

NHS Lanarkshire Board
25 March 2020

Lanarkshire NHS Board
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SUBJECT: Strang Report: Trust & Respect, Independent Inquiry into Mental Health Services in Tayside, February 2020

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper was:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the North HSCP Strategic Leadership Team and was discussed at the Population Health Committee.

3. SUMMARY OF KEY ISSUES

The report of the inquiry into Mental Health Services in Tayside has now been published. NHS Tayside commissioned an independent inquiry to examine “accessibility, safety, quality and standards of care” provided by all Mental Health services in the Tayside area. This followed serious issues about services being raised in the Scottish Parliament. The interim report was published in May 2019. Although many of the issues raised are specific to NHS Tayside, the NHS Lanarkshire Mental Health Management Team pulled together a working group to map NHS Lanarkshire’s position in relation to the emergent issues and themes identified in the interim report. The working group has now reviewed this position in relation to the findings and recommendations of the final report.

The final report makes 51 recommendations covering:

- Governance and leadership
- Crisis and Community Mental Health Services
- Inpatient Services
- Child and Adolescent Mental Health Services
- Staff

The NHS Lanarkshire position in relation to each of these themes is summarised below.

3.1 Governance & Leadership:

The overarching theme of Governance and Leadership resonates throughout the Tayside report with suggestions that this was complex, inconsistent and at time lacking clear direction for frontline staff and service users.

Getting it Right for Every Person: A Mental Health and Wellbeing Strategy for Lanarkshire has been developed jointly by North Lanarkshire HSCP in partnership with NHS Lanarkshire South Lanarkshire HSCP, both local authorities, Third Sector providers, service user and carer organisations, and all other community planning partners. It sets out a vision for Mental Health and Wellbeing in Lanarkshire and secures the commitment of all partners to its delivery. The implementation plan and governance for the delivery of the Strategy are attached at Appendices A and B.

NHS Lanarkshire Mental Health Services provide a robust and comprehensive governance infrastructure that cuts across all themes identified in the Tayside report. Clinical governance arrangements within NHS Lanarkshire Mental Health & Learning Disability (MH&LD) services were reviewed in 2013 with the intention of raising the profile of Clinical Quality and Governance within management arrangements and to improve the degree of clinical leadership and engagement within the structure. The move into Health and Social Care Partnership gave further opportunity to review and strengthen clinical governance and quality improvement arrangements. Clinical Governance across MH&LD services becomes increasingly important as elements of service move to be operationally managed in localities to ensure service-wide governance.

NHSL governance structures also support a bottom up approach to ensure frontline clinicians are aware and involved in key local and national drivers to support safe, effective and good standards of care. Operational and professional representation is assured at all governance platforms as set out in Appendix C.

3.2 Crisis & Community Mental Health Services:

Community Mental Health Teams (CMHTs) provide service delivery from 9am – 6.30pm as well as day time cover over weekends. Our CMHTs also strive to meet a 4 hour same day assessment provision to support timely access, thus there is not a separate service for crisis presentations and this function is instead incorporated into our CMHTs. Out with these times MH services provide 24 hr seven day a week Psychiatric Liaison service on all of our acute sites within A&E as well as OOH telephone contact within our OOH primary care services.

With regards to community mental health services, there is an opportunity for learning from the points raised in the Tayside report. The structure of the organisations responsible for the delivery of Mental Health services within Tayside are a product of the integration of health and social care (Public Bodies joint working Scotland Act 2014). For Tayside this resulted in three Integration Joint Boards. The independent report highlighted widespread lack of clarity regarding responsibility for commissioning, delivery and performance of mental health services. From the report a key issue raised was these differing arrangements added complexity to the governance mechanisms and did not aid clear lines of accountability, resulting in fragmentation of services and accountability.

NHS Lanarkshire is in the process of migrating the operational and governance management of community mental health teams to IJB structures. As part of this process it has been highlighted that, in the course of this transition, the integrity of the existing robust governance structure is not compromised to ensure that there continue to be clear reporting pathways for accountability and performance and to minimise variance in service delivery and clinical practice. NHS Lanarkshire and partners have aligned dedicated operational and professional resources to this process.

3.3 Inpatient Services

All our mental health inpatient estate have embedded ward Quality Groups (referenced in Appendix C). Local improvements and national drivers, measurements and outcomes are tabled here and achievements and challenges fed up through the governance structures.

NHS Lanarkshire continues to take forward quality improvement methodology embedded within the Scottish Patient Safety Programme (SPSP). As part of this work the 'Safety Climate Tool' is being rolled out across all inpatient areas.

Our acute admission wards have developed a Peer Support workers that has developed in partnership with Third Sector partners to support quality of life measures whilst people are in hospital.

All NHS Lanarkshire inpatient staff are trained to level 3 Prevention and Management of Violence and aggression. This is monitored through mandatory training. As part of the SPSP improvement work there is a de-briefing after any incident involving restraint to reflect on any learning points and importantly any potential supportive changes that may be required to the individual patient's care plan.

Improvement work is also underway to support roll out of the national 'Improving Observation in Practice' guidance. Frontline staff have been consulted in this work both formally and informally which has supported development of local outcomes around meaningful activity for individuals within our acute admission areas.

The Triangle of Care model has been embedded within all of our inpatient wards to support family and carer involvement wherever possible.

3.4 Child and Adolescent Mental Health Services

CAMHS in Lanarkshire currently are performing at 63% against the 90% RTT. The service remains the 3rd biggest board with the 9th lowest funding ^(Audit Scotland 2019) and more new patients are seen per WTE each quarter than the Scottish average ^(ISD). Demand continues to outstrip capacity. Earlier intervention by community and voluntary supports and from counselling in schools has not yet materialised or impacted at all on the demand for CAMHS services locally.

The recently completed Deep Dive report into local CAMHS services has several outstanding actions which are being progressed in the context of the Scottish Government issued guidance on transition from CAMHS to Adult. There is a Group looking at this for Lanarkshire and developing local guidance.

Regarding admission to a mental health ward, normally any young person requiring admission will be admitted to Skye House in the first instance or to a paediatric ward although there are occasions when young people are admitted to an adult ward. These instances are audited and reported.

The new Tier 3 specification will mean moving to 18yrs across the service and seeing all referrals within 4 weeks for assessment. This will impact greatly on RTT performance without additional investment and reduced demand through earlier intervention by partners.

3.5 Staff

Within MH & LD there are clear leadership and professional structure arrangements. There is a well-established multidisciplinary management team.

Similar to Tayside and other NHS Boards areas, Lanarkshire has a considerable number of locum medical staff (mainly within General Adult Psychiatry services). Attempts have been made to improve this situation via both recruitment and retention actions, however this is a national problem

which is becoming increasingly challenging. The result of difficulties in medical recruitment relate to continued strong leadership and stability within the service.

NHS Lanarkshire utilise TURAS and i-Matters as a means of gauging staff satisfaction as well as annual appraisal.

All Senior Charge Nurses are provided regular reflective practice and professional overview by their professional lead, supported by the principles set out in the Excellence in Care national programme.

NHS Lanarkshire is ahead of the curve in relation to the new Staffing Bill for nursing and AHPs. All mental health teams have mapped resources and risk assessed current workforce and service delivery challenges.

3.6 Conclusions

Many of themes from the Strang Report are identifiable across all mental health services locally and nationally. There is a growing picture of increased demand for and public expectation of mental health services. The themes from the Strang report are embedded in Getting it Right for Every Person: A Mental Health and Wellbeing Strategy for Lanarkshire. This Strategy, which pre-dates the Strang Report, was developed by NHS Lanarkshire in partnership with all stakeholders to support sustainable service delivery that responds to the needs of the local population. An implementation plan has been developed and a multi-agency governance framework is in place to oversee its delivery.

Current Clinical, professional and operational mental health governance structures work well to support strong leadership, provide a multidisciplinary/multidisciplinary agency approach to delivering services and future provisions and service development.

The clinical and care governance risks associated with migration of our community mental health services to locality based operational and governance structures have already been identified. Transitions will only take place when there is clear and communicated accountability and governance structures in place.

Recruitment of medical staff will remain a challenge over the coming years.

CAMHS services will need to undergo considerable change in the coming years to meet expectations of what the service will deliver in the future and will require ongoing senior management support.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The recent launch of *Getting it Right for Every Person: A Mental Health and Wellbeing Strategy for Lanarkshire* has been well received locally by all stakeholders and also recognised and presented at a national level as excellent, inclusive partnership working. The implementation plan and governance for the delivery of the Strategy are attached at Appendices A and B. Next steps will be to ensure that detailed plans are in place to implement the actions set out in the implementation plan and that an evaluation framework is put in place to enable us to demonstrate improved outcomes for patients, service users, carers and the wider population of Lanarkshire and enable reporting on delivery of the national Mental Health Strategy.

7. FINANCIAL IMPLICATIONS

Action 15 monies of the Mental Health Strategy focus around improving access to assessment and treatment, with further national investment around Perinatal Mental Health.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A programme risk register for the Mental Health Strategy is in place.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Equality Impact Assessments have been undertaken for key elements of the Mental Health Strategy.

11. CONSULTATION AND ENGAGEMENT

A significant programme of engagement with staff, service users and carers as part of the development of the Mental Health Strategy.

12. ACTIONS FOR THE BOARD

The Board are asked to:

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

1. Note the report on the progress in Lanarkshire against the recommendations set out for Tayside within the Strang Report.

13. FURTHER INFORMATION

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APPENDIX A – Getting it Right for Every Person 2019-2024: IMPLEMENTATION PLAN
Good Mental Health for All

Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<ul style="list-style-type: none"> • Develop multiagency Good Mental Health for All Action Plans for North and South Lanarkshire that have the full buy-in of all partners. • Support the shift in the balance of care from hospital to locally based community care increasingly being delivered through a blended model. • Focus on Health Inequalities, the unfair and avoidable differences across social groups and between different population groups. • Define the delivery, performance management and accountability structures for implementing and monitoring the action plan reflecting the prevention, promotion and support and recovery agenda. • Support and influence partner organisations, strategies and plans that impact on mental health and wellbeing. • Establish and participate in networks both within and outwith North and South Lanarkshire for the purposes of 	Mentally Healthy Infants, Children and Young People	Establish North and South Lanarkshire Good Mental Health for All implementation groups			
	Mentally Healthy Later Life	Agree planning, delivery/ governance arrangements			
	Mentally Healthy Environments and Communities	Develop delivery plan for each of the 6 themes identifying responsibility for actions and any existing delivery plans and governance arrangements			
	Mentally Healthy Employment and Working Life	Link deliverables to high level outcomes			
	Reducing the Prevalence of Common Mental Health Problems, Distress, Self-Harm and Suicide	Complete stakeholder analysis			
		Communication and Engagement Plan			
		Review existing governance arrangements			
	Improving the Quality of Life of Those Experiencing Mental Health Problems	Fully develop Good Mental Health for All Delivery Plans for North and South Lanarkshire			

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developing the evidence base and for sharing of good practice.					
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Improving Access to Mental Health Support and Services

Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<ul style="list-style-type: none"> Improve access to treatment and joined-up accessible services. Improve access to mental health services within a clinically appropriate timescale. Provide access to high quality, specialist mental health care for those who have higher levels of need, as well as general health care which can deal with an issue there and then for people with a mental health problem. Ensure that general health care also addresses the conditions that can contribute to people becoming unwell, with the ultimate aim of reducing the need for specialist services. 	Prisoner Healthcare	Approved access to Mental Health Care in Custody implemented			
		Telephone / video conferencing assessment pilot commenced			
		Phase 2 scoping completed			
		Telephone / Audio Assessment Pilot completed			
		Scope introduction of Third Sector support			
	Digital Solutions	Mental Health Service process maps produced			
		Gap analysis completed and prioritised solution test of changes agreed			
	Transforming Mental Health in Emergency Departments	Pathways for face to face mental health assessment in Douglas Street introduced			
		Pan Lanarkshire Community Police Triage model commenced			
	Primary Care Mental Health And Wellbeing Teams	17 WTE MH Staff recruitment completed			
		GP Practices test of change completed			
		Modryvale test of change review completed			
		Clydesdale test of change completed			
		Produce stats (evidencing reduction in GP referrals as a measure of implementing MHLNs)			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
	Prisoner Mental Healthcare	Prison Stepped Match Care Model developed			
		SBAR approved			
		MDT approach & resource requirements agreed			
		Recruitment process completed			

Dementia

Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<ul style="list-style-type: none"> Oversee everyone newly diagnosed the guaranteed minimum of one year of appropriate dementia post-diagnostic support (PDS) and complete with them a person centred support plan. Monitor staff development regarding knowledge acquisition and skill development specific to staff and associated services meeting the needs of individuals of dementia, their families and carers. Improve and develop implementation and application of ACP (Anticipatory Care Plan) within community and hospital settings for people with Dementia. To ensure all health and social care staff are equipped with the knowledge and skills to encourage & support people to 	Promoting Excellence	Identify what staff, in what service, should be working at what level of the PE framework across Lanarkshire.			
		Report centrally on the number of staff being trained at specific PE levels across health and social care partnerships in Lanarkshire.			
		Embed informed dementia training for all health and social care employees across the two health and social care partnerships.			
		Formal evaluation of how training has changed practice and how it has been embedded into working practice has to be explored further.			
	Post Diagnostic Support	PDS North Roll Out			
		Review PDS Online Resource Tool			
		Develop plan to roll out PDS in Learning Disabilities Data			
		Produce patient information leaflet:			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<p>plan for future while still fit and able to participate in planning for the end stages of their Dementia journey.</p> <ul style="list-style-type: none"> Develop and improve people, their family and carer’s awareness and understanding of Dementia as a terminal illness. Develop and improve in-patient and community services response for patients experiencing the end stages of Dementia. Improve and develop implementation and application of ACP (Anticipatory Care Plan) within community and hospital settings for people with Dementia. Achieve full buy-in of all partners Update and continue with in-patient dementia action plans for Acute/SDU/community Hospitals. Ensure inclusion of the 5 Key priorities from iHub FOD ‘care of people with dementia in Scotland’s hospitals’. 		Revise national post-diagnostic dementia service offer to enhance its focus on personalisation and personal outcomes in the delivery of post-diagnostic services.			
		Test and independently evaluate the relocation of post-diagnostic dementia services in primary care hubs as part of the modernisation of primary care			
		Consider the learning from the independent evaluation of the 8 Pillars project on the benefits and challenges of providing home-based care coordination and proactive, therapeutic integrated home care for people with dementia			
	Advanced Dementia & End of Life Care	Improve and develop implementation and application of ACPs (Anticipatory Care Plans) within community and hospital settings for people with Dementia			
		Provide staff with knowledge and understanding to increase confidence to have discussions regarding the end stages of their Dementia journey when the dementia is diagnosed or during care journey			
		Develop and improve people’s, their family’s and carer’s awareness and understanding of Dementia as a terminal illness			
		Develop and improve community services response for patients experiencing the end stages of Dementia			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
	Improving Inpatient Dementia Care	Continue to implement national action plans to improve services for people with dementia in acute care and specialist NHS care, strengthening links with activity on delayed discharge, avoidable admissions and inappropriately long stays in hospital			
		Update existing action plans: <ul style="list-style-type: none"> Acute: 10 care actions SDU – QESDC and community hospitals: MWC recommendations for improvement 			
		Identify 3 wards for improvement work focusing on the 5 key priorities - included in existing action plans except from pathways of care which will be part of the admission, length of stay and discharge work, also being undertaken by this group.			

Children and Young People’s Mental Health and Wellbeing

Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<ul style="list-style-type: none"> To ensure an integrated whole-systems approach to the planning and delivery of support and services across the NHS, social work and education, the voluntary sector and other community planning partner agencies, underpinned by GIRFEC principles, and including children and young people. 	North Lanarkshire	Establish Children and Young People’s Mental Health, Wellbeing and Resilience Task Group			
		Map support provided by universal, third sector and specialist services across North Lanarkshire to understand areas of good practice and areas for development			
		Children and Young People’s Mental Health and Wellbeing embedded in North Lanarkshire			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<ul style="list-style-type: none"> To invest in prevention and early intervention and to develop a menu of support that will improve communication, help providers understand where they fit in the continuum of mental wellbeing; and ensure that there is consistent support for the whole family across ages and stages of a young person's life. To reconfigure CAMHS to improve capacity and coverage and provide economy of scale in relation to medical and admin cover. To establish a new Neurodevelopmental Service to reduce the number of young people, particularly with symptoms of Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (DHD), waiting on a variety of services' waiting lists to be seen and engaging in a prolonged assessment with handovers. To be a centre of excellence for the mental health care and treatment of accommodated infants, children and young people where effective, informed assessment, formulation and treatment begins at the point of referral. To improve our ability to evidence the impact of support and services on the 		Children's Services Plan and governance in place			
	Produce recommendations on priorities for NL Children's Services Plan 2020/23, for approval by Lanarkshire Mental Health & Wellbeing Strategy Board and NL Improving Children's Services Group				
	Develop and implement detailed delivery plan				
	South Lanarkshire	Establish process for development of Mental Health & Wellbeing elements of 2020/23 Children's Services Plan			
	Agree planning, delivery/governance arrangements				
	Brief and governance signed off by South Lanarkshire Children's Services Planning Partnership				
	Produce recommendations on priorities for SL Children's Services Plan 2020/23, for approval by the Lanarkshire Mental Health & Wellbeing Strategy Board and the Getting it Right for South Lanarkshire's Children Strategy Group				
	Develop delivery plan identifying responsibility of Thematic Groups in relation to each action				
	Specialist CAMHS	Accommodation review			
	IT enablement review				
	Waiting times management				
	Investment of national funding				

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<p>health and wellbeing of children and young people</p> <ul style="list-style-type: none"> To develop a workforce strategy that will ensure a confident and competent workforce that will make best use of ability and resources across all sectors. 		DCAQ and Capacity/Activity planning			
		Workforce planning			
		Unscheduled care			
	Children and young people's neurodevelopmental pathway	Accommodation review			
		Identify staff resource release from existing multi-disciplinary services			
		Roll out of clinic			
		Waiting times management			
		Evaluation of outcomes			
Investment of national funding					

Specialist Mental Health Services

Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<ul style="list-style-type: none"> Review Older Adult inpatient provision to develop a more cost effective and flexible model that will better meet the expectations of patients and staff, whilst providing more control over the quality and safety of care provided. Adapt our clinical model to enable discharge and preventative readmission through enhanced community based services that offer flexibility, more control over the quality and safety of 	Older Adult Inpatient Provision	Proposal for retraction from Cumbernauld Care Home approved by IJB			
		Develop communications plan			
		No active referrals or admissions to Cumbernauld			
		Negotiate withdrawal from Cumbernauld			
		Design new MDT model of enhanced provision at Hattonlea			
		Recruit to new posts			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
<p>care provided.</p> <ul style="list-style-type: none"> Review the models for Forensic Mental Health Services and Mental Health Rehabilitation and Recovery Services to replace the 12 beds previously available prior to the alignment of Gigha Ward, Beckford Lodge from Adult Rehabilitation to Forensic Services. Update the referral pathway for the Mental Health Rehabilitation and Recovery Service. Establish fully integrated Community Mental Health Services within locality services in South Lanarkshire HSCP. Establish a dedicated specialised community perinatal mental health team, including psychiatry, community mental health nurse, clinical psychology, community nursery nurse and social work staffing. Develop a model of infant mental health which integrates the approaches currently adopted in Health, third sector, Early Years and Social Work 		New model fully operational at Hattonlea			
		Whole systems review of dementia and functional inpatient provision			
	Rehabilitation and Recovery	Establish Rehab & Recovery Review Group			
		Define future model for Mental Health Rehab and Recovery Services: <ul style="list-style-type: none"> Map patient flow Design new model describing proposed model, setting out benefits, costs and risks and making recommendations Development and approval of business case 			
		Implement new model: <ul style="list-style-type: none"> Development of Implementation Plan New model fully operational 			
		Communication & Engagement: <ul style="list-style-type: none"> Service user/carer focus group 			
	Integration of Community Health Services in South Lanarkshire	Transfer nurses to South Lanarkshire HSCP: <ul style="list-style-type: none"> Agree operational management structure for community based Mental Health services in South Lanarkshire Develop Clinical and Care Governance Framework Transfer funding to South Lanarkshire HSCP 			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
		<ul style="list-style-type: none"> • Transfer nursing staff to South Lanarkshire HSCP 			
		<p>Integration of Health and Social Work CMHTs:</p> <ul style="list-style-type: none"> • Agree operational management structure for integrated Adult and Older Adult CMHTs • Complete integration of Health and Social Work CMHTs • Review staff, financial and care governance processes and professional and clinical leadership structures to ensure they are functioning effectively. 			
		<p>Transfer of locality Psychological Therapies Teams to South Lanarkshire HSCP:</p> <ul style="list-style-type: none"> • Scope options for transfer of locality psychological therapies teams • Agree an operational management structure for locality psychological therapies teams • Agree performance management, professional and governance arrangements (staff, clinical and financial) for psychological therapies teams • Complete the transfer of locality psychological therapies teams to South Lanarkshire HSCP 			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
	Perinatal and Infant Mental Health	<p>Community Perinatal Mental Health Service:</p> <ul style="list-style-type: none"> • Design future staffing model for a Lanarkshire Perinatal Mental Health Service taking into account national Perinatal MCN Needs Assessment recommendations • Develop business case for a Lanarkshire Perinatal Mental Health model for approval by NHSL and national PIMH Programme Board • Initiate recruitment of consultant psychiatrist and clinical psychologist in line with Needs Assessment recommendations: • 2020/21 funding allocation confirmed by SG • Recruit consultant psychiatrist and clinical psychologist • Establish a dedicated specialised community perinatal mental health team, including psychiatry, community mental health nurse, clinical psychology, community nursery nurse, midwifery, occupational therapy and social work staffing 			
		<p>Infant Mental Health</p> <ul style="list-style-type: none"> • Submit proposal for Lanarkshire to be an early adopter of IMH development in Scotland and secure funding for a parent-infant therapist 			

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Objectives	Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
		<ul style="list-style-type: none"> Recruit a parent-infant therapist and develop model of infant mental health provision to meet the wider need across families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma 			
		<p>Data:</p> <ul style="list-style-type: none"> Scope data requirements Develop MILAN reports to facilitate tracking of activity and performance 			
		<p>Communications and engagement:</p> <ul style="list-style-type: none"> Complete stakeholder analysis Draft Communication and Engagement Plan 			

Cross-Cutting Workstreams

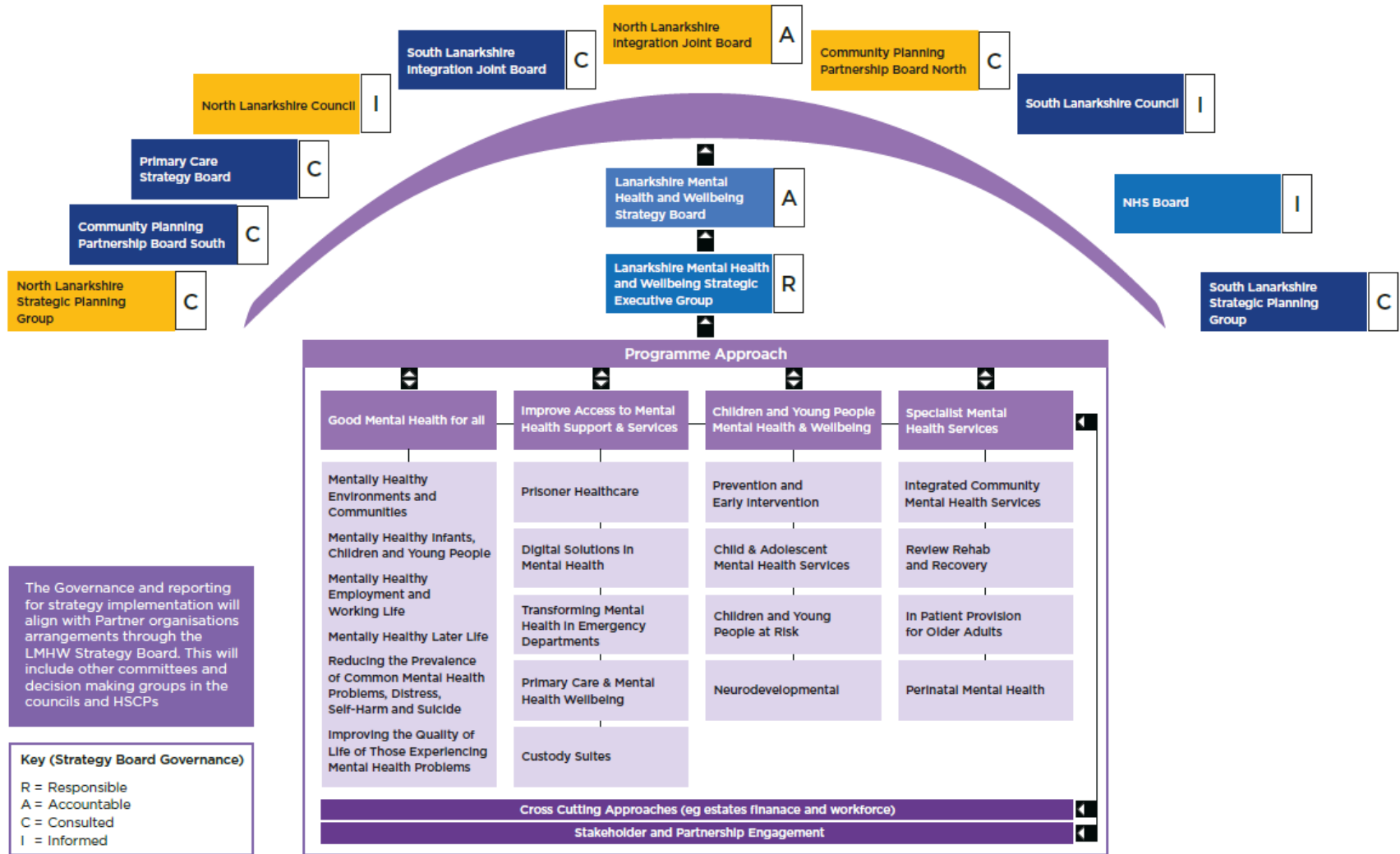
Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
Workforce Planning	Establish workforce group			
	Scope workforce planning requirement across all workstreams and develop project brief			
	Explore the need for and funding of additional workforce planning capacity to support this work			
Data, Evaluation and Performance Reporting	Complete Achievement Framework to define the fully define the outcomes and benefits to be delivered, understand contribution of projects and workstreams to the delivery of these and inform the development of appropriate measures of			

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Workstreams	Actions	Year 1 2019-2020	Year 2 2020-2021	Year 3 2021-2022
	success			
	Workshop to map existing data and capability of existing systems and scope data required to support operational management, evaluation and internal and external performance reporting and map existing data			
	Develop project brief and action plan			
Estates	Work with project teams to determine accommodation requirements on the basis of the agreed clinical service models			
	Review existing accommodation to determine its fitness for purpose against the accommodation requirements identified			
	Assess the gap between the desired accommodation requirements and the actual accommodation available			
	Develop an estates and accommodation strategy to bridge this gap			

Appendix B: Programme Organisation and Governance

Governance structure



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Governance roles

Group	Description of Role
North Lanarkshire Integration Joint Board	<ul style="list-style-type: none"> • Pan-Lanarkshire responsibility for strategic commissioning of mental health services. • Ensure the effective and accountable governance of the local health and social care systems in North Lanarkshire and to provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.
South Lanarkshire Integration Joint Board	<ul style="list-style-type: none"> • Ensure the effective and accountable governance of the local health and social care systems in South Lanarkshire and to provide strategic leadership and direction for the system as a whole. • Ensure alignment with the South Lanarkshire Strategic Commissioning Plan and consistent delivery of the Strategy across the outcomes set out in the MHWS.
North Lanarkshire Partnership and South Lanarkshire Health and Social Care Partnerships	<ul style="list-style-type: none"> • Responsible for the consistent delivery of services and implementing new models of care across their respective localities to enable the achievement of the outcomes set out in the Strategy. • Ensure appropriate representation on the Strategy Board, Strategy Executive Group and full involvement as required in projects and workstreams.
North Lanarkshire Council and South Lanarkshire Council	<ul style="list-style-type: none"> • Ensure the Strategy is reflected in planning across all areas of service delivery, investment and community engagement.
NHS Lanarkshire	<ul style="list-style-type: none"> • Ensure NHSL governance committees are informed at regular intervals
Primary Care Strategy Board	<ul style="list-style-type: none"> • Ensure alignment of delivery plans with Primary Care Implementation Plan.

Programme roles and responsibilities

Group/Individual	Description of Role
Lanarkshire Mental Health and Wellbeing Strategy Board	<ul style="list-style-type: none"> • Provide leadership, strategic direction and expert advice to the Lanarkshire Mental Health and Wellbeing Strategy delivery Programme • Agree the Vision for the Lanarkshire Mental Health and Wellbeing Strategy • Agree the benefits to be delivered by the Programme and ensure they are clearly defined and capable of being realised, and that measures are in place that will provide evidence of benefit delivery during and beyond the lifetime of the Programme • Agree a whole system blueprint for mental health support and services in Lanarkshire which sets out the desired “future state” in terms of the required processes, organisation, technology and information • Identify unwanted variation in the quality of services and support

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Group/Individual	Description of Role
	<ul style="list-style-type: none"> • Identify, develop and oversee the delivery of initiatives to improve access to and quality of mental health services. • Monitor data to inform the work being overseen by the Programme • Consider and make recommendations on the transfer of budgets within the overall funding allocation for mental health to ensure that the people receive the most effective support and services in the most appropriate location • Advise on the introduction of models of care and associated service impact requirements • Monitor progress of an integrated Workforce Plan • Monitor the financial position across the Programme, including the Scottish Government funding provided to the Improve Access to Support and Services Project
<p>Mental Health and Wellbeing Strategy Executive Group</p>	<ul style="list-style-type: none"> • Ensure a collaborative, inclusive approach to the strategy delivery is taken in accordance with agreed decision making principles and organisation policy. • Support the development and implementation of the programme plan. • Support all project leads to reach decisions on finance and other project level decisions that have interdependencies across the programme • Progress actions as required (on behalf of the Strategy Board) to enable the overall strategy delivery to move forward within timescale. • Monitor programme of work and project action plans, programme activities. • Encourage and strengthen links between the programme and other relevant strategic work of all key partners. • Review risks and ensure mitigating actions are robust. • Support effective and timely communication with stakeholders. • Contribute to business cases and development of programme documents. • Review any proposed changes to the programme scope, objectives, milestones and deliverables and make recommendations to the Strategy Board. • Ensure adequate rigour, management and planning are in place to manage any income received to ensure effective and sustainable plans are successfully implemented. • Take a pan-Lanarkshire representative view on allocation of tests of change and new resources in accordance with need. • Inform the delivery and dissemination of Communication Strategy. • Encourage and support continuous improvement and innovation.
<p>Project Teams</p>	<ul style="list-style-type: none"> • Provide leadership, strategic direction and expert advice to their respective Workstreams • Support a whole system approach to developing and delivering mental health support and services involving all relevant

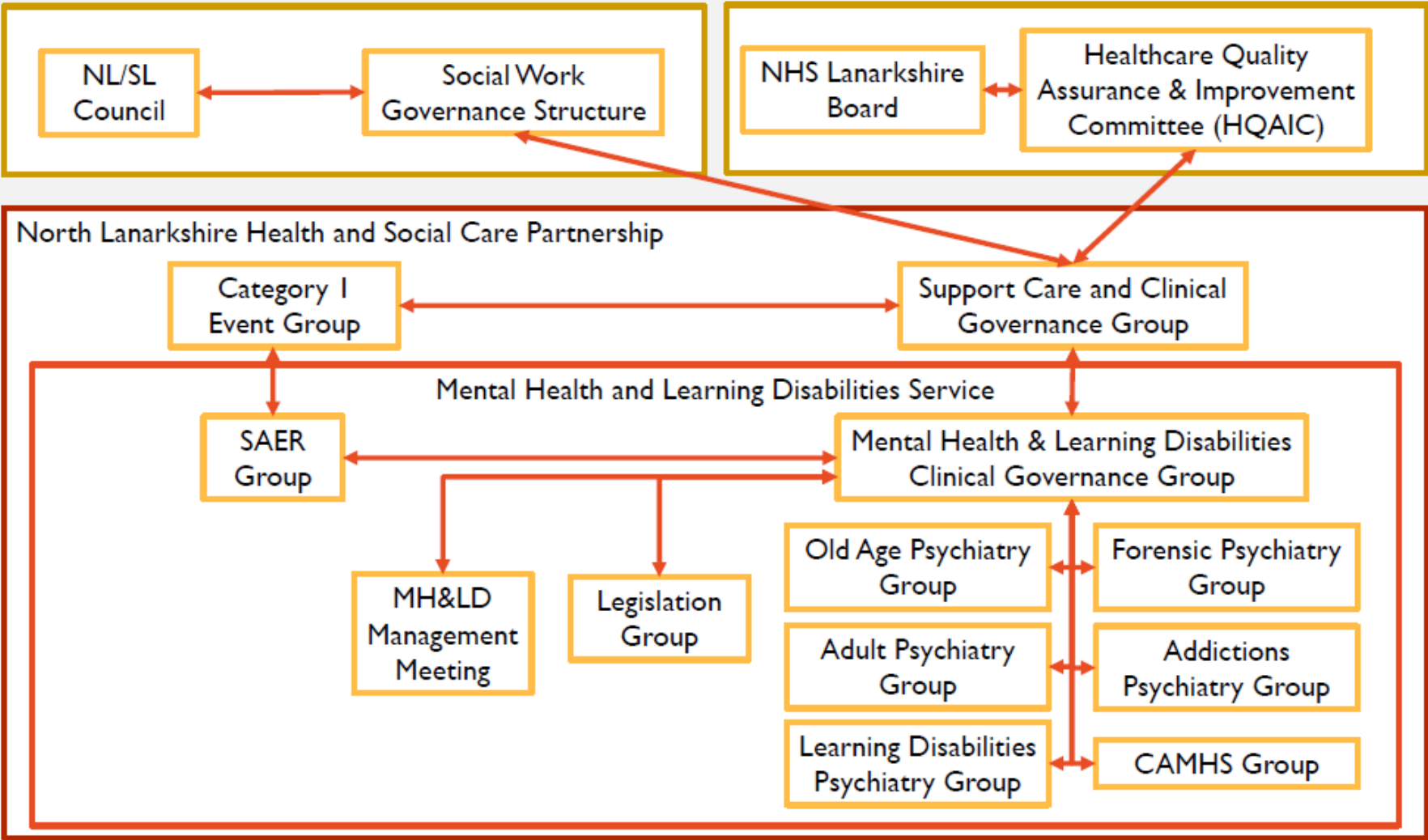
ITEM 20

Group/Individual	Description of Role
	<p>professional groups and stakeholders</p> <ul style="list-style-type: none"> • Form the main delivery discussion, decision and approval forum for Workstreams, coordinating effective and efficient cross-Project working and enabling Workstream leads to raise any issues, risks and concerns • Identify unwanted variation in the quality of mental health care provision and oversee the delivery of initiatives to improve quality, effectiveness and efficiency • Agree the benefits to be delivered by Workstreams and ensure they are clearly defined and capable of being realised, and that measures are in place that will provide evidence of benefit delivery during and beyond the lifetime of the Programme • Review Workstream delivery plans and report on progress to the Mental Health and Wellbeing Strategy Board and other governance groups as required • Identify and review Project risks and issues, ensuring action plans are developed where required, and escalating risks, where appropriate, to the Mental Health and Wellbeing Strategy Board • Monitor activity and performance trends to inform the work being overseen by the Group
Executive Lead/Senior Responsible Officer	<ul style="list-style-type: none"> • Chair the Lanarkshire Mental Health & Wellbeing Strategy Board. • Establish and agree structures and leadership of the programme of work and ensure sufficient membership and capacity is made available to develop and implement the system wide strategy. • Monitor and control the progress of the Programme at strategic level, ensuring they remain viable. • Negotiate and agree resources across the Programme. • Make decisions and escalate issues as required to the appropriate committee / or Directors.
Operational Lead	<ul style="list-style-type: none"> • Chair the Strategy Executive Group. • Negotiate and agree strategy resources and link to business as usual. • Review any requested changes to the scope of the programme, projects or workstreams and make recommendations as appropriate to the Strategy Board. • Provides overall guidance and direction to the programme, ensuring it remains viable within any specified constraints. • Review project documentation and action plans. • Review programme risks and ensure mitigating actions are robust. • Make decisions on escalated risks and issues, escalating to the Strategy Board if required. • Provide assurance that workstream outputs are fit for purpose and have been implemented satisfactorily.
Project Leads	<ul style="list-style-type: none"> • To chair project group meetings. • Provide clear visible leadership and direction to work stream of the Lanarkshire Mental Health and Wellbeing Strategy and ensure that they remain viable within any specified constraints

ITEM 20

Group/Individual	Description of Role
	<ul style="list-style-type: none"> • Provide an effective interface with other Lanarkshire Mental Health and Wellbeing Strategy work streams. • Monitor the key strategic risk and issues related to work stream delivery. • To ensure agreed milestones and deliverables are being delivered on time & to the agreed specification. • To provide progress reports to the Lanarkshire Mental Health and Wellbeing Strategy Board. • To develop and implement a project communication and engagement strategy.
Programme Management Team	<ul style="list-style-type: none"> • Support the design and management of all Mental Health and Wellbeing Strategy delivery programme • Ensure alignment of the programmes with strategic objectives • Identify and manage project interfaces and dependencies • Maintain communications between projects. • Establish and ensure adherence to corporate programme and project management standards, including effective, consistently applied approaches to identifying and managing benefits, stakeholder engagement, risk and issue management and monitoring and control • Coordinate feedback to senior management on progress and the delivery of benefits

APPENDIX C NHS LANARKSHIRE MENTAL HEALTH AND LEARNING DISABILITIES CLINICAL GOVERNANCE STRUCTURE



Mental Health and Learning Disability Clinical Governance Group

Terms of reference

Role and function of the group

The MHLG Clinical Governance group has the lead role in agreeing the clinical governance work programme for MHLG services, reassuring the Joint Boards Governance and Risk Committees and through them NHS Lanarkshire that clinical quality, risk management and governance are maintained within MHLG services.

The key functions of the group include:

1. The group has responsibility for quality improvement, clinical governance and clinical risk management within MHLG services.
2. The group will report regularly to the Joint Boards through agreed structures
3. The group will develop and agree an annual work programme within MHLG services, in line with agreed priorities.
4. The work programme will be allocated across the appropriate sub-groups to ensure delivery.
5. The group will have lead responsibility for the development of clinical policies, forwarding these for ratification once structures are agreed.
6. The group will summarise and follow up recommendations and learning points from critical incident reviews, external reports and any national guidelines that are issued.
7. The group will promote Quality Improvement initiatives within the MHLG service and take regular reports on progress of these.

Reporting arrangement

The group will report to the joint boards' structures.

Core Membership of the group:

Associate Medical Director MHLG (chair)*

Associate Director of Nursing*

Clinical Director for Psychology*

AHP lead for mental health*

Clinical Directors (6)

Senior Nurses (2)

Clinical Quality Team Manager (MHLG)

Principal Pharmacist (MHLG)

General Manager MH&LD services

Other service managers/relevant others as appropriate to specific agenda items.

OSM Mental Health

Meetings

Meetings will take place at least quarterly and be scheduled to ensure there is time for updates and reports to be prepared for the Joint Boards

The standard agenda for meetings should be:

1. Meeting Organisation
 - 1.1. Apologies
 - 1.2. Minutes
 - 1.3. Notification of AOCB and hot spots
2. Clinical Effectiveness and Improvement
3. Person Centred
 - 3.1.1. Patient Journey
 - 3.1.2. Patient Focus public Involvement
4. Risk management
5. Information Governance
6. Legislation
7. Staff Governance

8. Research Governance
9. AOCB/Hotspots

Quorum

Four members including at least one of those marked * in the membership who will chair the meeting in absence of the chair.

Monitoring and review

The Group will report to the North and South Support Care and Governance Groups

Adult Mental Health CLG/ Clinical Governance Group

Terms of reference

Role and function of the group

The purpose of the Adult CG group is to promote quality improvement and clinical governance in adult mental health.

Working in partnership with service leaders in the 3 hospital localities, it will develop work plans in conjunction with service leads in each of the disciplines and produce progress reports regularly to the Mental Health and Learning disability Clinical Governance group.

It will focus on improvements according to NHSL strategy, with particular emphasis on the following key areas including:

Risk Management and patient Safety
 Quality Improvement Activity including SPSP
 Education, training and continued professional development
 Evidence based care and effectiveness
 Patient and carer experience and involvement
 Staffing and staff management

Reporting arrangement

The Group will take reports from the ward based Quality Groups, TESS, Perinatal and Liaison services, Psychotherapy Service.

Core Membership of the group:

Adult Mental Health Clinical Directors*
 Ward and Specialty Governance Chairs*
 Service managers*
 Senior Nurse Rep*
 Norma Cruickshank
 Head of Adult Psychology
 AHP Lead
 OSM

Meetings

Meetings will take place quarterly and be scheduled to ensure there is time for updates and reports to be prepared for the Joint Boards

The standard agenda for meetings should be:

1. Meeting Organisation
 - 1.1. Apologies
 - 1.2. Minutes
 - 1.3. Notification of AOCB and hot spots
2. Clinical Effectiveness and Improvement
3. Person Centred
 - 3.1.1. Patient Journey
 - 3.1.2. Patient Focus public Involvement
4. Risk management
5. Information Governance
6. Legislation
7. Staff Governance
8. Research Governance
9. AOCB/Hotspots

Quorum

Four members including at least one of those marked * in the membership who will chair the meeting in absence of the chair.

Monitoring and review

The activity of the group will be reviewed through the MH&LDCGG

Adult Mental Health Ward Based Quality Groups

Terms of Reference

September 2016

Role & Remit

The purpose of the ward based groups are to promote quality, safety, improvement and clinical governance in Adult Mental Health

Each group will meet regularly and involve clinicians working in that environment. They will pursue work both originating from needs and opportunities identified on the ward and also those identified through other data sources such as adverse events and complaints. Groups will periodically produce progress reports for the Adult Mental Health Clinical Governance Group. (AMHCGG)

The groups will focus on improvements in line with NHS Lanarkshire strategy, with particular emphasis on the following key areas:

- **Evidence-based care**
- **Education, training and continuing professional development**
- **Risk management and patient safety**
- **Quality Improvement Activity**
- **Patient and carer experience and involvement**

Groups

There will be 5 groups

- Ward 1 Wishaw General hospital
- Ward 24 Monklands District General Hospital
- Ward 19, Hairmyres Hospital
- Ward 20, Hairmyres Hospital
- IPCU

Membership of each group

- Consultant Psychiatrist (either Consultant or Ward Manager will chair)
- Ward Manager
- Specialty doctor or Associate specialist
- Psychiatry Trainee
- Team Leader CMHT
- Occupational Therapist
- Ward Administrator
- Other members of staff with an interest
- Peer Support Workers

Reporting Structure

The ward based Clinical Governance groups report to the AMHCGG, via the inpatient representative. The AMHCGG reports to the Mental Health & Learning Disability Clinical Governance Group and Programme Board (MH&LD CGG&PB). They will provide reports to the MH&LD CGG as requested, and complete specific pieces of work at their request, which may be assisted by the work of the ward based groups.

Quorum

This will be at the discretion of the chair

Frequency and Conduct of Meetings

Meetings take place every 4-8 weeks, depending on the amount of work being done and needing done on each ward. It is the responsibility of the Chair to set and circulate meeting dates, and to arrange meeting venues. Minute taking will rotate among group members. Minutes and agenda are circulated to group members by the Chair.

Monitoring and Review

This will be via the AMHCGG