ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 28 AUGUST 2018**

REPORT ON: **ACTION 15 OF THE MENTAL HEALTH STRATEGY – PLANNING AND FUNDING FROM 2018/19**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB49-2018**

1.0 PURPOSE OF REPORT

The purpose of the report is to brief the Integration Joint Board on the plans being developed for the use of new monies allocated by Scottish Government as part of the national Mental Health Strategy.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Notes the correspondence sent to Chief Officers confirming the allocation of Action 15 monies across Scotland (attached as appendix 1);

2.2 Notes the response to Scottish Government which outlines plans for the use of Action 15 monies in Dundee (attached as appendix 2);

2.3 Notes that further discussions continue regarding Tayside wide developments, and that the outcome of these discussions may slightly alter the balance of financial commitment to each development;

2.4 Notes that the plans for use of the Action 15 monies are set within a broader context in terms of Mental Health and Wellbeing developments in the city;

2.5 Remits to the Chief Officer to bring forward a report setting out the draft Mental Health and Wellbeing strategic priorities and proposed initial actions for Dundee to the IJB in October 2018.

3.0 FINANCIAL IMPLICATIONS

The Scottish Government funding allocation for Action 15 of the Mental Health Strategy for Dundee IJB is £325,907 in 2018/19, rising to £503,674 in 2019/20, £711,069 in 2020/21 and £948,093 in 2021/22. The financial implications of the planned use of this funding is set out within Appendix 2, with funding and developments enhanced through the use of Primary Care Improvement funding.

4.0 MAIN TEXT

4.1 Scotland's Mental Health Strategy: 2017-2027, Scottish Government, 2017 sets out vision of 'A Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.'

4.2 There are 40 Actions committed to within the national Mental Health Strategy. The four themes that underpin the Actions are prevention and early intervention; access to treatment, and joined up accessible services; the physical wellbeing of people with mental health problems and rights, information use and planning.

4.3 Action 15 outlines a commitment to increase the workforce across the country to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons.

4.4 In late May 2018 Scottish Government wrote to Chief Officers of Integration Joint Boards to confirm an additional investment nationally of £35million over the next 4 years, the purpose of the investment being to increase the mental health national workforce by 800 to support the commitment given within Action 15 of the Strategy.

4.5 Initial submissions to Scottish Government outlining broad plans for use of the funding within Dundee, Perth and Kinross and Angus have been made. These initial submissions relate to the use of Action 15 monies for developments that are specific to each area, and there are clear synergies between these.

4.6 Further work is being undertaken to agree plans for cross boundary developments in relation to police custody suites, prisons and Accident and Emergency Departments. Scottish Government colleagues expect to receive notification of the agreed plans by October 2018.

4.7 Dundee's Mental Health and Wellbeing Strategic and Commissioning Group are working within an ambitious set of priorities which are driven by the expressed views of people living in Dundee who have experienced mental health challenges. The themes underpinning the focus of this activity are; the reduction of health inequalities, getting the right support at the right time, prevention/early intervention and recovery based approaches. These are consistent with the national Strategy.

4.8 A draft local Mental Health and Wellbeing Strategy outlining priorities and actions is in the process of being prepared and will be available for the consideration of the IJB later this year.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the aims of the strategy and the success of the plan will be adversely impacted upon through the lack of appropriately trained staff
Risk Category	Workforce
Inherent Risk Level	Likelihood (3) x Impact (4) = (12) (High)
Mitigating Actions (including timescales and resources)	Dundee's priorities consider a diverse approach to meeting the national policy aims rather than focusing on one particular mental health professional model
Residual Risk Level	Likelihood (3) x Impact (3) = 9 (High)
Planned Risk Level	Likelihood (2) x Impact (3) = 6 (Moderate)
Approval recommendation	Given the mitigating actions in place this risk should be accepted

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 17 August 2018

Arlene Mitchell
Locality Manager
Health and Social Care Partnership

Population Health Directorate
Mental Health and Protection of Rights Division

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 07119 F: 0131-244 2846
E: Pat.McAuley@gov.scot

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 an 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 areas[1].

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.

ANNEX A

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 Louden	COSLA
Joyce White	SOLACE
Andrew Scott	Scottish Government
Neil Rennick	Scottish Government
Gillian Russell	Scottish Government

ANNEX B

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 compromise 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

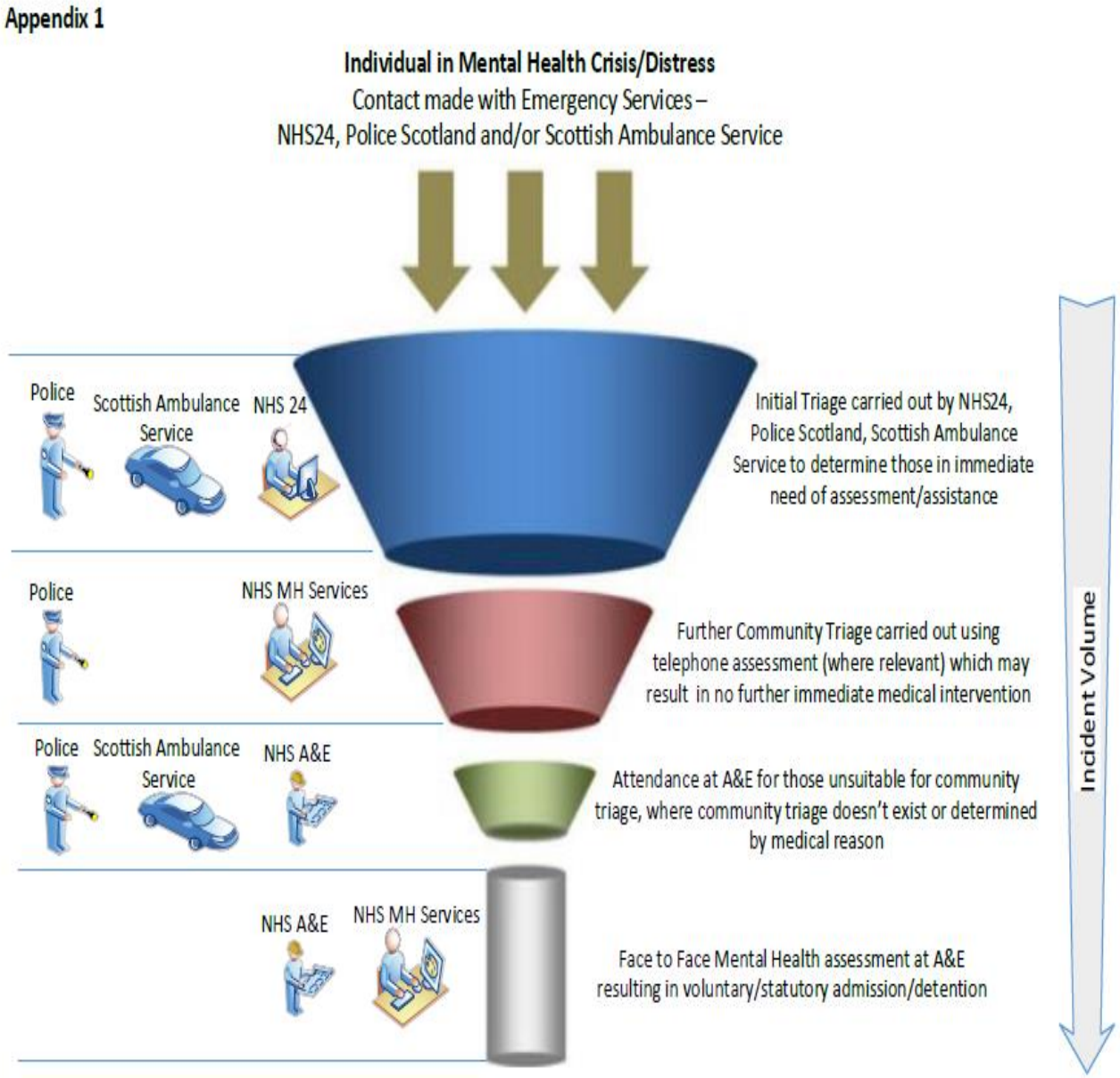
Financial Implications

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.

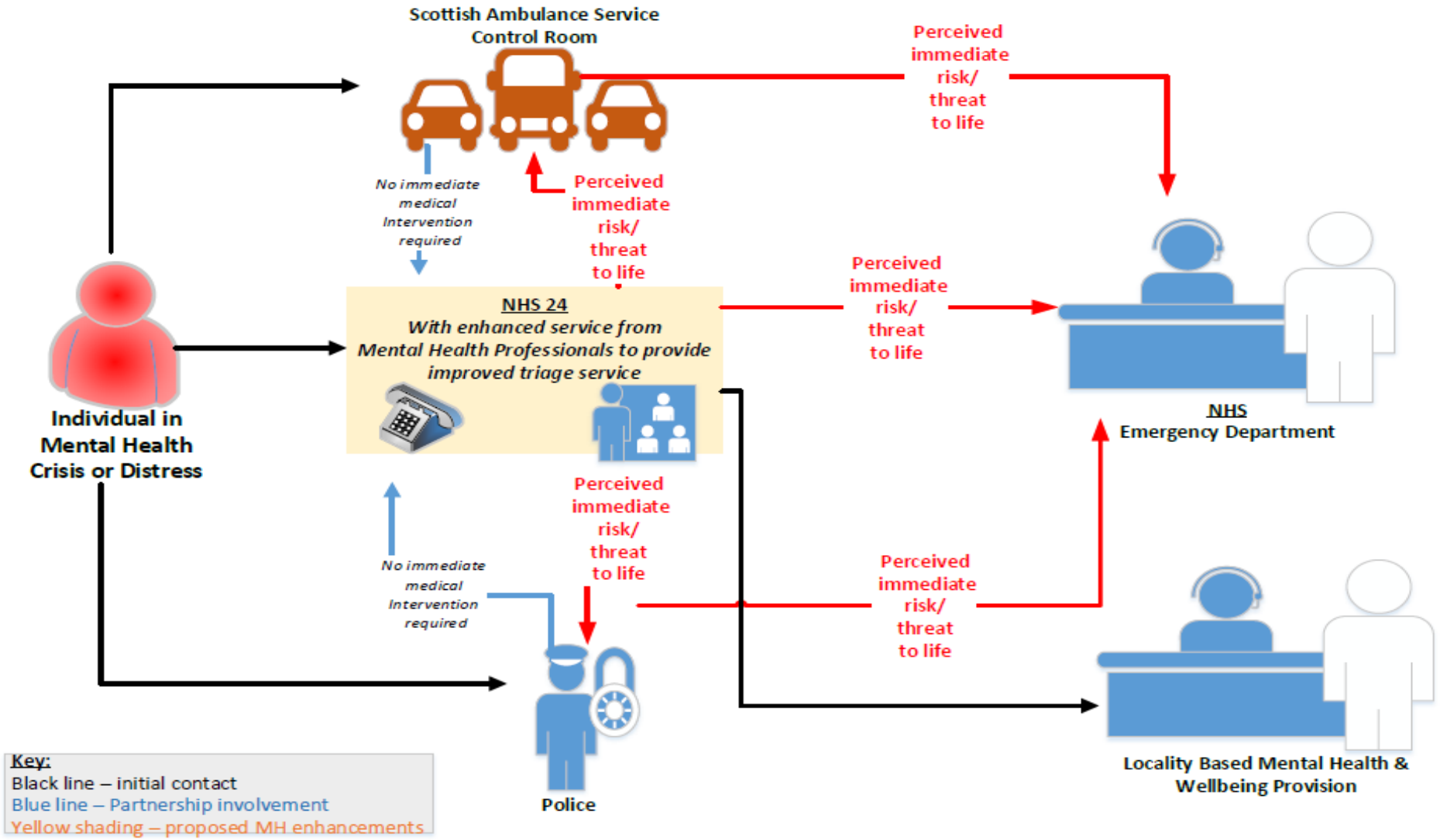
Details	Amount
Infrastructure, Development & Implementation of Model - Senior Programme Leadership - Communication and Engagement - Learning & Education - Technology / Systems Upgrade	£117,144
Service Delivery Staffing - Mental Health Clinical Service Manager (1xWTE Band 8a) - Mental Health Team Leaders (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) *** This would ensure at least 16 new Mental Health Professionals being recruited to support direct patient care***	£669,288
Evaluation and Programme Management Project Administrator Data Analyst / Researcher	£81,582

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

Appendix 1: Current Service provision



Appendix 2 – Proposed Enhanced Mental Health Pathways First Response



ANNEX C

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

Breakdown of estimated allocation per IJB - 2020/2021
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 & Clyde	22.34%	7,147,981	East Dunbartonshire	1.82%	£581,167
			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

ANNEX D

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

αβχδε αβχ α

Appendix 2

David W Lynch
Chief Officer
Dundee Health & Social Care Partnership
Claverhouse Office
Jack Martin Way
Dundee DD4 9FF

If calling, please ask for
Arlene Mitchell, 01382 438338
Email: arlene.mitchell@dundeecity.gov.uk

Mr Pat McAuley
Email: Pat.McAuley@gov.scot

Our Ref **AM/PC**
Your Ref
Date **03 August 2018**

Dear Mr McAuley

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

Please find attached Dundee Health and Social Care Partnership's commissioning intentions in relation to the above funding allocation. The figures provided are intended to demonstrate broadly how we intend to use the investment and will be subject to minor change once Tayside wide developments are confirmed. Dundee Integration Joint Board will consider these later in August.

The actions prioritised are driven by the expressed views of people living in Dundee who have experienced mental health challenges and who contribute significantly to developments within the city. The main themes that underpin our priorities are; the reduction of health inequalities, getting the right support at the right time, prevention/early intervention and recovery based approaches.

In relation to our collaborative work with partners within Angus and Perth and Kinross, the following priorities are being considered on a regional basis and resulting plans will be shared with you in September 2018:

- Forensic and Custody Healthcare: Trauma Informed Practice.
- Prison Healthcare: Trauma Informed Practice.
- Accident and Emergency responses.

Please do not hesitate to contact me should you require further information about any of our plans.

Yours sincerely

Arlene Mitchell, Locality Manager
Dundee Health and Social Care Partnership

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

The following areas have been prioritised by Dundee's Mental Health and Wellbeing Strategic and Commissioning group and will contribute to the national commitment to invest in 800 additional mental health workers across the country. The primary aim will be to increase access to dedicated mental health professionals within Accident and Emergency Departments, GP practices, every police station custody suite and to prisons.

Areas Prioritised:-

1. Patient Assessment and Liaison Mental Health Service
2. Social Prescribing
3. Do You Need to Talk? Listening Service
4. Supporting People in Distress Framework

At the core of all local developments is the principle of planning for and with people, taking a locality approach. People living in Dundee have also expressed a strong view that future improvements should lead to the delivery of support in a more whole system way, for example whether this be for families (as opposed to for children and adults separately with the same family), or for people for whom both mental health and substance misuse are challenges. Opportunities to test out more holistic approaches to delivery and planning are already being progressed.

1. Patient Assessment and Liaison Mental Health Service (PALMS)

A large number of GP consultations are for mental health problems. It is also known, however, that stigma and other factors prevent people accessing help. The mental health services and resources available to GP's are significant and range from community based resources, through to adult psychological services to community mental health services and in-patient care. This makes it difficult to successfully ensure that an individual is referred to the service best placed to meet their mental health needs. Where an individual is referred to a service that cannot meet their needs, it is likely that they will have had a considerable wait for this to be determined. Transitions to other services, however are not always smooth.

A number of regions across the United Kingdom have well established primary mental health care services. These largely provide triage to other existing mental health services, signposting to community resources and, in some cases, brief intervention. Most services still required GP referral. As such, the services are not intended to impact directly on GP workload and add an extra step in an individual finding their way to the most appropriate service.

The introduction of a mental health specialist within practices/GP clusters within the city will be incrementally introduced and fully functioning within all areas by 2021/2022.

The first stage of this will involve an experienced clinical psychologist becoming embedded within 2 practices working in parallel with GPs to function as the "mental health specialist" and attract initial assessment of new mental health presentations away from GP clinics. This service will be known as PALMS (the **P**atient **A**ssessment and **L**iaison **M**ental **H**ealth **S**ervice). The service will only be for adult patients.

Posters and leaflets within the practice will encourage patients to self-refer (booking appointments through Reception) for assessment. Patients seeking GP appointments will be triaged by Reception and offered diversion to the service where the primary issue is mental health.

GPs will continue to monitor, support and prescribe medication to patients where appropriate. GPs will also continue to make onward referrals to Adult Psychological Therapies Services, Community Mental Health Teams and other services where they are confident that the person is being referred to the correct service. Where this is in doubt, GPs will have the option of directing the individual to the PALMS service.

PALMS will operate three directly booked primary care triage clinics each week within each practice. A further two clinics will be used for conducting more comprehensive assessments and liaison work where specialist onward referral is indicated. All clinics will be based within practices. This will also allow for direct clinical advice and liaison between GPs and PALMS. Professional support from the mental health specialist will also be available to GPs as part of the development, this will allow for discussion about complex cases the GP may be managing. The initial test of change will operate for a period of twelve months. PALMS will be hosted by the Dundee Adult Psychological Therapies Service (which is part of Dundee Health and Social Care Partnership). This will allow for good staff and clinical governance.

Two GP practices will be identified to participate. Each practice will need to have space to host a clinical psychologist five sessions per week in a suitable consulting room with access to IT systems.

An examination of referral patterns to mental health services in Dundee has been undertaken and has been presented to the GP Cluster Lead group to assist in determining which practices may be better placed to participate

<u>Anticipated Outcomes</u>

- Service uptake will be monitored and reported
- 80% of referrals will be seen within 5 working days
- Referral rates and patterns to specialist services will be contrasted with a practice of similar size and demography with an expectation that the number of declined referrals will decrease (a measure of “right place”)
- “Did Not Attend” rates for first appointments in PALMS will be lower than those of Dundee Adult Psychological Therapies Service. (as a best current equivalent) as a proxy measure of “right time”
- There will be an increase in the quality of referrals to specialist services. This will be determined by contrasting PALMS referrals with ‘traditional’ GP referrals to specialist services
- Patient journeys subsequent to PALMS for those referred on the specialist mental health service will be examined (will require Caldicott approval) to determine whether an episode of care was delivered and what clinical interventions were delivered (a measure of “right place”)
- Patients triaged/assessed by PALMS will make fewer mental health consultations with GPs in the three months following assessment than the three month period before
- Patient satisfaction measures will indicate positive views of the service

Extending the Model

There are 4 GP clusters within the City and 24 practices at this time. Each cluster incorporates between 4 – 7 practices and it is anticipated that future roll out of the model will be by cluster as opposed to each individual practice. This will allow for a flexible (adaptable model that will be able to respond to capacity and demand via a 'cluster' team. Early learning from the initial model test will inform the skill level required for the 'mental health specialist' the model is introduced more widely, there may therefore be an opportunity to reduce fte costs based on initial learning gained.

It is anticipated that approximately 10 mental health specialists will be appointed between 2018 and 2021 to support this development.

Patient Assessment and Liaison Mental Health Service (PALMS) Pathway

CRISIS RESPONSE & RESOLUTION TEAM

CMHT

APTS

FURTHER COMPREHENSIVE ASSESSMENT IF SPECIALIST MENTAL HEALTH REFERRAL REQUIRED

GP ASSESSMENT (MISSED FOR TRIAGE)

REDIRECT TO RANGE OF COMMUNITY BASED SERVICES

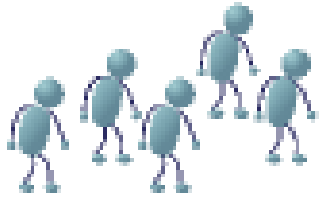
BRIEF ASSESSMENT APPOINTMENT (30 m max)

DIRECT PATIENT TO SOCIAL PRESCRIBER

BOOKING COMPLETED BY GP RECEPTION – MAX WAIT 10 DAYS; AIM FOR WITHIN 5 DAYS

SELF-REFERRAL RECRUITED BY POSTERS WITHIN PRACTICE

RECEPTIONIST TRIAGE WHEN LOOKING FOR GP APPOINTMENT



2. Social Prescribing

In 2011, the Sources of Support social prescribing scheme was piloted in one GP practice as part of the Scottish Government Equally Well test site in Dundee and scaled up to a further 3 GP practices through a combination of local and national funding in 2013. The SOS scheme sits within Dundee's integrated Health Inequalities Service.

An external evaluation demonstrated that the service had positive impacts on both clients and GPs themselves. Data shows that over 70% of referred patients engaged with the scheme in some way, there is a fairly even split between males and females, 76% of clients were aged between 20 and 59 years, and over half (56%) were single. 92% of clients had some sort of mental health and issue and ¼ had a physical health issue. The majority were unemployed and/or unfit to work and 84% of males and 76% of females are in receipt of welfare benefits. 61% of clients lived in SIMD quintile 1, which is higher that the deprivation profile of participating practices. 59% of patients required assisted visits to support them to access services; reasons included chronic anxiety, mobility issues, financial constraints and lack of social skills. Evidence shows that 65% of patient goals were met and 84% had some positive outcome. Outcomes include increased access to service and activities, decreased social isolation, improved or new housing, financial and benefits issues being addressed, new meaning and purpose, and increased confidence, awareness and self-esteem. Outcomes from a GP perspective include reduced patient contact with medical services, providing more options for patients, raising awareness of non-clinical services, and increased GP productivity. The role of the link worker has been shown to be sophisticated and complex, and includes skills such as negotiation, facilitation, research, networking and advocacy.

In 2016, as a result of the Scottish Government manifesto commitment to fund 250 link workers by the end of this political term, Dundee HSCP agreed to be an "early adopter" for the national Community Link Worker Programme and discussions took place to agree how the HSCP could help the Scottish Government achieve its initial target of 40 link workers in post across Scotland by the end of September 2017. This resulted in Dundee submitting a proposal for 5 new link workers. Subsequently, the national programme implementation team advised that further link workers be proposed, which resulted in 9 new link workers being funded bringing the total number of link workers in Dundee funded through the national programme to twelve. This added investment has enabled the Sources of Support scheme to be offered on a city-wide basis within practices that have above average levels of deprived patients in their practice populations.

Dundee HSCP received confirmation of three year funding from senior civil servants prior to undertaking a large scale recruitment drive for new link workers. Contracts were offered on a permanent basis with the understanding the IJB would build in longer term sustainability if required after that.

Social prescribing as a service and an approach sits within a range of plans at a local level including the Fairness Commission action plan, the City Plan, and the HSCP strategic and implementation plans demonstrating its contribution to a number of priority strategic outcomes. The majority of actions reflect the work of the Sources of Support scheme and efforts to build the capacity of frontline staff to act as social prescribers. The Equally Well Co-ordinator leads on capacity building activity and developed the Health Inequalities and Prevention training as a response to the recommendations in the Dundee Partnership Report on Prevention, and to complement the existing Community Health Team training programme which includes Poverty Sensitive Practice, Mind Yer Heid, and Substance Misuse and Recovery. The Health Inequalities and Prevention training promotes a toolkit reflecting social prescribing methodology and since January 2017 the Equally Well Co-ordinator has delivered 76 sessions to over 1000 frontline staff, almost half of whom sit within the Health and Social Care Partnership. Post session evaluation and follow up surveys demonstrate that between 82 and 99% of participants think that the session has raised their awareness of health inequalities and

social prescribing and built their capacity to adopt social prescribing approaches with vulnerable and at-risk individuals.

Whilst social prescribing activity is reflected in relevant strategic plans, the external evaluation for the Sources of Support scheme recommended that there required to be a specific framework for social prescribing. Specifically, it stated that there needs to be a clearer formulation of what is meant by social prescribing in terms of detail, not just broad brush statements…to prevent fragmentation and duplication of effort across existing policies. The evaluation suggests the need for a pragmatic approach based less on parity and uniformity and more on tailoring social prescribing approaches be that individual, client group, or locality…The lack of an overarching Social Prescribing Framework (linked to the Integrated Care agenda) within which to develop, leaves the service having to pick a development pathway among a range of other policies.

To this end, a Social Prescribing Framework group was established in May 2018 aiming to; define what is meant by social prescribing as a service and approach; map out existing activity across the spectrum of approaches; look at gaps, duplication, opportunities for expansion, onward referral pathways and processes, data collection and evidence; link to national strategies and local plans. The mapping questionnaire will be produced by June and piloted with a view to circulating more widely in September. Findings will be used to develop the framework, which will be shared across the wider partnership.

The allocation of funding will support the mainstreaming of the sources of support service within the city and support a far greater workforce to better understand, and therefore adopt, a social prescribing approach.

3. Do You Need to Talk? Listening Service (DYNTT)

Over recent years NHS Tayside Spiritual Care Department has been incrementally developing a listening service in GP practices and other healthcare facilities. Integrated Care Funding was used to help embed and expand the service. Led by the Senior Chaplain, a team of volunteers have been trained and supported to enable them to deliver 50 minute sessions to patients to talk through anxieties and concerns relating to life. Most patients return for further appointments until they become more confident in their own coping mechanisms and more resilient. The service is provided in the main by carefully selected, trained and supervised volunteers, supported by experienced chaplains.

Most GP practices now have access to this service however the current priority is to ensure this is available within all practices and that the service can continue to build an expert volunteer workforce that is well supported. The service has extended to support young people over age 13, in some practices, this has been an unexpected but very welcome outcome. The service works in conjunction with Dundee Volunteer Centre to promote volunteering opportunities.

Outcomes being achieved:

- Because of the assets/strengths process as part of the listening, DYNTT supports the development of positive health behaviours and promotes wellbeing.

- Spiritual Wellbeing at its core is Person Centred ‘helping people discover hope, meaning and purpose in times of loss, illness and transition.’

- By offering carers DYNTT they are able to build their own resilience and this therefore benefits both themselves and the person/people they care for.

- Because of the well established use of the particular gifts of volunteers in the DYNTT listening service this is a good model of capacity building without high levels of expenditure.

- DYNTT provides a complimentary form of support and is essential as part of the pathway of care providing physical, emotional, spiritual and mental wellbeing. GP's are already reporting a drop in the prescribing of some medications and it is thought this can be attributed to patients having access to DYNTT.

- DYNTT trains and supports volunteers, supported by skilled and experienced chaplains. This service reflects an efficient and effective use of health and social care resources.

The funding allocation will enable the DYNTT listening service to be available within all GP practices and will provide an infrastructure within which further volunteers can be recruited, trained and supported by chaplains. Further opportunities to provide support within locality hubs can also be explored.

4. Responding to Distress Framework

Dundee Mental Health and Wellbeing Strategic Planning Group has identified as one of its top priorities the need to create a framework of linked responses and clearer pathways for people who are experiencing overwhelming distress and who may be suicidal.

We see this as a range of services, which are open to anyone who is in extreme distress. End users may or may not have diagnosed mental health challenges, and may or may not be intoxicated.

We seek to provide the right support at the right time for people in distress, and simultaneously, to relieve pressures on our emergency services. In Dundee, often the only "safe" place for someone in distress is in the care of the police or hospital services, with neither being appropriate at times.

The distress framework should be available, 24 hours/day, 7 day/week, and 365 days/year and provide:

- Information about where to find help
- Support through the immediate distress
- Help to create a safe plan
- Follow-up contact if required

Our vision is of a framework consisting of a range of practical elements, which are:

- Accessible information about sources of support
- A 24/7 phone line manned by someone with mental health expertise
- A small number of beds for very short stay emergency accommodation
- A network of drop-in facilities for first contact and follow-up support

We intend to create the framework by building on existing or already planned developments, including:

- Use of social media and technology enabled care
- New Safety and Alarm Centre opening December 2018
- Availability of community based mental health expertise 24/7
- Build on existing triage arrangements to strengthen community based first responses

- Availability of accommodation units, created through existing current Strategic House Investment Plan partnership arrangements
- Existence of potential contact points such as Lochee Hub, Cairn Centre, Alberth Street Pharmacy, Community Centres and Church hall cafes in local neighbourhood across the city
- Peer Support developments
- Access to Advocacy where required

The funding allocation will contribute to the overall cost of developing the framework. It is envisaged that a mix of additional health professionals, voluntary sector staff, peer support workers and volunteers will be involved in developments. The outcomes that will be achieved by developing a supporting people in distress framework will also contribute to improved access to mental health support within Accident and Emergency service at Ninewells Hospital.

Responding to distress 'pathway'

Referrals/enquiries received from: Emergency services (Police & ambulance), A & E, Social Work out of hours, NHS 24, Carseview, Safe Zone bus, GPs, Statutory and voluntary support services, members of the public

24/7 accessible support

1. Initial screening questions 2. Clinical assessment
OUTCOME INFORMS RISK ASSESSMENT: Is there a need for immediate intervention to ensure personal safety?

Establish if substance use involved

(If repeat callers, info sharing between teams/services essential to establish a management plan where required)

YES

Carseview
Assessment

Responders Service
Home visit

Risk assessment

Safe Place beds

location dependent on whether substance use assessed

Follow up:

Referrals so longer term services and supports can put in place if necessary

NO

Brief intervention at point of contact:

Listening ear: emotional support (over phone or by pre-arranged appointment). Establish if currently in contact with services/supports

Peer Link worker service:
short term, focused support,

Referral/sign-posting to other MH services:
Peer Link Service, Social Prescribing, Statutory services, Voluntary services, Counselling etc.

Referral/sign-posting for practical issues:
Housing, finances/benefits, food banks etc.

Sign-posting to self help and community based resources (info pack?): Moodjuice, Living Life to the Full, Steps for stress, Mobile Apps (e.g. Suicide?Help!), WRAP, MyLife website for community groups/resources

Appendix 2

Proposed Investment Against Priorities

Year	2018/19	2019/20	2020/21	2021/22
	£	£	£	£
Action 15 Allocation (Dundee)	325,907	503,674	711,069	948,093
Primary Care Improvement Fund	36,000	73,000	124,000	227,000
Total	361,907	576,674	835,069	1,175,093
Patient Assessment and Liaison Mental Health Service	36,000	73,000	312,000	568,000
Social Prescribing	45,000	135,000	135,000	135,000
Do You Need to Talk? Listening Service	0	30,000	30,000	30,000
Supporting People in Distress	180,000	188,000	208,000	291,000
Total	261,000	426,000	685,000	1,024,000
Tayside projects tbc/inflation etc	100,000	150,000	150,000	150,000
Total Investment	**361,000**	**576,000**	**835,000**	**1,174,000**