Public Audit Committee

Overview of Mental Health Services

Submission from South Lanarkshire Council

1. **Background information**

1.1 South Lanarkshire contains a range of communities from densely populated urban areas and large towns in the north to market towns and sparsely populated rural areas in the south and east. In 2008 the population of South Lanarkshire was estimated at 310,090, of whom 52% were women and 48% men. South Lanarkshire accounted for 6.02% of the Scottish population and is the fifth most populous local authority area in Scotland; however, as a result of its large rural hinterland it ranks 16th of the 32 council areas in terms of population density.

1.2 Of the total population 62.6% or 194,237 were aged 18 to 64 in 2008. This is marginally below the Scottish percentage in this age group of 63.2%.

1.3 The latest life expectancy at birth figures for South Lanarkshire suggest that for those born between 2005-07, the average life expectancy is 77 years – for men it is 74.4 years and for women 79.5 years. While these figures show an increase in years, life expectancy at birth in South Lanarkshire remains below the Scottish average.

1.4 In 2008, based on the Annual Population Survey sample, there were 81,149 people aged 16 plus with a disability or health problem that had lasted for more than one year in South Lanarkshire, of which 55% were Women and 45% Men. Of the 2008 total 42% (34,149) had an Organic illness, 27% (22,099) had a Physical Disability and 10,607 (13%) had a Mental health problem or Learning disability. Compared to Scotland as a whole, South Lanarkshire had relatively more of its long term sick/disabled with mental health issues, epilepsy, depression, learning difficulties, etc. - 13% against 11% - and slightly less with an organic illness (44% against 42%) or physical disability (28% against 27%).

1.5 The 2006 Scottish Index of Multiple Deprivation shows that 56 South Lanarkshire datazone areas (14% of the total) are in the 15% most deprived areas of Scotland. South Lanarkshire has the 4th largest number of employment deprived people in Scotland (26,270) and the 5th largest number of income deprived people (42,400).

1.6 The State Hospital for Scotland and Northern Ireland is located in South Lanarkshire and social work services are provided by South Lanarkshire Council under a service level agreement.
2. **Overview of Mental Health Service Provision in South Lanarkshire**

2.1 The geographical area of South Lanarkshire Council is not co-terminous with one single health authority. As a result, the Council requires to work in partnership with both NHS Lanarkshire and NHS Greater Glasgow and Clyde.

2.2 Community based services are provided through Community Mental Health Teams that cover four localities in South Lanarkshire as follows:

   (1) Clydesdale and Larkhall
   (2) East Kilbride
   (3) Hamilton and Blantyre and
   (4) Rutherglen and Cambuslang.

2.3 These teams are co-located services between social work and health and are well established with positive working relationships. The Larkhall service is delivered from a separate location to the Clydesdale service but is managed by them.

2.4 The social work component of the service provides both an assessment and care management function, which works principally with individual service users with severe and enduring mental health difficulties; and the statutory mental health function provided by suitable trained and accredited mental health officers.

2.5 There is a shortage of suitably qualified Mental Health Officers (MHOs); therefore although they are locality based there is a rota to provide the service across the whole of the Council area. There is also mental health officer availability attached to the local Emergency Social Work Service.

2.6 There are social workers based in the local in-patient facility in Hairmyres Hospital.

2.7 A multi-disciplinary forensic team, which includes Community Psychiatric Nurses (CPNs) and one social worker, is based in the local courts.

2.8 In addition the local authority provides its own day support service in the East Kilbride area and commissions similar services from the third sector in the rest of the Council area. We also commission a crisis response service, housing with support services, supported accommodation and job coaching/employment training services.

2.9 The Council supports financially local user and carer services and commissions advocacy services.

2.10 The Health and Care Partnership, which includes both South Lanarkshire Council and NHS Lanarkshire, is developing, as part of the Community Planning activity, an active response to the wider mental health agenda.
through activities associated with Choose Life, With Inclusion in Mind and Towards a Mentally Flourishing Scotland.

2.11 There is a Joint Services Mental Health Strategy Group that has the strategic overview of joint services and considers the joint implications of any new developments.

2.12 NHS Lanarkshire has established a Mental Health Improvement Board to oversee health development. South Lanarkshire Council have a standing invitation to attend and participate in this forum.

2.13 In the Rutherglen/Cambuslang area secondary services are provided by Greater Glasgow & Clyde. Partnership arrangements are less formally managed and meetings are arranged to deal with specific issues.

2.14 In general terms we would make the comment that joint work has been affected by the historically low investment that there has been in mental health services in Lanarkshire. Both the Councils and NHS Lanarkshire have had to manage a situation where there was a low level of spend and most developments have had to be managed by shifting resources from hospital to the community.

2.15 From a Council perspective, we believe there is a high proportion of investment tied up in traditional hospital based services and that greater flexibility and opportunities would be created by shifting the balance of care to a community model.

3. Accessibility of Mental Health Services

a) What targets have we set for accessibility to services (including waiting times) and the quality of services in their area?

(1) For social work resources there are local authority core standards which are applicable across operational services including mental health.

(2) There are additional targets and standards which are statutorily determined by the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 which are further supplemented by National Standards for Mental Health Officer Services.

(3) Contract Compliance systems, which include linked Evaluation Officers, are in place with contracted providers of mental health services to ensure best value and quality assurance. These services, together with our own day service, are registered with the Care Commission.

b) What action are you taking to address services with long waiting times?
In general, there is no waiting time for access to the statutory service. There can however sometimes be a delay in dealing with private applications for AWI.

In relation to the ongoing support needs for individuals with mental health difficulties, there can be delays as a result of the low level of investment in mental health services leading to funding constraints.

c) **What are the current issues affecting vulnerable groups in your area – children and adolescents; minority ethnic groups; prisoners and ex-offenders; older peoples dementia or Alzheimer’s disease.**

(1) Children and Adolescent Mental Health (CAMH) Services are under-resourced. Comparative studies of CAMH services across Scotland indicated that Lanarkshire is among the lowest funded per capita although a development plan is in place and has been reported to the children’s services strategy group.

(2) Consultant Psychiatry vacancies within the CAMH service continue to create challenges. NHS Lanarkshire has successfully recruited 2 locum psychiatrists and a substantive psychiatrist to vacant posts. One commenced June 2009 and two will commence in September 2009.

(3) Central funding has enabled the creation of a third Clinical Associate Psychology post in the Primary Mental Health Team. In Tier 3, the longest waiting time to access a service is now 22 weeks.

(4) Some investment to support the Learning Difficulties team has been made and resulted on the appointment of an additional psychologist and two part-time psychiatrists.

c) **What are the current issues affecting vulnerable groups in your area – children and adolescents; minority ethnic groups; prisoners and ex-offenders; older peoples dementia or Alzheimer’s disease.** (Cont.)

(5) Approximately 1.1% of the population within South Lanarkshire are from black and minority ethnic (BME) communities. There are differences across ethnic groups in terms of health and the type of care and support which is required. Research also suggests that the impact of ageing in terms of health and support needs happens at a relatively young age among many minority ethnic communities. There are no specific services for the minority ethnic population and we need to be more proactive in understanding what services are required. All services require to be provided in ways that are culturally sensitive and appropriate.

(6) The forensic court service allows early identification and assessment of some vulnerable individuals and access to appropriate services. The MAPPA arrangements for high risk offenders include health and
this has improved access to services significantly. There are still challenges in engaging with the appropriate service for lower level offenders and particular issues for those deemed to have a 'personality disorder'.

(7) Although the reduction of numbers at the State Hospital is welcomed, there is a concern that this comes with no additional investment in community based services to ensure that individuals receive services appropriate to their level of risk.

(8) There is a gap around Alcohol Related Brian Damage (ARBD) where there is no defined service except in Glasgow. ARBD is a growing challenge within the community.

(9) In 2008, 51,169 (17%) of the South Lanarkshire population will be aged over 65 years. By 2016, the proportion of the population aged over 65 years is expected to have increased by 8,784 (17%) to a total of 59,953, which represents 19% of the South Lanarkshire population.

(10) The mental health of older people aged over 65 years in South Lanarkshire is expected to deteriorate by 2016 with an additional 582 individuals (7%) likely to experience acute stress or psychosis. The number of people suffering from dementia within South Lanarkshire is expected to increase significantly in the next two decades.

(11) In relation to older people’s service the gaps are around resources to determine capacity timeously. The focus of dementia services is primarily weighted towards dealing with physical need.

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

(1) The current levels of service for vulnerable groups are not adequate. Additional levels of investment are required if improvements are to be made.

**Delivery of Mental Health Services**

e) What is your performance against the four National targets for mental health?

(1) These are largely health focused targets and are best addressed by NHS Boards. We would make the comment that as they are constructed they don’t help support partnership working. They focus on health related services and therefore the drive to achieve targets is focused on health related activity.

(2) This can in fact be to the detriment of joined up working, shared prioritisation, development and improvements in not only the quality
of services delivered but also in maximising workforce capacity across agencies and/or services to ensure best value.

f) How helpful do you think these four targets are?

(1) The four national health targets for mental health are unfortunately too focussed on NHS services and the drivers to achieve targets can in fact be to the detriment of joined up working, shared prioritisation, development and improvements in not only the quality of services delivered but also in maximising workforce capacity across agencies and/or services to ensure best value.

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.

(1) South Lanarkshire is an active member of the national Choose Life network. The objectives of the network are to:
- promote suicide prevention;
- support staff to build skills;
- develop training;
- encourage people to seek help early;
- improve knowledge and awareness of 'what works' to prevent suicide; and
- encourage partnership working and improved co-ordination between services.

(2) The Choose Life Partnership reports through the Health and Care Partnership to the Community Planning Partnership. Annual reports are submitted to this partnership board to assess progress which is monitored on a more regular basis via a dedicated Steering Group. The Council has a dedicated budget to support the Choose Life agenda, including a full time co-ordinator’s post.

(3) A recent report analysing local suicide statistics demonstrated that there is an overall downward trend in suicide in South Lanarkshire. However, we are acutely aware that the current economic recession will result in raised levels of stress and may heighten the risk of suicide in some groups. There have been a number of discussions between local partners including NHS Lanarkshire, South Lanarkshire Council’s Employability team and Job Centre Plus to look at ways of supporting people who are experiencing stress and poor mental health as a result of job loss or financial difficulty. This work has been included in supporting documentation for the Partnership Single Outcome Agreement (SOA) which concentrates on the “Economic recovery” theme.

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. (Cont.)
The Local Action Plan has recently been revised and updated to reflect emerging local priorities and build on workstreams which started under the previous action plan. The Plan is built around the themes of prevention, intervention and post-vention, and focuses on the following key areas:

- Inequalities, diversity and BME communities
- Self harm
- Communication and awareness raising
- Using culture and the arts to support positive mental health
- Improve available data and intelligence
- Training
- Rural communities
- Early years
- School age children and young people
- Working age people
- Older people

Some of these headings will involve work that has a direct bearing on suicide prevention, intervention or post-vention. Others will involve ensuring that we influence other key strategy documents such as local implementation for the Early Years Framework and Equally Well, to integrate work to promote positive mental health and suicide prevention into a full range of workstreams. We have also taken steps to build relationships with a number of community planning themes including the Community Safety Partnership and Youth Partnerships.

The Council’s Corporate Training team supports the administration of Applied Suicide Intervention Skills Training (ASIST) training for all partners in South Lanarkshire. We currently run 1 ASIST course each month in South Lanarkshire and these courses are open to all statutory partners, voluntary sector agencies and members of the public.

SafeTALK is being offered to South Lanarkshire schools who signed the See me pledge in April 2009, and there are plans to develop a more comprehensive SafeTALK training programme in 2010 to extend the reach of suicide prevention training to a wider range of staff.

The Council participates in the national campaign to promote Suicide Prevention Awareness Week. We also work with partners to promote mental health awareness annually each October. Further work is undertaken with the Community Safety Partnership to raise awareness of specific issues as part of the Safer South Lanarkshire Campaign which runs over the Christmas and New Year period.
h) There has been a four fold increase in the prescribing of anti-depressants since 1993/94. What is the prescribing policy in your Board area, and how is it monitored?

(1) From a Social Work perspective we are encouraged by the drive towards early intervention, alternative therapies and positive self help. It is as yet too early to say whether that has made a difference and indeed whether the most vulnerable groups are able to access alternative services.

i) What work are you doing locally looking at prescribing patterns to determine whether anti-depressants are being prescribed appropriately, and what other treatments are available to people with depression such as psychological therapies, increased social support etc?

(1) This is primarily a health issue. However from a Social Work perspective, we would suggest that the low level of investment in mental health services restricts the ability to be proactive and provide sufficient focus on the preventative agenda and alternative treatments.

(2) Existing contracted mental health services tend to be targeted towards those with severe and enduring mental illness and complex needs. Support to the broader primary care group is more likely to be picked up through generic services, the cost of which is difficult to quantify. There can also be particular challenges in different geographical areas.

(3) The capacity to provide increased social support is affected by the low level of investment.

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?

(1) For social work resources, services are monitored and reviewed on an ongoing basis by a range of mechanisms inclusive of data collection, evaluation, monitoring returns both local and national, contract compliance systems, performance management reports, IMPROVE (SLC performance management system) and SOA. Planning mechanisms to support monitoring and review include Joint Service Mental Health Management Group, the Service Improvement Board, Joint Service Mental Health Locality Groups, the Mental Health Collaborative (in development stage) and a range of performance and support forums for social work resources, there are however limitations in the extent to which all of these activities reflect the Partnership agenda.
(2) We have included three, high level, strategic indicators relating directly to mental health and well being in the Partnership SOA which was signed in July 2009. These are:
- Increase level of well being in the community as measured by the WEMWEBS scale;
- Reduce the percentage of adults who score 4 or more on the GHQ-12 scale to 13% by 2011; and
- Reduce the number of completed suicides by 20% by 2012/13 against the baseline, 2002-06.

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? (Cont.)

(3) The SOA sits above a number of supporting documents, one of which is the Joint Health Improvement Plan. Outcome 5 for the JHIP relates to mental health and well being. The overall outcome is “improved mental health and well being”. There are two measures used to identify progress against this outcome:
- Reduce the numbers of people taking prescription drugs for depression and anxiety (based on the HEAT target) and
- % adults self reporting positive mental health and well being based on the Residents’ Survey which takes place every three years.

(4) Ultimately the WEMWEBS measure will be used to assess community well being. This will be incorporated into the South Lanarkshire Residents’ survey which will next take place in 2010.

k) How does Partnership working in your area operate in practice, and how effective is it?

(1) At an operational level, there are some very good examples of Partnership working on the ground through the Resource Network and in the Community Mental Health Teams. There is also a Strategic Joint Services Group in place.

(2) There are areas where practice could be improved and more understanding perhaps from a medical perspective of where the social care agenda can fit in to contributing to improved Mental Health.

(3) There is a good commitment at the partnership level across a range of agencies and also effective involvement of users and carers in the process. However, as stated previously, the focus of health on
specific health focused targets is a barrier to some joint partnership working.

I) What Mechanisms do you have to deliver joined up services with clear referral processes for people with Mental Health problems?

1) All social work mental health staff, inclusive of Mental Health Officers are co-located with NHS staff in Community Mental Health Teams or hospital settings and operates as part of a single multidisciplinary team.

2) A budget is held by the Social Work Team Leader in each team to purchase services not directly provided by the teams and is accessible by all team members.

3) Outwith supported accommodation/housing with support services, mental health social care contracts have open referral systems for all disciplines within the teams on the provision of appropriate assessment/care plan information, with the expectation that the referral sources retain ongoing care management responsibilities.

4) As stated at paragraph 1.6, the State Hospital is supported by South Lanarkshire Council.

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?

1) The interface of mental health services within the prison are delivered and monitored via the Health Service.

2) If there were mental health issues for which the individual was receiving treatment, the forensic team would continue to provide support to the prison based health team to ensure continuity of care.

3) If the individual has not been assessed for mental health services at the Integrated Case Management (ICM) stage, the Throughcare Social Worker can make an independent referral to the community forensic team for assessment if there are perceived issues. Ongoing mental health treatment could be transferred from the prison psychiatrist to the community psychiatrist without Social Work involvement.

4) There are probably numerous individuals who are taking anti depressant medication which do not come to the attention of mental health services as their condition may be stable. If the person required additional supports in place social work would make appropriate referrals for example to Lanarkshire Association for Mental Health or the Scottish Association for Mental Health.
n) How do you work with Educational Psychology Services to ensure that any issues with Children's mental health are picked up in schools?

(1) Lanarkshire is a learning partner with the Scottish Government in respect of Getting It Right for Every Child which works across the spectrum of young people's needs, not just in relation to mental health. In this context, there are strategic links between health, education and social work services.

(2) At an operational level, work across Education and Social Work is strengthened by the local managers' groups who meet to ensure that the needs of young people are met earlier. There are less formal arrangements in place with health partners but Education and Child Care Social Work are part of the developing locality joint partnership arrangements between NHS Lanarkshire and South Lanarkshire Council.

(3) The Children and Young People team within NHS Lanarkshire, which works with accommodated children, completed a pilot in relation to foster carers and also provided training for residential staff. The aim was to support relevant carers and staff to identify issues.

Expenditure on Mental Health Services

o) How do you decide how much will jointly be spent on Mental Health services by the NHS Boards and Local Authorities in their Partnership?

(1) NHS Lanarkshire, NHS Greater Glasgow and Clyde and South Lanarkshire Council have separate budget setting processes.

(2) There are some joint service planning arrangements in place. The “Picture of Health” Strategy developed by NHS Lanarkshire led to a discussion about a Joint Strategy but the lack of resources to take this forward is a barrier to effective development.

(3) There are no formal agreements in place with NHS Greater Glasgow and Clyde.

p) Do you use pooled or aligned budgets to jointly manage Mental Health Services in your areas?

(1) For CMH teams the budgets are aligned. There is also access to budgets on a joint basis.

(2) There has been some limited joint investment in Forensic Services including the funding of a Social Worker in the court service as previously noted.
q) Are there barriers in the accountability of Financial procedures that you feel will prevent you from delivering better joined up services?

(1) NHS Lanarkshire, NHS Greater Glasgow and Clyde and South Lanarkshire Council remain accountable for their own financial procedures.

(2) There are different budgetary priorities and different internal procedures. Effective partnership working however requires more than uniform financial procedures.

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 spent on Mental Health Services rather than be diverted to other services provided by the local Council such as Education and Housing?

(1) NHS Boards remain financially accountable for resource transfer. The level of resource transfer is determined by the individual board and is linked to the specific service objective. It should however be recognised that in many instances the level of resource transfer was insufficient to cover the full cost of the alternative community based services.

(2) As part of the audit and accountability of resource transfer funding, the Council provides a quarterly statement to NHS Boards to support expenditure.

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 spent on Mental Health Services rather than be diverted to other services provided by the local Council such as Education and Housing? (Cont.)

(3) The Audit Scotland report stated that levels of resource transfer in Lanarkshire were lower than the Scottish average. Our understanding is this is largely explained through a combination of the historically low level of spending by NHS Lanarkshire on mental health services which means there is proportionately less to release and the rundown of large scale institutions which preceded both the present Council and the 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 and were at a lower level.

(4) For mental health services for adults, although resource transfer funding was attached to planning for specific individuals, the funding
has been used over time in relation to service design and been redistributed as appropriate.

(5) For mental health services for older people, resource transfer funding was linked primarily to the resource release achieved through bed closures that had already taken place.

(6) For South Lanarkshire residents who stay in Rutherglen and Cambuslang, services have traditionally come from NHS Greater Glasgow and Clyde. Since April 2009, primary care services including the CMHT are part of NHS Lanarkshire but secondary services including hospital care come from NHS Greater Glasgow and Clyde. South Lanarkshire Council received resource transfer funding from NHS Greater Glasgow and Clyde which allowed us to contribute to service design of community based services but have had no funding in recent years for the development of services.

s) The Audit Scotland report highlighted that the total amount Councils spend on Mental Health services is unknown. How do you know if you are meeting the needs of people with Mental Health problems if they do not know how much you are spending on these services?

(1) The Social Care Benchmarking exercise gave an estimate of expenditure on Mental Health services.

(2) The Council is able to capture the expenditure on adult mental health services. Where services are provided as part of a generic response, it is more difficult to separate and quantify the cost of the mental health service element. An example of this would be services to older people with dementia. Similar examples can be evidenced within Children and Family and Justice Services. Therefore the total Council expenditure on mental health services is likely to be understated.

s) The Audit Scotland report highlighted that the total amount Councils spend on Mental Health services is unknown. How do you know if you are meeting the needs of people with Mental Health problems if they do not know how much you are spending on these services? (Cont.)

(3) Total expenditure on mental health services provided by South Lanarkshire Council, including the State Hospital, is at least £7.832 million. The total amount of resource transfer funding is £3.850 million. The balance of £3.982 million is met within the Council’s own resources.

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 effective of these services? How you are monitoring the shift and balance of care?
The Resources that have been transferred have in effect been ring-fenced to provide services for those with mental health problems.

Apart from the statutory mental health service and the assessment and care management service, other support services are provided primarily through commissioned services which have clearly defined outcomes which measure effectiveness. The activity looks at the presenting need and how the response is met. These contracts are monitored on a quarterly basis with financial reconciliation at the end of the year.

It should be noted that budgets which are not ring fenced may be subject to efficiency savings.

Within the Lanarkshire area our view is that there has been an insufficient level of investment.

Improved resources would help to create more opportunities to promote more effective strategic and operational partnership working.