Mental Health Directorate, AOP Template, March 2019

Between 2016/17 and 2017/18, NHS Lanarkshire increased its total Mental Health spend by 3% and this trend is anticipated to continue and accelerate as new funding streams are realised. A new Mental Health Strategy for Lanarkshire is due to be published in summer 2019, which aims to ensure that we prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.

Action plans have been formed around CAMHS, Psychological Therapies and Unscheduled Care as detailed below. All funding identified within the plans is either from already established national funds such as Action 15, or funded locally from existing budgets.

For each of the three areas, trajectories are set based on the successful delivery of the actions detailed and subject to a range of other operational factors, for example, both Psychological Therapies and CAMHS services have had periods of time in the last year with over 10% of the workforce on maternity leave, with limited success in being able to backfill.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. The LDP Standard for specialist Child and Adolescent Mental Health Services is for at least 90% of young people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	65%	68.5%	72%	75.5%	79%	82.5%	86%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
Commencing in North Lanarkshire by	CAMHS Neurodevelopmental pathway, phased redesign of current service into an	Will support remaining CAMHS staff to focus	£225,957 (new national funding)	Require to agree how waiting list for the multi-disciplinary service is taken forwads between	Accommodation not identified in south –

quarter ending June 2019. Accommodation will be required in South Lanarkshire for full cover.	integrated single multidisciplinary service. We have mapped our current pathway and after a test for change, intend to commence a multi-disciplinary (SLT, OT, Paediatrics and CAMHS) clinic. The intended outcome is a quicker assessment with reduced hand offs and a consistent multi-disciplinary specialist response to children.	solely on UC, generic and specliast areas in line with taskforce report		SLT, OT, Paeds and CAMHS	discussions ongoing to identify suitable options.
Implementation to begin in quarter ending September 2019	CAMHS IT Enablement - Implementing a new Text reminder service and Electronic records to the CAMHS service.	Improved coordination of waiting list	£250k-£300k	Requires prioritisation within wider NHSL plans	Significant financial impact
December 2019 (experience of the process suggests that undertaking this process during the summer months is not worthwhile due to higher DNA rates etc)	Use a “DCAQ light” approach to review individual and team capacity plans and activity against demand and performance standards, and understand local variation within teams who consistently fail to meet the target. • Process mapping and activity tracking used to collect data on direct and non-direct clinical contact and potential	The end outcome is that all teams meet the RTT standard.	Within existing resource	Quality improvement support, MHAIST	

	improvements in resources use • RTT data, capacity plans, etc., monitored through micro strategy systems Map statistical information on matters which impact on capacity. Comparisons of overall referrals; discharge; workforce; signposting/rejected referrals				
Partnership engagement on Task Force delivery plan in March 2019. Then dependant on agreement and SG funding.	Partnership planning with education for supporting young people's emotional health in schools. North IJB will engage education partners in north and south Lanarkshire to discuss the use of shared resources including national funding to support mental health in schools.	Reduced demand for tier 3 services	National funding TBC	Requires agreement with education authorities in both North and South Lanarkshire.	Model yet to be confirmed. If school counselling, need to ensure sufficient capacity to make longer term impact.
Quarter ending September 2019	CAMHS Unscheduled care pilot. To enable a quick response to Childrens and families who are referred urgently. This would prevent the current practice where clinical staff cancel routine appointments to attend to unscheduled referrals. A test for change over the summer will indicate	60% increase in UC in 18/19. Creating additional UC capacity will support mainstream teams to focus on waiting list	£175,400 (new national funding)		May require dedicated accommodation depending on final model.

	whether more resources would be better deployed in this way. Invest national funding monies to direct two senior staff with Psychiatrist support, towards unscheduled slots.				

PSYCHOLOGICAL THERAPIES

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	82.5%	83.5%	84.6%	85.6%	86.7%	87.7%	88.8%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
September 2019 (process already underway)	Use a “DCAQ light” approach to review individual and team capacity plans and activity against demand and performance standards, and understand local variation within teams who	The end outcome is that all locality PTT meet the RTT standard.	Within existing resource	Quality improvement support, MHAIST	

	consistently fail to meet the target. • Process mapping and activity tracking used to collect data on direct and non-direct clinical contact and potential improvements in resources use • RTT data, capacity plans, etc., monitored through micro strategy systems • Map statistical information on matters which impact on capacity. Comparisons of overall referrals; discharge; workforce; signposting/rejected referrals				
Implementation from quarter ending September 2019	Further develop low-intensity interventions, with clear pathways to high-intensity via establishing a b7 Groups Coordinator who will manage four b4 Assistant Psychologists to deliver	The diversion of low-intensity referrals should improve patient flow	Funded from existing budgets	Group accommodation	Recruitment of appropriate staff. Recurrent funding already in place for posts and test will take place over two years.

	groups pan-Lanarkshire - funded via projected underspend for 3 years. Develop and extend group-based interventions enable access to evidence-based psychological interventions to large numbers of patients. PTTs already offer open access Stress Control groups. This can be extended to include a range of other therapeutic groups, which will mitigate numbers of patients requiring face-to-face intervention. With enhanced access to low-intensity interventions, more referrals could be signposted away from PTT towards evidence based interventions which do not require individualised, one-to-one clinical contact. This will free up greater capacity for clinicians working at higher intensities, and result in improved flow of patients and higher throughput.				

	Develop website with self-help/support materials, and ability for patients to self-book therapeutic groups and access to online computerised CBT. Website to be developed externally, using underspend, and based on models used in, e.g., NHS Fife	It is predicted that this will reduce numbers of patients who require to be seen on a face to face basis. In turn, this will allow clinicians to focus on more complex, serious, and enduring cases.	NHS 24 cCBT Long Term Conditions – Funding TBC	Ehealth support to develop resource, analytics to monitor uptake	Need to ensure appropriate awareness of the resource – comms plan to be created to support this both internally and externally. Contact already made with colleagues in Fife to support learning.
June 2020	Provide staff with flexible working IT enablers to reduce reliance on returning to base to complete notes and answer emails, etc. This is a combined PT and CAMHS action.	Improved coordination of waiting list and mobile working	£250-300k as noted in CAMHS submission	Requires prioritisation within wider NHSL plans	Significant financial impact

Mental Health Waiting Times in Emergency Departments

1. The LDP Standard for Waiting Times for all presentations at ED is 4 Hours. **Please complete the table with your trajectory for meeting the standard, specifically for Mental health presentations by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)								

We do not currently collect data on Mental Health presentations at ED. In year one, systems will be developed to allow us to collate a baseline and trajectories will be developed for year two based on this.

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
March 2019	Assessment of mental health symptoms in parallel with physical health symptoms rather than in series.	Reduction in waiting times breaches of 20%	No additional cost.		Risk of delay due to assessment in series rather than in parallel.
March 20	Expansion of Hospital liaison service to provide 24/7 cover for emergency department from trained psychiatric liaison staff	Baseline data being established	£228k, action 15 funding	Distress brief intervention national test of change	Lack of medical mental health staff – ongoing action plans in place to improve recruitment and retention
March 20	Expansion and strengthening of out of hours Mental Health Service to provide alternatives to A&E for both police and NHS24	Baseline data being established	£106k, action 15 funding	Custody suite workstream under action 15	Duplication – ongoing meetings with workstreams leads.

March 21	Link Workers based in A&E will provide alternatives to seeing staff in A&E and links to the community	Baseline data being established	£126k, action 15 funding	Primary care work taking place in the context of action 15, and linking to the GMS contract/PCIP	Duplication – communication ongoing with GMS workstream oversight group