

Report

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| Report to: | South Lanarkshire Integration Joint Board |
| Date of Meeting: | 17 August 2021 |
| Report by: | Interim Chief Officer, Health and Social Care Partnership |

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| Subject: | Integration of Mental Health Services and Development of a Community Mental Health and Addictions Partnership within South Lanarkshire Health and Social Care Partnership |
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the progress of developing an Integrated Community Mental Health Service within South Lanarkshire Health and Social Care Partnership
- ◆ provide an update in relation to Mental Health Services and the impact Coronavirus (COVID-19) has had on services

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

(1) that the content of the report is noted.

3. Background

3.1. Within the changing landscape of Health and Social Care provision, key drivers which influence mental health practice directly or indirectly include 20/20 Vision, the Primary Care Improvement Plan and the Mental Welfare Commission patients' rights pathway. In addition, changes to legislation have influenced the 10 year national strategy for Mental Health Services leading to a focus on increasing access to seamless care pathways. Therefore efficient, effective utilisation of resources and evolving models of care will be required.

3.1.1. Mental health and wellbeing is prioritised in the Partnership's Strategic Commissioning Plan, as is Achieving Excellence, prevention and early intervention across the spectrum of children and young people, Adult and Older Adult Mental Health Services. These strategic drivers provide a strong foundation to support the achievement of key commitments and implementation of the National Mental Health Strategy (2012-2027). This framework has been applied to the development of service model for the integration of community based Mental Health Services within South Lanarkshire.

- 3.2. Lanarkshire Community Mental Health Services sit within the Mental Health and Learning Disability Service Hub and are hosted by North Lanarkshire Health and Social Care Partnership (HSCP). Within South Lanarkshire an Integrated Community Addiction Service (CAREs) was established in 2018. In October 2018 a Mental Health Integration Manager and Addictions Lead for South Lanarkshire HSCP, was appointed. Subsequently a model for establishing a South Lanarkshire Community Mental Health and Addiction Partnership was developed. This proposed partnership model was presented to and agreed by South Lanarkshire Integrated Joint Board (IJB) in February 2019.
- 3.3. In early 2020, the Lanarkshire Hosted Services group agreed to begin work towards achieving phase one of this process, which included the transfer of the management responsibility and accountability for the Community Mental Health Service in South Lanarkshire from the current hosting arrangements in North Lanarkshire HSCP.

4. Current Position

- 4.1. A transitional central operational management team comprising 1wte Mental Health Integration Manager and Addictions Lead, 1wte Community Mental Health Service Manager, 1 wte CAREs Service Manager and 1wte CAREs Operational Manager was established in July 2020 with the aim of devolving the operational management infrastructure and responsibility for Community Mental Health and Addiction Services into two host localities by 2022. The process of consultation and liaison with locality managers and Heads of Health and Social Care has commenced. Appendix 1 gives the current operational structure chart for information
- 4.2. Staff, Clinical and Care Governance structures have been agreed and implemented and details around the financial governance and budget transfer from North HSCP for the Community Mental Health Services are progressing. See Appendix 2 for detail.

5. Outcome

- 5.1. A whole systems approach is being taken to develop a blended model of locality Community Mental Health and Addictions care inclusive of:
- ◆ NHS Adult and Older Adult CMHT's
 - ◆ Social Work CMHT
 - ◆ CAREs (Integrated Community Addiction and Recovery Service)
 - ◆ Primary Care Mental Health and Wellbeing Service (in development as a workstream of Action 15 of the Mental Health Strategy 2017-2027)
 - ◆ good Mental Health for All in South Lanarkshire Action Plan
 - ◆ implementation of a pan Lanarkshire Mental Health Strategy (2017-2020)
 - ◆ implementation of Rights, Respect and Recovery (2018) Alcohol and Drug Treatment Strategy
- 5.2. In order to manage this transition, it is proposed to take a phased approach to achieve whole system model for mental health that is embedded within the developing locality model for South Lanarkshire as per below:

| Phasing the Model | Detail |
|--------------------------|---|
| Phase 1 (by April 2021) | The CMHT Integration Strategic Implementation group will take forward the development of an operational management structure for community based Mental Health Services with South Lanarkshire and an implementation plan that will enable the smooth transfer of Adult and Older Adults CMHT's to South HSCP. Performance, staff clinical and financial governance arrangements for the CMHT's will be agreed and implemented at the point of transfer to South HSCP |
| | During phase 1/2 a review of potential service models for the development of integrated Health and Social Work CMHT's will also be completed. |
| Phase 2 (by end of 2021) | Full implementation of a central Mental Health and Addictions operational management structure within South HSCP. Concurrently an integrated service model for NHS and Social Work CMHT's will be developed and submitted for consideration to appropriate health and social work governance structures and authorisation to test proposed integrated CMHT Service Model in one locality. Process of engagement with locality management teams in relation to the CMHT and CAREs Service Managers taking over operational management responsibility CMHT's and CAREs teams across two host localities will be commenced. |
| Phase 3 (by end of 2022) | <p>Outcomes from testing an integrated service model for CMHTs will be reviewed. The transfer to South HSCP of the operational management responsibility and accountability will be completed. A review of performance monitoring, governance and reporting arrangements will be carried out. Operational Management responsibility and accountability for Community Mental Health and Addictions Services will be devolved to a designated locality manager in South-East and a designated Locality Manager in South-West Lanarkshire. The Mental Health and Addictions Service Managers will then be managed by the locality manager of these host localities. Professional and clinical governance responsibility for NHS Lanarkshire staff within CMHTs and CAREs teams will remain with the Associate Director of Nursing for Mental Health and Learning Disabilities (MHLN) and Professional and Care Governance for SLC staff with Head of Health and Social Care (Hamilton & Clydesdale) and Social Work Committee.</p> <p>It is anticipated that by April 2022, governance structures and processes in place will provide the necessary assurance to the partnership, Scottish Government, scrutiny and review bodies such as the Mental Welfare Commission, Health Improvement Scotland and the Care Inspectorate that ongoing commitment is in place to meet the Mental Health and Wellbeing intentions of the Strategic Commissioning Plan, Lanarkshire's Mental Health Strategy, Achieving Excellence and the dementia strategies and that these priorities for improving the Mental Health and Wellbeing for South Lanarkshire residents are included in locality planning and performance.</p> |

6. Governance Frameworks

- 6.1. The Mental Health Integration development group has reviewed existing governance frameworks in relation to care groups and services to ensure that these are appropriately aligned to the established governance structures within South HSCP and NHS Lanarkshire. This will provide the requisite levels of assurance in relation to service priorities and national targets. These groups include: MH, LD and Addiction Quality Governance Group, Lanarkshire Addictions Quality Governance Group and Social Work Governance Meeting. See Appendix 2 for detail.
- 6.2. A Lanarkshire wide Mental Health and Wellbeing Strategy was launched in 2019 and the devolvement of Community Mental Health Services to South Lanarkshire HSCP sits within the Specialist Services workstream of the strategy. The MHLD Hub continues to be responsible for the management, delivery, accountability and governance of mental health in-patient wards and pan Lanarkshire specialist Mental Health Services.
- 6.3. To achieve parity of service, alignment with care groups and seamless transition for patients accessing and leaving Mental Health Services, it is crucial that service provision and governance arrangements take cognisance of the work of the MHLD Hub and the Mental Health Strategy Action Plan.

7. Employee Implications

- 7.1. Consultation and engagement sessions with staff in South Lanarkshire Community Mental Health Teams (NHS) have taken place and it is not anticipated that there will be any adverse implications for employees. The Integrated CMHT Executive Group (Appendix 3) is exploring potential integrated Health and Social Work Community Mental Health Service models. The aim of which is to identify benefits that could be accrued from better alignment, communication and a potential reduction in duplication of effort within CMHTs.

8. Financial Implications

- 8.1. In respect of Health Care Services, in line with the IJB Integration Scheme, Mental Health and Learning Disability Services are a hosted service which is led by the North Lanarkshire IJB. The financial and operational management of this service is therefore the responsibility of the North Lanarkshire IJB. Mental Health Services are also provided by South Lanarkshire Council. This is a delegated function to the South Lanarkshire IJB who are responsible for the financial and operational management of this aspect of the Social Care Service.
- 8.2. The future resource requirements for South Lanarkshire should be reflected in the Health and Social Care Partnership Resource Prioritisation plan
- 8.3. The financial implications of the proposed blended model of locality care are not yet known. Non-recurring funding has been secured to support the Mental Health Integration Manager and Community Mental Health Service Manager posts until 31 March 2022. The Chief Financial Officer North and South Lanarkshire IJB is working with North and South Lanarkshire HSCP Chief Officers to identify substantive funding for these posts.

8.3.1. As the options for the potential integration of health and social work CMHTs are developed in phase 2, the costs of the preferred model will require to be contained within the total financial envelope available for 2022/2023. This will therefore require consultation and agreement with the North Lanarkshire IJB who are responsible for the delivery of the NHS Services on a pan-Lanarkshire basis and South Lanarkshire Council who are responsible for the delivery of the Social Care Services for South Lanarkshire residents.

8.4. The Hosted Services Group, which is jointly chaired by the Chief Officers of each IJB, will consider and review proposed service changes, including the financial and operational implications.

9. Climate Change, Sustainability and Environmental Implications

9.1. There are no implications for climate change in terms of the information contained in this report.

9.2. There are no implications for sustainability in terms of the information contained in this report.

9.3. There are no implications for the environment in terms of the information contained in this report.

10. Other Implications

10.1. There are no additional risk implications associated with this report.

10.2. There are no other issues associated with this report.

11. Equality Impact Assessment and Consultation Arrangements

11.1. This work will be undertaken in full consultation with all key stakeholders. From a delivery perspective, it does not introduce a new policy or change to an existing policy, rather it is about working more collaboratively. Therefore, no impact assessment is required. Service user involvement in process will be coordinated with third sector colleagues in LAMH and The Beacons. A communication strategy will be developed with support from the HSCP Comms Team to ensure all stakeholders are aware and have opportunity to contribute and be involved in changes being made.

11.2. There is also no requirement to undertake any consultation in terms of the information contained in this report.

12. Directions

12.1. The extent to which the existing directions to each partner require to be varied in is details in the table below:

| Direction to: | |
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| 1. No Direction required | <input type="checkbox"/> |
| 2. South Lanarkshire Council | <input type="checkbox"/> |
| 3. NHS Lanarkshire | <input type="checkbox"/> |
| 4. South Lanarkshire Council and NHS Lanarkshire | <input checked="" type="checkbox"/> |

Marianne Hayward
Interim Chief Officer, Health and Social Care Partnership

Date created: 23 July 2021

Link(s) to National Health and Wellbeing Outcomes

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| People are able to look after and improve their own health and wellbeing and live in good health for longer | <input checked="" type="checkbox"/> |
| People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community | <input checked="" type="checkbox"/> |
| People who use Health and Social Care Services have positive experiences of those services, and have their dignity respected | <input checked="" type="checkbox"/> |
| Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use those services | <input checked="" type="checkbox"/> |
| Health and Social Care Services contribute to reducing health inequalities | <input checked="" type="checkbox"/> |
| People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing | <input checked="" type="checkbox"/> |
| People who use Health and Social Care Services are safe from harm | <input checked="" type="checkbox"/> |
| People who work in Health and Social Care Services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide | <input checked="" type="checkbox"/> |
| Resources are used effectively and efficiently in the provision of Health and Social Care Services | <input checked="" type="checkbox"/> |

Previous References

- ◆ South Lanarkshire Integration Joint Board on 13 February 2018 (Paragraph 8)

List of Background Papers

- ◆ None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Email: jennifer.russell@southlanarkshire.gov.uk

Appendix1

Community Mental Health and Addictions Partnership

Current organisational structure:
July 2021

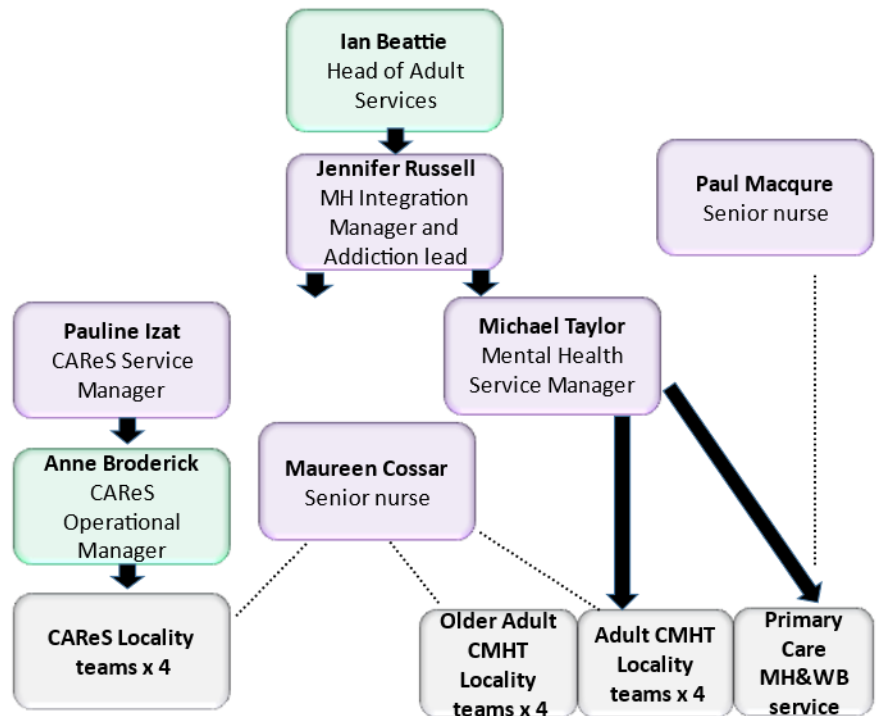
NHS=



Social Work=



Professional leadership=



Appendix 2

Mental Health and Addictions Governance Structure

- South Lanarkshire Support Care & Clinical Governance Group – South HSCP
- MH&LD and Addictions Clinical Governance Group –Chair Dr Adam Daly (Associate Medical Director)
- General Adult MH Clinical Governance Group –Chair Dr Anshu Bhatia (Clinical Director) and Dr M Carlin
- Old Age Psychiatry Clinical Governance Group – Chair Dr Raj Routh (Clinical Director)
- Addictions Psychiatry Clinical Governance Group – Chair Dr Adam Brodie (Clinical Director)
- Mental Health Professional Governance (Nursing Director/Associate Nurse Director Trudi Marshall/Karen McCaffrey)
- Social Work Governance Group – Liam Purdie
- South HSCP MH Strategy Group – Michelle McConnachie
- Adverse Incidents governance SAER/ Complaints Governance - (Paula Macleod General Manager MH&LD)/LIRG (Marianne Hayward/Liam Purdie)
- Psychology Therapy Teams - (Gary Tanner - Director of Psychological Services). Operational, professional and clinical governance structures for localities yet to be confirmed.