries and Galloway	2.98%	£715,064
Fife	6.81%	1,633,388	Fife	6.81%	£1,633,388
Forth Valley	5.42%	1,300,645	Clackmannanshire and Stirling	2.55%	£612,106
			Falkirk	2.87%	£688,539
Grampian	9.87%	2,369,417	Aberdeen City	3.92%	£940,806
			Aberdeenshire	4.23%	£1,015,383
			Moray	1.72%	£413,228
Greater Glasgow & Clyde	22.34%	5,360,986	East Dunbartonshire	1.82%	£435,875
			East Renfrewshire	1.56%	£374,545
			Glasgow City	12.09%	£2,900,720
			Inverclyde	1.65%	£395,968
			Renfrewshire	3.40%	£814,917
			West Dunbartonshire	1.83%	£438,960
Highland	6.44%	1,546,166	Argyll and Bute	1.85%	£444,835
			Highland	4.59%	£1,101,332
Lanarkshire	12.35%	2,963,402	North Lanarkshire	6.43%	£1,542,000
			South Lanarkshire	5.92%	£1,421,401
Lothian	14.80%	3,553,033	East Lothian	1.83%	£440,294
			Edinburgh	8.32%	£1,996,810
			Midlothian	1.57%	£377,825
			West Lothian	3.08%	£738,104

Orkney	0.48%	115,805	Orkney Islands	0.48%	£115,805
Shetland	0.49%	117,615	Shetland Islands	0.49%	£117,615
Tayside	7.85%	1,883,576	Angus	2.15%	£517,182
			Dundee City	2.96%	£711,069
			Perth and Kinross	2.73%	£655,325
Western Isles	0.66%	157,712	Eilean Siar (Western Isles)	0.66%	£157,712

Allocations by Territorial Board – 2021/2022		
£32 million		
NHS Board	Target Share	NRAC Share
NHS Ayrshire and Arran	7.409%	£2,370,927
NHS Borders	2.104%	£673,327
NHS Dumfries and Galloway	2.979%	£953,418
NHS Fife	6.806%	£2,177,851
NHS Forth Valley	5.419%	£1,734,193
NHS Grampian	9.873%	£3,159,222
NHS Greater Glasgow & Clyde	22.337%	£7,147,981
NHS Highland	6.442%	£2,061,555
NHS Lanarkshire	12.348%	£3,951,202
NHS Lothian	14.804%	£4,737,378
NHS Orkney	0.483%	£154,407
NHS Shetland	0.490%	£156,821
NHS Tayside	7.848%	£2,511,435
NHS Western Isles	0.657%	£210,283

Breakdown of estimated allocation per IJB - 2021/2022					
£32 Million					
NHS Board	NRAC Share %	NRAC Share £	HSCP Name	HSCP NRAC Share %	NRAC Share £
Ayrshire & Arran	7.41%	2,370,927	East Ayrshire	2.43%	£777,747
			North Ayrshire	2.72%	£871,383
			South Ayrshire	2.26%	£721,797
Borders	2.10%	673,327	Scottish Borders	2.10%	£673,327
Dumfries & Galloway	2.98%	953,418	Dumfries and Galloway	2.98%	£953,418
Fife	6.81%	2,177,851	Fife	6.81%	£2,177,851
Forth Valley	5.42%	1,734,193	Clackmannanshire and Stirling	2.55%	£816,141
			Falkirk	2.87%	£918,051
Grampian	9.87%	3,159,222	Aberdeen City	3.92%	£1,254,408
			Aberdeenshire	4.23%	£1,353,844
			Moray	1.72%	£550,970
Greater Glasgow &	22.34%	7,147,981	East Dunbartonshire	1.82%	£581,167

Clyde					
			East Renfrewshire	1.56%	£499,394
			Glasgow City	12.09%	£3,867,627
			Inverclyde	1.65%	£527,957
			Renfrewshire	3.40%	£1,086,555
			West Dunbartonshire	1.83%	£585,280
Highland	6.44%	2,061,555	Argyll and Bute	1.85%	£593,113
			Highland	4.59%	£1,468,442
Lanarkshire	12.35%	3,951,202	North Lanarkshire	6.43%	£2,056,001
			South Lanarkshire	5.92%	£1,895,202
Lothian	14.80%	4,737,378	East Lothian	1.83%	£587,059
			Edinburgh	8.32%	£2,662,414
			Midlothian	1.57%	£503,767
			West Lothian	3.08%	£984,138
Orkney	0.48%	154,407	Orkney Islands	0.48%	£154,407
Shetland	0.49%	156,821	Shetland Islands	0.49%	£156,821
Tayside	7.85%	2,511,435	Angus	2.15%	£689,576
			Dundee City	2.96%	£948,093
			Perth and Kinross	2.73%	£873,766
Western Isles	0.66%	210,283	Eilean Siar (Western Isles)	0.63%	£210,283

**ACTION 15 - OUTLINE 2018-19 INTEGRATION AUTHORITY FINANCIAL REPORTING
TEMPLATE, DUE FOR RETURN BY SEPTEMBER 2018**

IA area

Summary of agreed spending breakdown for 2018-19 with anticipated monthly phasing

Actual spending to date against profile, by month

Remaining spend to end 2018-19, by month

Projected under/ over spend by end 2018-19

Is it expected that the full second tranche will be required in 2018-19?

Please return to:

Pat McAuley
3ER, St Andrew's House, Regent Road, Edinburgh EH1 3DG

Or by email to:
Pat.McAuley@gov.scot

Ayrshire and Arran Proposal for Action 15 of the Mental Health Strategy

Version 0.2



Background

The three Health and Social Care Partnerships, North, South and East Ayrshire are working together to develop and implement a Pan-Ayrshire Mental Health Strategy that will deliver on the actions and aspirations outlined in the Scottish Mental Health Strategy 2017-2027. (See Appendix One for timeline for this.)

Strategic context

Lead Partnership arrangements

Each Health and Social Care Partnership (East, South & North) leads on a different Ayrshire wide area of health and social care.

North Ayrshire has the lead responsibility for inpatient and pan Ayrshire Specialist Services as well as North Community Mental Health Services. This includes responsibility for delivery of inpatient services at the newly developed Woodland View community hospital in Irvine and Learning disability acute assessment services at Arrol Park in Ayr, delivery of elderly mental health wards at the Ailsa hospital site in Ayr, Crisis resolution services, Psychiatric liaison services, CAMHS and Eating disorders services, forensic services, psychiatric medical services and Psychology services.

East, North and South Ayrshire each have responsibility for adult community mental health services in their respective areas.

In Ayrshire and Arran a significant programme of change and transformation was launched in 2015 with the establishment of a Pan Ayrshire mental health change and strategy programme board to ensure delivery of key strategic objectives in relation to improving mental health and wellbeing across the whole system in alignment with national strategy and local health and social care partnership strategic plans.

The aim of all change programmes and tests of change has been to align and integrate services, extending capacity to provide appropriate prevention and early intervention services within community settings, enhancing pathways for service users across community and hospital services.

A Pan Ayrshire Mental Health strategy Engagement team is currently working together to develop a Pan Ayrshire Mental Health Strategy. This is currently in development and engagement stage and is required in order to ensure both consistent and coherent alignment with the principles and vision of the national mental health strategy in the context of Ayrshire and Arran. This will also

ensure that the significant programme of Transformational change and new ways of working are delivered and embedded. This will enable the development of an overarching strategic framework to set the context and future vision for mental health services across three health and social care partnerships enabling the development of locality partnership driven mental health strategies tailored to population needs.

Action 15-Enabling Local Implementation

Funding from the Mental Health Innovation Fund, CAMHS and Psychological therapies allocation and the Primary Care Transformation Fund to date has allowed various 'tests of change' to take place.

These include;

- Police Triage Pathway linking to the crisis resolution team (CRT)
- Community link workers and mental health practitioners in GP practices
- The intensive support team (IST) for CAMHS
- Development of MDT approaches, membership and roles wrapping services around GP practices
- cCBT roll out and implementation in Primary care
- Neurodevelopment diagnosis pathway via multidisciplinary working
- Increasing access to psychological therapies and new ways of working

Action 15 monies will enhance and enable earlier implementation of key work in primary care which will dovetail with current Pan Ayrshire redesign of Primary and Community based Mental Health Services.

Proposals for spend 2018-2021

Financial Plan

The budget communication issued to Health Boards outlining core areas of investment, including Mental Health, was very specific in relation to the additional funding and investment being provided for Mental Health services on the basis that it is investment in addition to a real terms increase in existing expenditure. The plan sets out the development areas which all reflect additionality in investment in these services.

The financial impact of each of the areas of investment is summarised below:

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Crisis Response Team	£201,000	£402,000	£402,000	£402,000
Prison Healthcare	£133,000	£266,000	£266,000	£266,000
Forensic Inpatient Services	£25,000	£50,000	£50,000	£50,000
Primary Care	£211,500	£786,061	£786,061	£786,061
To be determined	£0	£0	£274,135	£866,866
TOTAL	£570,500	£1,504,061	£1,778,196	£2,370,927

The plan will be monitored throughout the year and the funding requirements may change as service developments are progressed. The financial plan is informed by a realistic assessment of timescales for implementation and takes advantage of the pragmatic approach taken by Scottish Government in relation to the flexibility and protection for the additional investment and therefore will require unallocated funding from Year 1 to be allocated in Year 2, as illustrated below.

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Funding Allocation	£815,006	£1,259,555	£1,778,196	£2,370,927
Financial Plan	£570,500	£1,504,061	£1,778,196	£2,370,927
Difference	£244,506	-£244,506	£0	£0

The three Ayrshire HSCPs are working together to implement the Mental Health Strategy. The indicative split of the proposed investment programmes identified in terms of the financial investment in each of the Ayrshire and Arran Health and Social Care Partnerships is noted below using the NRAC formula * .

	Year 1 2018-19			
	Total	North	East	South
Crisis Response Team	£201,000	£73,873	£65,935	£61,192
Prison Healthcare	£133,000	£48,881	£43,629	£40,490
Forensic Inpatient Services	£25,000	£9,188	£8,201	£7,611
Primary Care	£211,500	£77,733	£69,379	£64,388
TOTAL	£570,500	£209,675	£187,144	£173,681

	Year 2 2019-20			
	Total	North	East	South
Crisis Response Team	£402,000	£147,746	£131,870	£122,384
Prison Healthcare	£266,000	£97,763	£87,257	£80,980
Forensic Inpatient Services	£50,000	£18,376	£16,402	£15,222
Primary Care	£786,061	£288,899	£257,856	£239,306
TOTAL	£1,504,061	£552,784	£493,385	£457,892

* NHSScotland Resource Allocation Committee (NRAC) formula. The Formula calculates target shares (percentages) for each NHS Board based on a weighted capitation approach that starts with the number of people resident in each NHS Board area. The formula then makes adjustments for the age/sex profile of the NHS Board population, their additional needs based on morbidity and life circumstances (including deprivation) and the excess costs of providing services in different geographical areas.

Action 15 of the Mental Health Strategy-Planning and funding from 2018/2022

Allocation	£815,000	2018/2019
	£1,259,055	2019/2020
	£1,778,196	2020/2021
	£2,370,927	2021/2022

Year 1 Allocation £815,000	CRT/ Police triage pathway <ul style="list-style-type: none">Well-developed business case with proven outcomes. Targets key area of priority namely Emergency departments and Police.Delivers to whole life span				
Area and Strategic fit	Staffing Requirements/Costs			Consultation/local plans	Contribution to Local Improvements-impact on Action 15 priorities
CRT/ Police triage pathway (ED, Police, GP out of hours)	Current Staffing Budget = £1,207,528 (required uplift = £401,817) Total Staffing Budget Required = £1,609,345				SPOG Meeting April 9 th - There was support for the model and agreement that should funding be available that it should be prioritised for expansion for the police pathway. A letter of support received from Police Scotland, Pam Milliken (Head of Primary Care) and the Unscheduled care programme. <ul style="list-style-type: none">Getting the right support to patients at the right timePrevention of unnecessary attendances at Emergency Departments.Free up police timeAllowing patients access to treatment in their own homesAvoidance of criminalising people in distressAppropriate mental health professionals are accessible in Emergency Departments and through other out-of-hours crisis services.
	Banding	Cost per WTE	Current WTE	Proposed WTE	
	Band 7	£62,153	2	2	
	Band 6	£51,885	8	20	
	Band 5	£41,898	13.85	8	
	Admin Support	£24,300	0	1	
	Total uplift			£401,817	
The assumption has been made with the above table that a large proportion of the extra staff will come from the current pool as development opportunities given the specialist nature of the role. This has been acknowledged by HR.					

Year 1	Prison Healthcare <ul style="list-style-type: none">Identified as a risk through inspections and specified in Action 15 as a high priority,																							
HMP Kilmarnock (Prison)	<p>One clinical Psychologist, 1 Occupational therapist, 1 Speech and Language Therapist and 3 band 5 nurses</p> <p>Funding requirement to reinstate support from break the silence still to be scoped.</p> <table><tr><th>Banding</th><th>Cost per WTE</th><th>Proposed WTE</th></tr><tr><td>Band 8a Clinical Psychologist</td><td>£57,563</td><td>1</td></tr><tr><td>Consultant Psychiatrist</td><td>£26,000</td><td>0.2</td></tr><tr><td>Band 5 MH Nurse</td><td>£41,898</td><td>3</td></tr><tr><td>Band 7 OT</td><td>£29,345</td><td>0.6</td></tr><tr><td>Speech and Language Therapist Band 7</td><td>£27,150</td><td>0.5</td></tr><tr><td>Total cost</td><td></td><td>£265,752</td></tr></table>	Banding	Cost per WTE	Proposed WTE	Band 8a Clinical Psychologist	£57,563	1	Consultant Psychiatrist	£26,000	0.2	Band 5 MH Nurse	£41,898	3	Band 7 OT	£29,345	0.6	Speech and Language Therapist Band 7	£27,150	0.5	Total cost		£265,752	<p>Meeting: Tuesday June 5th</p> <p>Present:</p> <p>Janet Davies Professional Lead Psychological Services</p> <p>Thelma Bowers Head of Mental Health</p> <p>Ruth McMurdo Senior Manager Justice Health Care Services</p> <p>Dawn Carson Forensic Psychiatrist</p> <p>Nicola Fraser Planning Manager</p> <p>James Gordon Charge Nurse</p> <p>Margaret Young Charge Nurse</p> <ul style="list-style-type: none">Additional discussion with John Taylor Medical Director, David Thomson Associate Nurse Director and AHP lead for North Alistair Read and plans submitted. <p>Recommendation from mental welfare commission stating; NHS Ayrshire and Arran managers should review the provision of Psychology and Psychological therapies for the prison population at HMP Kilmarnock</p>	<p>Healthcare in HMP Kilmarnock have had two inspections carried out by Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) since the transfer of responsibility from Scottish Prison Service to the NHS and three visits from the Mental Welfare Commission (MWC). Both the latest HMIPS inspection (2016) and the Mental Welfare Commission report (2018) highlighted the lack of Clinical Psychology and psychological interventions available to the population of HMP Kilmarnock. The HMIPS inspection also raised concerns regarding the lack of Occupational Therapy input and counselling support for individuals who have been victims of sexual abuse.</p> <p>Improvement of services would allow safe and effective treatment to be accessed in a timely way.</p>
Banding	Cost per WTE	Proposed WTE																						
Band 8a Clinical Psychologist	£57,563	1																						
Consultant Psychiatrist	£26,000	0.2																						
Band 5 MH Nurse	£41,898	3																						
Band 7 OT	£29,345	0.6																						
Speech and Language Therapist Band 7	£27,150	0.5																						
Total cost		£265,752																						
Year 1	Identified as a gap by the Low secure/Forensic Steering Group																							

Low secure/forensic inpatient service (Justice services)	Mental Health Officer/Social Worker			Consultation with Low secure and forensic inpatient and community teams as well as discussion at Forensic steering group including justice representation.												
	Banding	Cost per WTE	Proposed WTE													
	Grade 10	£46,503.53	1.0													
Year 1/2	Aligned to the Primary Care Improvement Plan															
Primary Care	<table><tr><th>Banding</th><th>Cost per WTE</th><th>Proposed WTE</th><th>Cost</th></tr><tr><td>Band 6 MH Nurse</td><td>£42,660</td><td>18.5</td><td>£786,061</td></tr><tr><td>Total cost</td><td></td><td></td><td>£786,061</td></tr></table>			Banding	Cost per WTE	Proposed WTE	Cost	Band 6 MH Nurse	£42,660	18.5	£786,061	Total cost			£786,061	<p>From 2016 to present we have undertaken pilot work from community link worker investment to mental health practitioners. A Pan Ayrshire primary care steering group met with agreement that each partnership would pilot models of mental health delivery in primary care in alignment with reviewing Primary Care Mental Health and CMHTs. The learning of this to inform a model of primary care for the future. Action 15 funding with allow consolidation and testing of models to ensure scale and pace for this high priority agenda</p> <p>An approach has been financially modelled at B6 nurses /MHP in each practice equating to around £786,061 funding and a split to be allocated to each HSCP to implement the appropriate solutions to their areas.</p> <p>Roles such as GPs with special interest can be developed to suit the needs of the clusters.</p>
Banding	Cost per WTE	Proposed WTE	Cost													
Band 6 MH Nurse	£42,660	18.5	£786,061													
Total cost			£786,061													

Governance

Action 15 proposals have been developed through a variety of Pan-Ayrshire meetings with oversight by Directors via the Strategic Planning and Operational Group. The pan Ayrshire Mental Health Planning and Strategy Board will have responsibility for operational implementation on behalf of the Ayrshire IJBs. Alignment will be developed with the Primary Care Improvement Plan. Engagement with professional, clinical and staff governance groups will take place as plans develop to ensure support.

Monitoring and Evaluation

A clear monitoring and evaluation framework will be developed which identifies the following and reports to the governance structures. Governance will be developed to align to the Primary Care Improvement Plan.

- Benefits realization
- Outcomes
- Indicators
- Qualitative feedback for service users, carers and communities

Appendix One

Mental Health Strategy Engagement High Level Milestones

Dates	Meeting	Comment
20 March 2018	Mental Health Programme Board	<ul style="list-style-type: none"> MH Strategy Engagement Proposal
30 March 2018	Propose names for Pan-Ayrshire Strategy Development Team	<ul style="list-style-type: none"> Partners suggest names
April/May 2018	Pan-Ayrshire Strategy Development Team meetings	<ul style="list-style-type: none"> Develop events and questionnaire
15 May 2018	Mental Health Programme Board	<ul style="list-style-type: none"> Report findings from Pan-Ayrshire Strategy Development Team
20 May 2018	Consultation opens	<ul style="list-style-type: none"> Open Consultation online
June 2018	Public Events	<ul style="list-style-type: none"> Hold events
15 July 2018	Consultation Close	<ul style="list-style-type: none"> Close consultation
16 July 2018	Evaluate feedback	<ul style="list-style-type: none"> Evaluate feedback
24 July 2018	Mental Health Programme Board	<ul style="list-style-type: none"> Present feedback to Board
End August 2018	Stakeholder Consultation Findings Event	<ul style="list-style-type: none"> Present findings to local Stakeholders
August/September	North and East consultation events	<ul style="list-style-type: none"> Feedback from consultation events will be analysed by 14 September. This will include engagement with children and young people.
18 September 2018	Mental Health Programme Board	<ul style="list-style-type: none"> Report back to Programme Board
10 October 2018	Pan Ayrshire Mental Health Engagement Event	<ul style="list-style-type: none"> Ayrshire's mental health conversation
December 2018	Mental Health Strategy - Pan Ayrshire	<ul style="list-style-type: none"> Final document

The pan-Ayrshire Mental Health Strategy will be completed by December 2018 which will enable strategic links to the national ambitions and further consolidation of specific action 15 areas for further development and scoping as reflected in this high level plan.

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	13092018-09	
2.	Date Direction Issued by IJB	13 September 2018	
3.	Date Direction takes effect	13 September 2018	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	√
		Both	
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	√
6.	Functions covered by the direction	Mental Health Services	
7.	Full text of direction	<p>As part of the Mental Health Strategy 2017-2027 the Scottish Government made a commitment to provide funding to support the employment of additional mental health workers to improve access in key settings. Additional funding have been allocated by the Scottish Government for implementation. The North Ayrshire HSCP lead mental health services and have liaised with the other two HSCTs to develop a shared pan Ayrshire plan for investment.</p> <p>The investment agreed by the three IJBs and submitted to the Scottish Government is outlined in the Ayrshire and Arran Proposal for Action 15 of the Mental Health Strategy:. The areas for investment in 2018-19 being:</p> <ul style="list-style-type: none"> • Crisis Response Team • Prison Healthcare • Forensic Inpatient Services • Primary Care <p>The plan has been approved for 2018-19 and will be subject to further review in future years to reflect further increases in funding.</p>	

8.

Budget allocated by Integration Joint Board to carry out direction

The financial plan is summarised below:

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Crisis Response Team	£201,000	£402,000	£402,000	£402,000
Prison Healthcare	£133,000	£266,000	£266,000	£266,000
Forensic Inpatient Services	£25,000	£50,000	£50,000	£50,000
Primary Care	£211,500	£786,061	£786,061	£786,061
To be determined	£0	£0	£274,135	£866,866
TOTAL	£570,500	£1,504,061	£1,778,196	£2,370,927

The plan will be monitored against during the year and the funding requirements may change as service developments are progressed. The financial plan is informed by a realistic assessment of timescales for implementation and takes advantage of the pragmatic approach taken by Scottish Government in relation to the flexibility and protection for the additional investment and therefore will require unallocated funding from Year 1 to be allocated in Year 2, as illustrated below.

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Funding Allocation	£815,006	£1,259,555	£1,778,196	£2,370,927
Financial Plan	£570,500	£1,504,061	£1,778,196	£2,370,927
Difference	£244,506	-£244,506	£0	£0

9.	Performance Monitoring Arrangements	The Plan will be monitored throughout the year and the funding requirements may change as service developments are progressed. The funding is noted to be earmarked recurring funding and the Health Board will require to earmark the funding aligned to the plan and as required liaise with the Scottish Government re the re-provision of any unspent allocation in future years.
10.	Date of Review of Direction (if applicable)	1 April 2019