1. INTRODUCTION

1.1 This report is the submission from North Lanarkshire Council to the Public Audit Committee, following its consideration of the Audit Scotland report entitled “Overview of Mental Health Services”.

1.2 The response provides background information on the planning and delivery of mental health services in North Lanarkshire and answers specific questions as requested.

2. BACKGROUND INFORMATION

2.1 North Lanarkshire is the fourth largest local authority in Scotland with a population of 323,780, 60% of whom are aged between 18-64 years. The authority is managing a legacy associated with an economy once reliant on heavy industry. Life expectancy is lower than the national average, at 73 years for men and 78 for women. 19.5% of the population live in the 15% most deprived areas in Scotland. Census returns indicate a very high reported incidence of long term limiting illness.

2.2 Communities, and therefore joint planning arrangements, are centred around six main townships in North Lanarkshire. There is a single Community Health Partnership for North Lanarkshire and a well embedded planning structure for the governance and management of services to people with mental health problems. There is a local agreement between NHS Lanarkshire and NHS Greater Glasgow and Clyde (NHSGG&C) that enables NHS services to be provided in the 'northern corridor' - an area with a population of 17,000 people that lies within the boundaries of NHSGG&C –by NHS Lanarkshire. A service level agreement between the two Boards enables specialist mental health services to be provided by NHSGG&C.

2.3 Overall mental health strategy is formulated on a pan-Lanarkshire basis, also involving South Lanarkshire Council, aimed at shifting the balance of care so as to support almost all people with mental ill-health in their own homes and communities. Implementation in North Lanarkshire is overseen by a Mental Health Partnership Board, with representation from a wide range of stakeholders. An annual performance report is presented to the North Lanarkshire Health and Care Partnership, which is chaired by the Convener of Housing and Social Work Services and attended by the Chair of NHS Lanarkshire and other senior members and officers.
2.4 At a locality level there are joint community mental health teams. Specialist social work staff are based in outreach teams that support people with severe and enduring mental health problems. A wide range of locality based social work services support people with short term and/or mild to moderate mental ill-health. Six locality planning groups consider the needs of people who may require health and social work support arising from the complex nature of their needs.

2.5 Over time the strategy has overseen the decommissioning of a large amount of institutional care and made major investment in supporting people in their own homes and communities. Significant areas of Social Work spend for specialist services aimed mainly at younger adults (i.e. those aged 18-64 years) with mental health problems in North Lanarkshire includes:

- £1.8m for supported living, commissioned from independent sector providers
- £1m for inclusive day opportunities, commissioned from independent sector providers
- £1.3m for social work staffing in outreach teams for people with severe and enduring mental health problems
- 1.2m of services directly associated with implementation of legislation and policy (e.g. Adult Support and Protection Act, Choose Life)
- £275k to support service user involvement and participation, and independent advocacy, for people with mental health problems (including older people).

2.6 In addition younger adults with mental health problems enjoy access to a wide range of other social work services. For example, in North Lanarkshire £0.6m of home care services are provided to younger adults with mental health problems; 20 people with mental health problems are supported in full time work through the Council’s supported employment scheme; services such as integrated addiction teams support a people with a wide range of needs including mental health problems etc.

2.7 Social Work spending for people with dementia and mental health problems in old age is subsumed within overall spend on services for older people. This accounts for 34% of the total gross social work budget in North Lanarkshire (£71m). As in most Councils, this means spending for people with dementia and mental health problems in old age cannot be specifically earmarked. However we know that:
- We spend £33m on care home provision and know that 80% of older people in North Lanarkshire admitted to care homes are there because of needs directly associated with dementia or mental ill health.
- We spend £30m on home care services, over 80% on support for older people, the majority of whom have needs arising from dementia or mental health problems as well as personal care needs arising from frailty.
- We spend £9.7m on social work staffing in community care teams for older people.
- We spend £3.3m on day services for older people. Our innovative model of integrated day services with NHS Lanarkshire is now formally operating in 3 localities with a roll out plan for the remainder in the next 6-12 months. This service is aimed primarily at older people with complex mental health problems and has been positively evaluated with the Scottish Government’s Joint Improvement Team.

2.8 It is, therefore, essential that the Committee recognises the scale of spending in local authority social work services for older people that directly benefits people with dementia and mental health problems in old age. This expenditure is not reflected in the Audit Scotland analysis.

2.9 Provision for younger adults in North Lanarkshire is based on a tiered approach. At its lowest level support is targeted at the general public and include provision of information and advice and making services accessible for those with difficulties e.g. money advice, leisure and recreational facilities. This level is also targeted at staff in terms of active mental health and suicide prevention awareness raising. These approaches all contribute to the wider Health and Well Being agenda and support the corporate agenda contained in “Towards a Mentally Flourishing Scotland”.

2.10 In North Lanarkshire, considerable investment has been made to promote inclusion for people with mental health problems. A peer-led ‘Clubnet’ service, managed through the Scottish Association for Mental Health, facilitates access to mainstream life opportunities such as education, employment and social opportunities and the Council’s supported employment services assists people with more significant mental health difficulties to gain and sustain paid employment.

2.11 North Lanarkshire Council commissions supported living services for people, who have complex needs and are likely to need support on a longer term basis. All registered residential mental health accommodation has been decommissioned in North Lanarkshire and people are supported to live on their own or with someone they choose, rather than in artificial group settings. Each of the locality planning groups has a budget to purchase direct support for
individuals who are at risk of going into hospital or to help them leave hospital quickly. Similar funding arrangements exist to support people with severe dementia at home, so that independence can be maintained.

2.12 A mental health officer service (MHO) is managed centrally with MHOs being located in community mental health teams and other settings, including the Social Work Emergency Service (SWES), which commenced in April 2009. The inception of the latter removed the requirement to access MHOs from from the West of Scotland Standby Service, where availability was a recurring problem. The social work service in North Lanarkshire has no recorded instances of being unable to provided an MHO during office hours, and none out of hours since the establishment of the new service. The only compulsory detentions that have occurred without MHO consent since that time have arisen where local clinical judgements have been made not to seek it (e.g. where a patient is attempting to leave hospital and emergency measures to detain are take).

2.13 ‘Living Well in North Lanarkshire’ – the partnership strategy for older people 2007-2012 – sets out the spectrum of support for older people available in each locality. Services for older people with dementia and mental health problems in old age include:

- Intensive home care, including alignment of out of hours home care and nursing services
- Integrated day services
- Respite care
- Care homes
- Intermediate care (assessment and rehabilitation in designated care homes)
- Early supported discharge and rapid response teams
- Very sheltered housing and other housing options
- Assistive technology (North Lanarkshire Council and the University of Stirling Dementia Services Centre have produced an ethical guide on the use of assistive technology for people with dementia)
- Locality link officers in each locality (whose job is to connect or reconnect older people with their communities rather than bring them into formal services at a premature stage)
- Carer support services
- A wide range of health services.

2.14 This approach, complemented by a wide range of community capacity building initiatives, has helped secure a very positive balance of care for older people. The Scottish government’s target is to support 30% of older people with intensive needs at home rather than institutional care. In North Lanarkshire the current balance is 40%.
3. ANSWERS TO SPECIFIC QUESTIONS

ACCESSIBILITY OF MENTAL HEALTH SERVICES

(A) What targets have you set for accessibility to services (including waiting times) and the quality of services in your area?

In 2006 North Lanarkshire Council adopted a prioritisation framework to inform access to social work services. The framework is largely compatible with the national eligibility criteria that is currently the subject of consultation by the Scottish Government. This is applied by assessing the risk if needs are not met in four categories (critical; substantial; moderate and low). Our published policy is that we meet needs that are deemed critical and substantial; we meet those needs that are deemed moderate where resources permit; we signpost people with low needs to other suitable resources.

This approach is supported by published standards for social work services and a commissioning strategy (cited as a good practice example in the recent Social Work Inspection Agency Performance Inspection Report on North Lanarkshire (February 2008)), the content of which was jointly agreed with NHS Lanarkshire and approved by the North Lanarkshire Health & Care Partnership. This strategy has ensured the development of a range of intensive and preventive service approaches, designed to provide high levels of support to people with high levels of presenting need, and promote inclusion and active citizenship amongst people with lower levels of need (but who may present to services with greater needs at a later point if they are unable to access appropriate support at an earlier stage).

The service redesign that has informed this strategy has meant “there are no waiting lists for day care or care home places for older people” (SWIA report), nor are there for any waiting lists in services for younger adults with mental health problems.

There are a range of statutory obligations bestowed on Councils in various related legislation and national standards for mental health officers.

(B) What action are you taking to address services with long waiting times?

There are no social work services for people with mental health problems that fall into this category.

(C) What are the current issues affecting vulnerable groups in your area – children and adolescents minority ethnic groups; prisoners and ex-offenders; older people with dementia or Alzheimer’s disease?

Many people in North Lanarkshire are disadvantaged by poor health, low income, the impact of addiction, domestic abuse etc. The Council and its partners place a strong emphasis on community planning to develop
sustainable solutions to long standing problems. This is a very broad question and difficult to answer briefly but key points include:

Children and young people: Challenges include working with NHS Lanarkshire colleagues on the further development of the Child and Adolescent Mental Health Service (CAMHS), so as to improve access to the service for those who need it; for a very small number of young people, the need to ensure appropriate provision where in-patient care is required; and the continuing challenge of designing services that are de-stigmatising to young people who may be otherwise unwilling to engage.

People from minority ethnic groups: Only 1.3% of the North Lanarkshire population are from minority ethnic backgrounds. The Social Work service has been concerned for some time about low uptake of services from minority ethnic communities and, with South Lanarkshire Council, commissioned independent research on the matter. This has led to an action plan agreed with, and monitored by, representatives of local minority ethnic groups.

Prisoners and ex-offenders: Challenges include further work to improve transitions in partnership with the Scottish Prison Service and NHS Lanarkshire, in particular with reference to accessing forensic psychology services and, on occasion, securing registration with a GP where someone leaves prison and has no permanent address. The reduction of numbers of people at the State Hospital is positive but can present huge challenges to local authorities, particularly as there is no identified funding stream for what can be very extensive packages of support.

Older people with dementia: Our approach to supporting the rising numbers of people with dementia is set out throughout this response. There are a rising number of people with alcohol related brain damage for whom there is a risk that they find themselves in inappropriate services, and challenges to devise alternatives within existing (and potentially diminishing) resources.

(D) Are current levels of service for vulnerable groups adequate and what improvements, if any, are being planned?

We have already referred to the increasing gap between assessed need and available resources. It is not possible to say that current levels of service for vulnerable groups are adequate, though we believe we make effective use of available resources. SWIA assessed our resource management as “very good”. Some of the improvements within existing resources, such as the roll out of integrated day services for older people with complex needs, are set out in this document.

The Council recognises that health spending on mental health is low in relation to the rest of Scotland. However we are also aware that NHS Lanarkshire receives disproportionately low funding from the Scottish Government, and that this has an impact on mental health services locally. We strongly support the future allocation of resources in line with the National Resources Allocation Committee formula.
We believe that our approach in promoting personalisation and community capacity - which seeks to build on recovery, empowerment and natural supports- enhanced by the provision of intensive support service for people with greatest needs- represents a sound way forward. This approach recognises that while resources and services are needed, they do not, alone, represent the entire solution to challenges faced.

This report also describes important joint initiatives that exist in North Lanarkshire for children and young people with mental health issues, and people with offending behaviour.

DELIVERY OF MENTAL HEALTH SERVICES

Delivery of mental health services

(E) What is your performance against the four national health targets for mental health?

Target 1 relates to defined daily doses per capita of anti-depressants. NHS Lanarkshire have agreed the performance trajectory with the Scottish Government Health Department. Partners have invested heavily in prevention, information and advice and in piloting two areas for use of signposting people into alternatives such as exercise, self help etc and by increasing psychological therapies. It is intended that this range of activity will contribute to improved performance in respect of this indicator.

Target 2 relates to the education and training of staff to help prevent suicide. This is being achieved in respect of the number of frontline health staff receiving suicide prevention training. There are some key staff such as GPs and some acute hospital staff still to reach. Large numbers of social work, other council and partnership staff have also been receiving Assist and Safe Talk training and some social work staff have also attended STORM training.

Suicide rates in North Lanarkshire are slightly above the national average. Numbers have fluctuated in recent years and increased by 5 in 2008. There is a relationship between deprivation and risk. This is a complex issue that cannot solely be influenced by local authorities or NHS Boards. Factors such as the current economic position may have an adverse impact on suicide rates.

Target 3 relates to hospital readmissions. Performance is currently ahead of target. Improved information provision (currently being developed through the Mental Health Collaborative), which provides contemporary rather than historical information on a locality basis should help better target efforts in this field of activity.

Target 4 relates to early diagnosis and management of people with dementia. Performance is variable across localities and currently at 91% of the agreed
trajectory. We are aware of work being undertaken by NHS Lanarkshire with GPs and the Lead Clinician for Old Age Psychiatry to improve performance.

(F) How helpful do you think these four targets are?

The targets have some value though, like most targets, they primarily measure outputs rather than outcomes and are quantitative more than qualitative. We support the aspiration to reduce inappropriate dependency on antidepressants; reduce the rate of suicide; better capture information about re-admissions (recognising that this in itself requires analysis to be useful); and improve early diagnosis of people with dementia. Having a timely diagnosis enhances the opportunity to receive appropriate and proportionate advice and support, and enables people to start making future plans e.g. advanced statements etc.

(G) The suicide rate in Scotland is almost double the rate in England and Wales. What is the situation in your Board area and what measures do you think will be effective in reducing the rate?

See response to question (E). As stated above, numbers of suicides in North Lanarkshire are slightly above the national average. In 2008 there were 61 suicides in North Lanarkshire, an increase of 5 from the previous year. There is a relationship between deprivation and risk. As half the people who commit suicide are not known to services, it is clear that addressing the issue goes far beyond the role of local authorities and NHS Boards and can be influenced by a wide range of external factors.

The vigorous North Lanarkshire Choose Life strategy has adopted creative approaches to the problem e.g. developing ‘Mindset’, an online training tool; a suicide care pathway; training material for staff in schools, social work and health to assist self-harming young people etc. This is a long term issue that can only be addressed by continuing to raise awareness, spreading knowledge, developing a culture that encourages people to express their feelings, and building community capacity.

(H) There have been a fourfold increase in the prescribing of antidepressants since 1993-94. What is the prescribing policy in your board area and how is this monitored?

See response to question (E). The over-reliance on prescribed medication is a Scottish problem. Not everyone with depression requires medication and the Council is supportive of NHS Lanarkshire’s efforts to address prescribing practice.

(I) What work are you doing locally looking at prescribing patterns to determine whether antidepressants are being prescribed appropriately and what other treatments are available to people with depression, such as psychological therapies, increased social support etc.
See response to question (E). NHS Lanarkshire have carried out a detailed analysis of prescribing practice and highlighted local variations. The suite of approaches to supporting people with mild to moderate mental health problems set out earlier in this response has been heavily promoted in GP surgeries, acute hospital and community settings.

(J) There are currently few national outcome measures for mental health services. How are you monitoring and reviewing mental health services to ensure that your services are meeting local needs and have you included mental health issues in your single outcome agreement?

Outcomes need to be considered in both an individual and strategic context. Social Work in North Lanarkshire has developed an assessment and planning framework which is focussed on personalisation and individual outcomes for service users. This requires agreed outcomes with all service users and carers to be identified at conclusion of the assessment, which then form the basis of subsequent review. There has been major investment in promoting this approach within the Council and NHS Lanarkshire staff.

From a more strategic perspective, key performance information is routinely gathered, assessed and reported as part of a wider approach to continuous improvement. The SWIA inspection found “long established arrangements in place for monitoring performance and a culture of continuous improvement”. All commissioned services are subject to contract review processes that assess the extent to which they are achieving previously determined objectives. The balance of care achieved for all care groups is an important indicator of success.

We also use a tool to gather information about social inclusion and how people are living their lives. This would include for example – people in supported employment, people accessing mainstream activities in the community on their own or in small groups of peers. North Lanarkshire is developing the use of the Scottish Recovery Indicator as a measure of how easy it is for people to use services both within mental health and general services. Joint planning participation by local representatives from mental health user and carer and advocacy organisations also provides a voice for quality issues to be raised. There are also regular meetings with local mental health user groups and their respective locality mental health services. This allows for direct comment on the extent to which services are meeting needs.

It is important to stress that the Single Outcome Agreement (SOA) is a high level, strategic agreement, below which sit a wide range of measures, such as agreed joint priorities for community care groups. North Lanarkshire’s SOA reflects the partnership commitment to tackle poverty; inequalities; employment and regeneration; mental and physical wellbeing etc. It also includes measures linked to national outcomes for community care.
(K) How does partnership working in your area operate in practice and how effective is it?

Section 2 of this submission describes joint planning arrangements at a governance, management and locality level across North Lanarkshire. Sustained energy and drive to achieve strong partnership working at every level has been a feature over many years. The effectiveness of such arrangements was considered by SWIA during their recent inspection. They found that “social work services had a strong commitment to multi-agency working in all service areas” and that “mental health service users reported an integrated approach including the voluntary sector”.

(L) What mechanisms do you have to deliver joined up services with clear referral processes for people with mental health problems?

There are a number of ways people can access different elements of mental health services. Importantly, in every locality in North Lanarkshire there are multi-agency locality planning groups involving staff from social work, health, housing and other partners where appropriate. These groups consider the needs of people with mental health problems who are likely to require the intervention and support of more than one agency.

(M) How do you work with prisons to ensure that prisoners with mental health problems in your areas receive the support they need while in prison and appropriate referral to community services once they are released.

This issue needs to be viewed in relation to short-term and long-term prisoners.

In the case of long-term prisoners a combination of the Scottish Prison Service Integrated Care Management process and (in Lanarkshire) the Justice Throughcare service, work together to both identify and address mental health issues and have the capacity to plan for prisoners returning to the community. There is close working with NHS Lanarkshire Forensic Mental Health Team for mentally disordered offenders, including people who may be at the State Hospital or Rowanbank (West of Scotland Medium Secure Unit).

In the case of short-term offenders, partners collaborate to secure access to community based mental health services. It can be sometimes be difficult to access appropriate GP cover where an ex-offender may be itinerant in lifestyle, perhaps overlaid by addiction problems that may require, for example, an appropriate dispensing chemist to provide methadone.

For imprisoned short-term offenders, community based Justice Services are reliant on prison-based mental health services. In the case of Lanarkshire, the new ‘community-facing prison’ - HMP Addiewell - is currently developing processes and procedures to address this issue.
How do you work with educational psychology services to ensure that any issues with children’s mental health are picked up in schools?

At a strategic level the North Lanarkshire Children’s Services Strategy Group includes representation from NHS Lanarkshire and Principle Educational Psychologists as well as Chief Officers from those respective partners. Educational psychology services are represented in multi-agency steering groups for CAMHS services and in suicide prevention planning and implementation arrangements. The Council is supportive of increased investment by NHS Lanarkshire in the CAMHS service. There are many good examples of joint working in services for children and young people with mental health issues. These include:

- A jointly developed team with health and social work (CAYP) specifically to meet the needs of looked after and accommodated children both in direct work and in consultation and support to their carers.
- Promotion of infant mental health through multi-agency training in the Solihull approach and the expansion of an infant mental health project in 2 nursery schools.
- Development of a CAHMS Primary Mental Health Project offering a schools based counselling service to young people.
- Funding of a social work post in each of the 2 CAHMS teams in North Lanarkshire to both support the capacity of the CAHMS service and support interagency links and working with the social work service.

EXPENDITURE ON MENTAL HEALTH SERVICES

How do you decide how much will jointly spent on mental health services by the NHS Boards and local authorities in your partnership?

Through a well established structure of joint governance and managements arrangements, agreed financial envelopes are identified for each of the main community care areas of activity. A joint governance body of elected members, NHS Board members and officers receive regular reports on performance. Partnership structures allow for jointly agreed movement of resources across different areas of activity in accordance with changing priorities.

Do you use pooled or aligned budgets to jointly manage mental health services in your area?

Spending on mental health services is identified within a joint financial framework. The language of “pooled” or “aligned” budgets was originally
developed as part of the “Joint Future” policy but is not especially helpful, or in any way indicative of outcomes. NHS Lanarkshire and North Lanarkshire Council remain financially accountable for their respective budgets so that extent budgets are strategically aligned within the overall framework. Some specific services e.g. integrated day services or other related provision such as integrated addiction services have formally aligned budget arrangements.

(Q) Area there barriers in the accountability or financial procedures that your feel prevent you from delivering better joined up services?

It is not financial procedures that impair or advance delivering better joined-up services, more the extent of the will of the Partnership to achieve shared aspirations for people with mental health problems. Our experience of joint services is that human resources issues- such as different conditions of employment and pay- are much more significant issues than financial procedures. The national lack of cross referencing between the requirement to implement Agenda for Change in the NHS and Single Status in local government has only served to perpetuate these issues.

(R) How do you decide how much NHS resources will be transferred to councils in your partnership and how do you know that such money is being spend on mental health services rather than being diverted to other services provided by the council, such as education or housing?

Resource transfer is primarily agreed on the basis of jointly agreed plans to decommission inappropriate long stay hospital beds. The amount is determined by calculating the resources associated with the total cost of existing provision; the total resources that can be released by adopting the plans; and reaching agreement on the balance of those resources that will be invested in community based provision across both health and social work services. Joint financial frameworks are in place that reflect these agreements.

NHS Lanarkshire remain financially accountable for the use of resource transfer monies and the social work service deploys 100% of resource transfer for mental health on mental health services. The Audit Scotland report stated that levels of resource transfer in Lanarkshire were lower than the Scottish average. If so this is likely to be for two reasons. Firstly the historically low level of spending by NHS Lanarkshire on mental health services means there is proportionately less to release; secondly the rundown of large scale institutions preceded both the present Council and NHS Board. At one time Hartwoodhill Hospital was one of the largest psychiatric hospitals in Europe with over 2,000 patients but resources released in the early stages of decommissioning preceded Scottish (Office) guidance on resource transfer.

Whilst only a small proportion of North Lanarkshire lies within the boundaries of NHS Greater Glasgow & Clyde, there has been no additional resource
transfer from that Board for many years, despite the completion of large scale institutional closures.

(S) The Audit Scotland report highlighted that the total amount councils spend on MH services in unknown. How do you if you are meetings the needs of people with MH problems if you do not know how much you are spending on these services?

North Lanarkshire Council can clearly identify how much money is spent on specialist mental health services and on all other services, many of which support people with dementia or mental ill health in old age. Indeed many of our community care budgets are devolved to an individual level i.e. each service user. In any event how much is spent is not an indication of how much need is being met.

Historically, allocations of monies for mental health have largely gone directly from government to the NHS with the exception of relatively small amounts such as the former Mental Illness (later Health) Specific Grant, which was absorbed into mainstream budgets following the removal of ring-fencing. At the time of local government reorganisation in 1996, disaggregation of the grant was dispersed on the basis of where funded projects were, not on a proportionate basis to the new local authorities. North Lanarkshire’s allocation was a disproportionately low £502k. This was not uprated for inflation by the Scottish Office/Executive for a further ten years before increases were effected in later years prior to the ending of ring-fencing by the current administration.

Clearly, for mental health in its broadest sense, there are a whole range of initiatives funded by Councils relating to health and well-being that are designed to improve the mental health of our communities. It is not possible or appropriate to ascribe these costs directly to mental health. Furthermore spending on people with dementia is included in local government funding for older people so it is not possible to accurately disaggregate the proportion of spend on people with dementia or other mental health problems in old age. As we know many of the older people we support with a cognitive impairment do not have a diagnosis of dementia- recognising that there is now a HEAT target to increase diagnosis- so any attempt to identify a costed figure in this respect would be of little value.

(T) Over recent years more resources have been directed into community services. What information do you have on the cost of community services and the effectiveness of these services? How are you monitoring the shift of the balance of care?

North Lanarkshire Council is clear about the cost of all services it provides or commissions and uses this information to form judgements about best value. Many services are commissioned by specifying support in a highly individualised way, so that we know the exact costs associated with each individual.
In any (health and) social care system there are a wide range of needs and a wide range of costs. Commissioning for personalisation means that the cost is borne for one person at a time, at that point in time, not tied up in fixed costs associated with building based services and traditional ways of securing support.

As previously stated, most long stay in-patient care has been decommissioned and, in the case of North Lanarkshire Council, so has all residential care for younger adults with mental health problems (as well as people with learning disabilities). The Joint Improvement team have advised that our balance of care for older people is amongst the strongest in Scotland and there are implementing further proposals to shift it still further.