

MENTAL HEALTH SERVICE

1.0. Introduction

1.1. 2015 / early 2016 actions

In December 2015 Tynwald unanimously voted to support the Strategy for Mental Health and Wellbeing which outlines the delivery of comprehensive, Island wide, Mental Health Services.

The values and principles underpinning this new service keeps focus on recovery for individual users of the service and ensures we are supporting people to stay in their own home as an alternative to inpatient treatment whilst still receiving intensive therapy and support.

The development of a comprehensive project plan put many challenges to managers and staff in redesigning the service within a restrictive financial landscape. Our first year project plan (July 15 to July 16) was constructed to deliver:

- Review and assessment of the efficacy of what was currently being delivered
- What we needed to deliver in order to provide all the steps in the model
- How we would fill the gaps

This report to the Transformation Quality Committee, September 2016, aims to assure the committee and therefore the Departmental Board on the progress to date.

Project plans have been designed and are in place to cover a 3 year period. (July 2015-18) At the end of our three year cycle of implementation the expected outcomes will include:

- Greater customer satisfaction
- Less reliance by Personality Disordered individuals on inpatient services and more confidence to have a 'life lived' in the external world
- More early intervention at Primary Care level to capture those who need intervention in their own community and not in a centralised service
- More co-ordination with our colleagues and providers of social, children and general medical services
- Improved process and control management of the Service
- Motivated colleagues
- Educated colleagues

- Enhanced information systems
- Monitored progress
- Increase financial usage

Our initial discussions across all staff groups identified some strong themes such as:

- It is fundamentally wrong and of no use if the Senior Management of the service keep the objectives in their cupboard and guard them like the Holy Grail
- Feedback is essential and should be ongoing and informative to all patient/carer/staff groups

We believe we have made headway in bridging these themes, but are very far from getting the totality of the story of the new Mental Health Service (MHS) across to our customer, carer and staff base and the coming years' targets include improving communication of our plans and problems and gaining wider contribution by our communities.

Throughout the last financial year we have delivered a series of presentations detailing the strategy to:

- Carer groups
- Staff groups, including electronic circulation to every member of MHS staff
- Executive groups
- Departmental groups from Department of Home Affairs (DHA)
- Easy read versions for those in need of such

In June we provided multi-agency training - "Understanding Roles" attended by 30 professionals from the MHS, Ambulance, Police and Noble's Hospital. This was a starting point for staff groups in DHSC and documented feedback was universally positive.

We have a further event planned for October 2016 this year with plans to offer 6 monthly thereafter.

Public, patient and carer involvement is being addressed through corporate forums attended by our Professional Leadership Team (PLT). A draft strategy is now in place.

The PLT's draft Service Delivery Plan was presented to the Patient, Safety and Quality Committee on 6 July 2016 and we are awaiting comments.

The MHS Public/Patient/Carer Steering Group, whose membership includes representatives of all operational areas and service users/carers, has now been established. This has elected two sub groups, one looking at public, patient and carer information and another looking at developing a standardised system of public, patient and carer feedback.

2.0. Reconfiguration underpinning strategy

In order to deliver the service effectively it was necessary to change the management structure from *figure 2* to *figure 3* (completed in 2015) and then further develop the MHS Board to include a quarterly Mental Health Partnership Board whose membership includes Chief Constable, Director of Prosecutions, Prison Governor, Head of Social Care, Director for Adult Social Care, Chief Social Worker for Children and Families along with key member of

the MHS service able to drive forward a more collaborative approach to working with mentally ill people who cross the service boundaries.

Figure 2

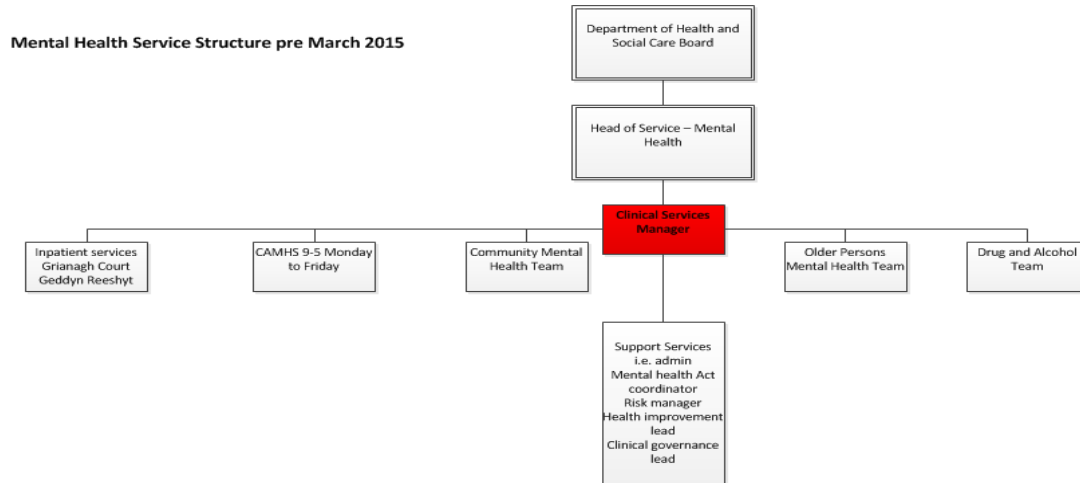
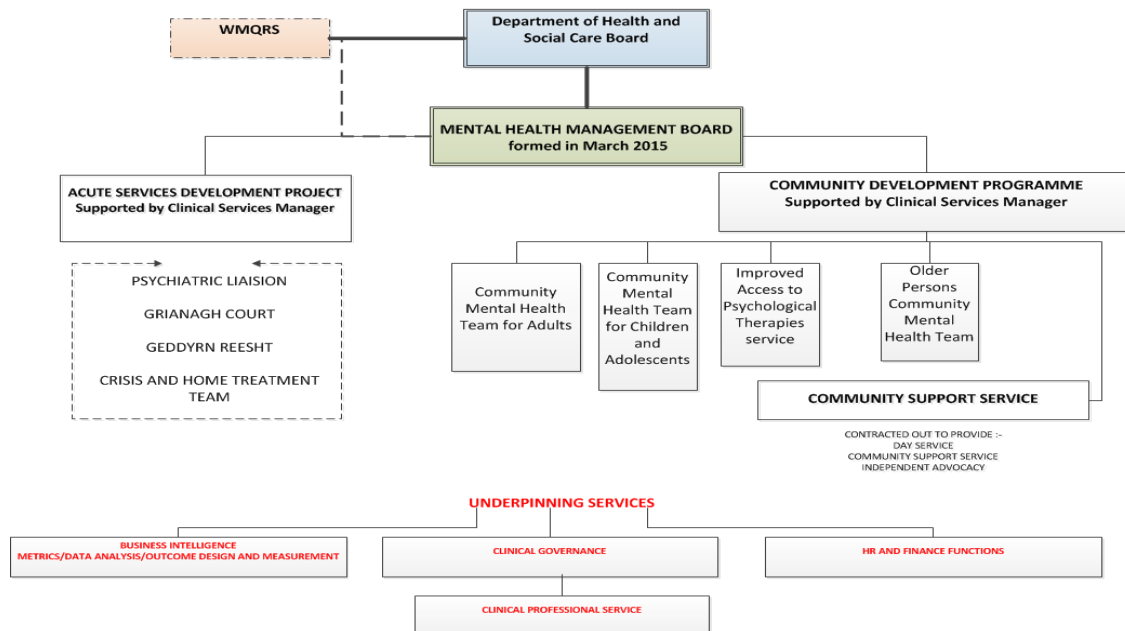


Figure 3 – new structure post March 2015

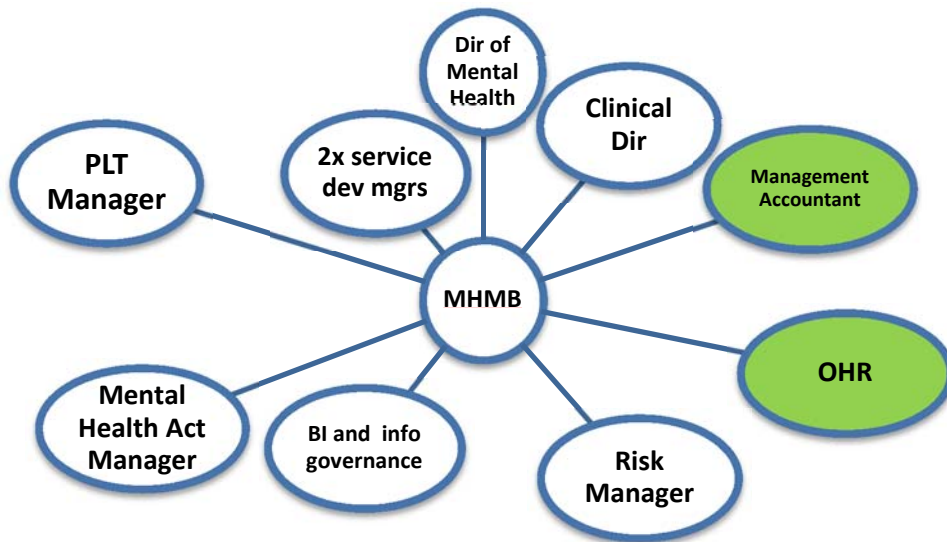


By making these radical changes at the outset we opened the board to a broad membership ensuring we were not reliant on any one individual to drive forward the strategy in a uniform way to staff/patients and carers.

As a Board we freely acknowledge we have not fully achieved this change but after one year can see that we are making progress in the levels of communication, albeit noting that we have a problem at middle management level where sometime managers do not inform staff in their regular business meetings of changes and projects in the way we had expected. This coming year we are looking at way of addressing this.

The Mental Health Management Board is made up of the following internal and departmental wide roles, operating as does any other Board, by holding responsibility for the financial, operational and quality provision of the service with the Director of MHS being the accountable individual as a member of the Department wide Board.

Board Membership



Additional attendees are MLC, Mr Michael Coleman and Health Services Consultative Committee (HSCC) member, Dr Malcolm Norris.

In order to assure ourselves we are implementing in a consistent way, we agreed the use of a single management model in the form of Adairs.

In using this model we have full command of three core management responsibilities across the Board and the Operational Managers team.

- ✓ Achieving the task
- ✓ Managing our teams /groups
- ✓ Managing individuals

The tasks were broken down into:

- The responsibilities as a manager to achieve the task:
 - Identify the aims and vision for your group
 - Identify the resources needed
 - Create your plan
 - Set your standards
 - Control and maintain the activities of your areas plan
 - Monitor performance against your area plan
 - Report on the progress of your area towards to divisions aims
 - Review, reassess, adjust the plan, methods and targets as necessary

- The responsibilities as a manager for your group:
 - Establish, agree and communicate standards of performance
 - Establish style and culture
 - Monitor and maintain discipline
 - Anticipate and resolve group conflict
 - Assess and change as necessary the balance and composition of the group
 - Develop team working
 - Encourage your team towards objectives and aims and motivate
 - Identify and development project leadership within your group
 - Ensure effective communications within your group (if you don't know ask!)
 - Identify your group training needs
 - Give feedback – good and bad to the group on overall progress – tell it like it is

- The responsibilities as a manager for each individual:
 - Understand the team members as individuals
 - Assist and support individuals
 - Identify and agree appropriate individual responsibilities
 - Give recognition
 - Reward where appropriate
 - Utilise individual colleagues capabilities
 - Train and develop people
 - Develop individual freedom and authority.

3.0. Implementation to date

3.1. Financial: including return on any investments made by Treasury/Department

The financial position of Mental Health as at 30th June 2016 shows an underspend of £130k (3%) against an agreed budget of £4.5m.

Individual variances by cost centre are provided along with a monthly comparison of total spend against budget.

Reasons for Underspend

Expense Type	YTD £'000				16/17 £'000
	Actual	Budget	Variance	Variance %	Budget
Employee Costs	3,443	3,418	(25)	(1%)	13,674
Salaries (inc NI & SA)	2,975	3,234	259	8%	12,937
Overtime	115	22	(94)	>(100%)	87
Agency	325	113	(212)	>(100%)	451
Other (inc training & travel)	28	50	21	43%	198
Contracted Services	869	962	93	10%	3,871
Current Contracts	250	226	(24)	(11%)	928
Day Service Contract (Additional)	0	75	75	100%	300
Nursing Care	100	181	81	45%	725
UK Placements	518	479	(39)	(8%)	1,918
Other (Supplies, Infrastructure etc)	87	149	62	42%	1,057
Grand Total	4,399	4,529	130	3%	18,602

The following costs are not reflected in the above figures:

- June Agency Invoices, Grianagh Court – Approx. £34k
- May & June Agency Invoices, Psychiatry – Approx. £50k
- Q1 EMI Nursing Placements - £82k

Taking these into account the current YTD position would be an overspend of (£36k), (1%).

However this figure also includes the costs of treatment being held by DHSC for the prisoners in treatment in the UK. Which are forensic placements projected to cost circa £600k in this financial year.

3.2. Forecast

An initial full year forecast has been prepared which projects the division to be on budget with a hike in costs in Q2 whilst a block contract provision is secured along with other initiatives that should reduce expenditure towards year end, ameliorating any recorded overspend in Q2.

Our projections include absorption of costs for the new day care contract, the cost of CAMHS staff once the HIF funding runs out, contract cleaning for the Community Health Centre and current committed costs for off Island placements (excluding forensic cases).

There are risks to this forecast and it will require further updates once cost avoidance measures are realised, particularly relating to a block contract for off Island placements and changes in medical staffing which will positively affect the use of agency.

Block contracting off Island placements:

A MHS performance management team visited St Andrews Healthcare to quality check services prior to possible block booking of beds to meet the need for Out of Area Treatment (OATs). Their Service was found to be excellent, supported by CQC reports. Treasury approved an FD8 waiver for 18 months to run this pilot. The contract began on 1st September 2016.

Police and Criminal Justice development:

- Police Standard Operating Procedure between MHS and Police Service is in final draft following scrutiny by Attorney General's Office (AG's) with a plan to present to the Mental Health Partnership Board in November 2016).
- We have seen significant increase in the use of forensic sections of the Mental Health Act necessitating off Island placements. 4 prisoners are currently residing in UK specialist units for the assessment and treatment of forensic patients.

This process is resource intensive given legal demands, MOJ requirements and challenges in facilitating safe conveyance. Our intention is to develop a forensic pathway/service to ensure appropriate funding stream and best practice/consistency in approach across DHSC and other Departments process and funding sits outside existing OATS policy; however the quality component of any off Island placement is scrutinised by the MHS Professional Leadership Team.

- A series of meetings with the AG's chamber underway in order to clarify legal pathway/process that would underpin joint policy between DHSC and DHA.
- We are presently liaising with an IOM Constabulary Inspector responsible for custody in order to scope potential demand/resource implications with a view to establishing a pathway for early intervention between custody and DAT. This proposal has been well received by the judiciary.
- A tailored MH Awareness training package amended from a UK version sees DHA based training available for prison staff at significantly reduced cost to the DHA compared to UK providers.

Child & Adolescent Mental Health Service (CAMHS)

	2016/17	2017/18	2018/19	2019/20	Total Cash Outlay
Investment Value (£) – Capital	£0	£0	£0	£0	£0
Investment Value (£) – Revenue	£144,200	£0	£0	£0	£144,200
Available / Committed Funding	£0	£0	£0	£0	£0

Benefit – reduction in UK placement*	£147,562	£147,562	£147,562	£147,562	£590,248
Benefit – reduction in Nursing costs**	£197,568	£197,568	£197,568	£197,568	£790,272
Total Financial Benefits	£345,130	£345,130	£345,130	£345,130	£1,380,520

We have been supported by Treasury from the Health Improvement Fund for the amount needed to introduce a wraparound service for CAMHS. The total amount provided was £144,200. From 2017/18 onward this funding will be picked up from within MHS using monies gained from the further reduction in off Island placements for children with mental health problems. This will be supported by a proposal that we find 4, CAMHS Step 3 ½, beds (intensive short term support) within the Manannan Court inpatient complex which is due to open early 2017.

Financial support for new innovations

We are to provide an Island wide service for individuals' referred from the Community Mental Health Service for Adults (CMHSA) with complex conditions including Personality Disorders. This service will provide a step up/step down delivery designed to support individuals' in the community and avoid admission to inpatient services. This will also facilitate early discharge from hospital for 18-65 year olds (flexible around specific needs of the individual) and provide a base for the management of personality disordered individuals in the community, aimed at ensuring only short term admission to crisis beds are provided once Manannan Court is opened in 2017.

Our budget forecasts the need for a further £230k to supplement the existing funding for support services in order to provide a physical base and improved service from which to deliver.

However in 2016 we have mapped out a possible way (if it meets with Departmental approval). We may be able to use existing facilities by relocating other provision into the empty Grianagh Court, and using the Westmoreland Road base for the Day Service. If this comes to fruition then we will save the £230k from the forecast budget.

Training initiatives designed to underpin strategy implementation:

- Training dates offering two days DBT group skills are now arranged for July and October 2016.
- 7 staff have now been interviewed and allocated to complete the DBT Intensive training with DBT British Isles in November (5 days) and April (5 days) paid from within our current training budget.
- 2 day training on Dialectical Behavioural Therapy (DBT) suicide prevention / self-harm to commence July 2016.
- DBT training is the focus for the Training Budget this year so we have all staff trained ready for the Personality Disorder Pathway as this is our main risk area.

We have moved two Inpatient Consultant Psychiatrists to community posts in order to strengthen the community team and enable more patients to be discharged early from the ward areas and still be under the care of a Consultant Psychiatrist. One of these Consultants is a DBT trained therapist and will take up the Personality Disordered patients who may have had short term crisis admissions to the ward areas.

We are now able to offer group therapy in the community to support this difficult cohort.

Improvement in our internal processes and data management

We are engaged in the development of:

- A minimum data set for MHS identifying minimum activities per function across the service
- The Identification of duplicate activities across all functions
- The alignment of processes to the right area of the service (e.g. Out of Area Treatment budget allocation and process for assessment etc)
- The process bottlenecks that cost the organisation money or time
- A process automation map

Learning and growth

Through workforce planning processes our plans for 2016/17 must answer the following questions:

- Is there a correct level of expertise for the job we need doing?
- What is projected 2016-18 employee turnover
- What are the levels of job satisfaction? Where are they greatest and worst and why? (staff survey results and action planning)
- What are the training and learning opportunities (Training Needs Analysis)