

**ANGUS COUNCIL**

**SOCIAL WORK COMMITTEE .....19th August 1997**

**REPORT BY THE DIRECTOR OF SOCIAL WORK**

**ANGUS MENTAL HEALTH STRATEGY  
PHASE ONE IMPLEMENTATION**

**ABSTRACT**

This report provides members with an update statement on the development of the Angus Mental Health Strategy. The joint summary report provided as an appendix to this report outlines the key elements of the strategy which are being taken forward as a first phase in implementing the strategy.

**1. RECOMMENDATIONS**

It is recommended that the Social Work Committee:-

- a) notes the contents of this report;
- b) authorises the Director of Social Work to proceed with the implementation of the strategy;
- c) notes that further detail on the proposed structure of future services and costings will be integrated into the Community Care Plan, which will be presented to Committee in October.
- d) notes that a detailed report on the first phase of the implementation will be provided to Committee by the Director of Social Work in January 1998.

**2. INTRODUCTION**

Members will recall a report which was submitted to the Social Work Committee on 16th April 1996 (Report No. 204/96 Refers), which advised members of the publication of the draft Mental Health Strategy documents and provided them with copies. The report last year emphasised the development of local community based services which would enable a range of integrated primary, secondary and specialist health and social care services to be provided.

It was noted that in moving towards these community based services any moves away from current services would not take place until the appropriate community services are in place.

Members were advised in April 1996 that the draft Mental Health Strategy was being issued for consultation. As part of the consultation programme a seminar was provided for members on 3rd July 1996.

Since that time the strategy has been taken forward to an implementation phase with several project groups preparing proposals for the structure of services which will take forward the principles outlined in the draft strategy. This has involved detailed work and close inter-agency collaboration.

On a national level during this time the Scottish Office issued a draft Framework for Mental Health Services in Scotland. The joint response to that document from Angus Council Social Work and Housing, Tayside Health and Angus NHS Trust was submitted to committee for approval in February 1997 (Report No. 225/97 Refers).

Members will recall that the joint response noted that the approach being taken in Angus in developing the Mental Health Strategy was entirely consistent with the draft framework document. To date a final document has not been issued by the Scottish Office.

### **3. IMPLEMENTING THE ANGUS MENTAL HEALTH STRATEGY**

The work of the project groups to date was reported to the Joint Commissioning Group on 22nd July 1997 and it was agreed that various strands of the strategy could be taken forward as a first phase of implementation. In order to progress this further the project groups have been remitted to conclude more detailed work in order that the joint project managers can effect the new service developments.

The report provided as an appendix to this report summarises the main elements of the strategy which can now be taken forward.

Further details will be integrated into the Community Care Plan which will be presented to Committee in October.

It is proposed that a more detailed report is presented to Committee in January 1998 which will outline amongst other things team structures and resettlement proposals however, in the meantime implementation of elements of the strategy will be progressed in this calendar year.

**4. FINANCIAL IMPLICATIONS**

There are no financial implications arising directly from this report.

**5. CONCLUSION**

This report has outlined for members the process taken in developing the Angus Mental Health Strategy. The appended report provides a summary of the proposals which can be taken forward in the first phase of implementation of the strategy.

**6. CONSULTATION**

The Chief Executive, the Director of Law and Administration, the Director of Finance and the Director of Housing have been consulted in the preparation of this report.

W B Robertson  
Director of Social Work

Note: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.



# ANGUS MENTAL HEALTH STRATEGY : PROGRESS REPORT

## BACKGROUND

Care in the community has been identified as a national priority for health, social work and housing agencies, and within Scotland mental health has been made a national priority for the Scottish Health Service by government ministers. Effective liaison between health services and local authority services in this area was seen as essential in the SHARPEN Report published in 1988 by the Scottish Home and Health Department. The Draft Framework for Mental Health Services in Scotland, issued in October 1996, re-affirmed these priorities and highlighted the need for health, social work and housing agencies to develop local strategies which reflected a joint approach to the planning, commissioning and provision of integrated, community based mental health services.

The Draft Framework for Mental Health Services in Scotland emphasises the need to develop community based services, and for these services to have a comprehensive range of functions, and to be fully integrated. It also stresses the need for local planning frameworks to involve all relevant stakeholders, and for agreed mechanisms to be developed locally for planning, commissioning, monitoring and reviewing mental health services.

The draft framework document is consistent with the approach which has been employed in Angus, to produce the local strategy, and to take forward work to effect change in service provision and to achieve improvements in services.

## INTRODUCTION

The draft Angus Mental Health Strategy (1996-2000) was issued in June 1996, and outlined a model for the future provision of services in Angus, to shift the balance of care to community settings, and to ensure the development of an integrated approach to service delivery.

Between June and July 1996 a period of consultation was undertaken, and since August 1996 further work has been completed, to produce a more detailed service framework, and to clarify what the core components of the future mental health service system should be, to meet the needs of the resident population in Angus.

The emphasis of the strategy has remained consistent, and focuses on the establishment of a range of accessible and comprehensive community services. As a result of the further detailed work undertaken on an inter-agency basis over the past year the organisational principles which must underlie the provision and delivery of co-ordinated mental health services have been agreed, and proposed timescales for implementation have been produced.

## PROPOSALS

In accordance with the proposals contained within the Draft Mental Health Strategy for Angus, and the National Framework for Mental Health Services in Scotland, it is considered essential that a robust infrastructure of community mental health services is in place before any changes are made to the way in which traditionally hospital based services are provided.

Following extensive consultation on the draft Strategy, inter-agency project groups were established, and these groups are currently engaged in formulating detailed operational plans for implementation of the community service components of the Strategy. Responsibility for managing the work of the project groups is jointly shared between social work and trust managers with overall leadership for developments being ascribed to Social Work for services for older people with mental health problems and people with dementia, and to the NHS Trust for services for adults under 65 with mental health problems.

It is proposed that implementation will be effected in two phases, the first being the establishment of multi-disciplinary community health teams and related services, such as day care, recreational and employment opportunities, together with the resettlement of some longstay patients into appropriate community settings. The second phase will address the development of locally based acute and rehabilitation services, linked to the commissioning of Community Resource Centres.

The framework for implementation of the first phase will be focused on existing NHS Trust and social work boundaries in Angus, creating three Management Centres for the purpose of delivering fully integrated community mental health services. Community mental health teams will be established in each of the centres, with assessment and treatment functions and to provide longer term support to adults aged between 16 and 65 with mental health problems, and to older people with mental health problems or dementia. It is proposed that the integrated multi-disciplinary model envisaged for the teams will be reflected in the management arrangements with shared opportunities for leadership roles, jointly developed procedures and protocols, and flexible opportunities for attachments, secondments and shared training. Within the service structure being developed, there will be emphasis on facilitating local links and working arrangements with primary care by means of outreach services or attachments of team members to individual GP practices.

Joint working has already commenced with the secondment of a charge nurse and a care manager to jointly assess the community care needs of individuals who are currently permanent residents at Sunnyside Hospital. This process has identified the potential for 68 long stay patients to live in a range of more appropriate community settings, from highly staffed, nurse managed units, to sheltered housing with skilled social care support.

It is proposed that resettlement will be effected over a three year period utilising resource transfer to commission care services from existing local authority, voluntary

and private sector providers, and to commission new services for those with more complex needs.

Underpinning the work of the service-based project groups is that of the Human Resource Group which is providing a strong lead on all issues relating to staff, such as conditions of service, consultative procedures and skills and training requirements, and this group will provide an Action Plan to complement the work of the service development groups.

Also crucial in monitoring and informing the work of the service development groups is the role of the External Reference Group, which provides an influential forum for service users to contribute to determining the future pattern of services and to ensure that implementation of the strategy sustains its commitment to being user-focused and needs-led.

## CONCLUSION

Timescales for formal submissions of implementation reports, will be determined by the Joint Commissioning Group. It is proposed that revised reports from the project groups will be presented to the Joint Commissioning Group over the next three months. It will therefore be feasible to present a more detailed report outlining team structures and proposals for resettlement with costings by January 1998. It is however intended that implementation, where possible, is progressed during this calendar year.

30 July 1997  
IC/GM/PW

