

## Greater Glasgow and Clyde NHS Board

### Board



Director of Public Health

Board Paper No.12/52

### **Update on progress with recommendations from the Director of Public Health Report: Keeping Health in Mind**

The NHS Board is asked to note progress on the recommendations from the report of the Director of Public Health on the mental health of the population of NHSGGC 2011-13

#### **Background**

This report focused on mental health because it is crucial to improving health and well-being, it takes a life course perspective.

Key themes of the report

- The importance of supporting parents in their vital role of bringing up healthy, confident children
- Inspiring hope, respect and aspiration in our population
- Releasing and fostering a person's capacity to heal and care for him or herself
- Radical and effective action on alcohol and drug misuse in our population
- Developing and nurturing integrated service provision
- Giving more control to communities to create healthier environments in which to live.

The aims of the report were to put mental health into perspective and take a life course approach from early years to older people. It highlighted the work of NHSGGC and its partners and placed emphasis on early intervention, resilience and assets approaches to support the promotion of positive mental health.

This interim report describes progress with recommendations in five sections which reflect the Chapter headings of the original report:

- Mental Health is important
- Early years
- Children and young people
- Mental health and well being of adults
- Older adults

The Director of Public Health will submit the next biennial report (2013-2015) to the NHS Board in autumn 2013. The report will look at poverty and health inequalities across the generations. A further update of the recommendations reported here will be included.

<b>Mental Health is Important</b>
<p><b>Recommendation</b> Public sector agencies need to widen awareness of mental health issues. We need to better understand what promotes resilience in coping with life's difficulties as well as enabling access to quality services.</p>
<p><b>How is this being achieved?</b></p> <p><u>Community Health (Care) Partnerships CHCPs</u> In line with guidance offered by the "No Health Without Mental Health" strategic framework for mental health improvement, planning structures such as CHCPs are building comprehensive responses to the challenges of mental health and mental health improvement.</p> <ul style="list-style-type: none"> <li>• <b>Progress so far</b> A range of multi-agency mental health improvement plans are now in place, backed up by development processes and partner engagement work. This is backed up by specific dimensions such as Choose Life planning groups focused on suicide prevention, the NHS GGC-wide Anti-Stigma Partnership and a raft of work on child and youth mental health.</li> </ul> <p><u>Young People's mental health</u> In August, 2012 the Child and Maternal Health Strategy Group agreed the framework for promoting young peoples mental health. Action plans are being implemented; exploring social media as a means of connecting with young people on mental health issues, services for self referral, and school and community services to build resilience. The second phase of the Talk 2 service which enables parents to seek advice on how to broach sexual health issues with their children has been launched,</p>
<p><b>Recommendation</b> The determinants of mental health problems are wide-ranging and include influences at all stages and aspects of life such as early life experiences, environment, employability, income, relationships and lifestyle. Mental health improvement needs to be included in all plans, strategies, policies and service designs, to understand and account for the needs of all age groups and to recognise the influence of inequalities.</p>
<p><b>How is this being achieved?</b></p> <p><u>Planning</u> There is significant focus on mental health across a wide range of planning arenas; the perinatal area, school nurse review process, child and maternal health planning, the Glasgow City Health Improvement Strategy development.</p> <ul style="list-style-type: none"> <li>• <b>Progress so far</b> Mental health and mental health improvement feature in a wide range of plans across multiple structures and life-course, and are a regular feature on agenda of senior planning groups (e.g. Heads of Planning special feature, a dedicated session for the Partnership Directors, multi-agency events such as in Inverclyde and East Dunbartonshire, and a Child Mental Health planning event and process in Glasgow City, as well as at NHS GGC level)</li> </ul>

### Employability

Employability has been a core activity of The Mental Health Services (MHS) for several years and NHS GGC continue to fund a range of mental health and employability services. The main aim of the funded services is to promote recovery and increase access to employability opportunities including paid employment for people with mental health issues through collaborative working with a range of voluntary and statutory organisations.

Service user/peer support group continue to develop a range of guidance on mental health and employability issues. They have recently launched a booklet 'Confidence in Disclosure' and describe experiences of people affected by mental health problems around disclosing relevant information to potential or current employers.

- Progress so far

Mental Health Strategy for Scotland 2012 – 2015

Commitment 29: 'We will promote the evidence base for what works in employability for those with mental illness by publishing a guidance document which sets out the evidence base, identifies practice that is already in place and working, and develops data and monitoring systems.'

The NHS GGC Health and Employability Steering Group are progressing the 'Health Works' action plan. This covers staff awareness of the impact of employability on health, the pathways for clinicians to refer patients for support and to develop the inclusion of 'meaningful activity' enquiry as part of specific assessment processes e.g. rehabilitation programmes, Keep Well. This work is now including our role as an employer; work has commenced on planning for 50 new modern apprenticeships to be taken on in 2013/14 and the formation of guidance on incorporating community benefits clauses more routinely with NHSGGC procurement processes.

### Financial Inclusion

The GGC NHS Financial Inclusion Steering group is providing the NHS connectivity to the respective partnership welfare reform and financial inclusion strategies through which we contribute. A series of partnership briefings have been organised; the impact of welfare reform on patient groups, continued referral of patients to financial advice services, and referral to 'healthier wealthier children' where these are in place.

### Community Planning

The wider work of partnerships and health improvement teams to reduce health and social inequalities takes place through local partnership structures such as community planning, economic, community learning and development, alcohol and drug and neighbourhood regeneration structures. All CHCPs are working with partners to produce new Single Outcome Agreements for 2013 and beyond in line with national guidance to Community Planning Partnerships. These plans will articulate the local effort to achieve the national outcomes for Scotland, inclusive of mental health and well-being.

- Progress so far

Although there is a strong body of work to mitigate the broader determinants of mental health the economic and welfare changes across NHS GGC are expected to overshadow many of the positive changes that are being generated.

### Recommendation

We need to ensure that public policies, spending decisions and service design, promote good mental health in the population and address inequalities in mental health.

How is this being achieved?

### Equalities-focused work

To ensure a robust focus on equalities and inequalities a body of work is promoted and

<p>facilitated through the Mental Health Services Equalities Development Group. This in turn links with community and hospital services across the system</p> <ul style="list-style-type: none"> <li>• Progress so far For equalities-focused work, examples include ensuring a regular programme of Equality Impact Assessments (EqlAs) are undertaken in the mental health and learning disability systems, and that learning from these assessments are shared. In addition, learning and skills development opportunities are regularly fed in from more community facing initiatives, such as the Sanctuary programme working with asylum seekers.</li> </ul>
<p><b>Recommendation</b> We need to promote the value of positive environments and of activities and experiences that can promote good mental health and wellbeing, particularly physical activity. Promising interventions should be submitted to rigorous evaluation.</p>
<p>How is this being achieved?</p> <p><u>Green Exercise Partnership</u> The Green Exercise Partnership is a national working group made up of NHS Health Scotland, Forestry Commission Scotland and Scottish Natural Heritage in conjunction with Health Facilities Scotland. The strategic objective of the group is to mainstream the use of the NHS estate as a health promoting asset to encourage greater use of the outdoors to promote better health and quality of life. It has produced a report which maps out how to implement NHS policy towards its green estate and is a tool to start discussion around action and investment towards environmental improvements to promote better usage of NHS greenspace at Gartnavel.</p> <ul style="list-style-type: none"> <li>• Progress so far Around Gartnavel Hospital, walking routes have been developed along existing footpaths. These are advertised on the hospital website</li> </ul> <p>SAGE (Sow and Grow Everywhere) in 2012 has been given a plot of land behind JB Russell House to promote the growing of fruit and vegetables in moveable plantars. The aim is to get patients, staff and local community people involved in the project.</p>

<p><b>Early years</b></p>
<p><b>Recommendation</b> We will continue to prioritise the implementation of the Triple P Positive Parenting Programme. We will work with existing parents groups and organisations to support engagement with Triple P groups. The introduction of a new universal contact at around 30 months of age will help us to engage families identified as requiring more support.</p>
<p>How is this being achieved?</p> <ul style="list-style-type: none"> <li>• Progress so far Over 20,000 parents have taken part in Triple P and an online version has just been started. The Third phase of the media campaign has commenced and a training needs analysis is being undertaken for 2013 onwards. Close collaboration with Health Visitors, education, Glasgow Life and the voluntary sector continues with the aim of increasing the reach of the programme.</li> </ul> <p>Baby Triple P is currently being provided as a trial. In addition, Baby Triple P and Mellow Bumps are being compared in a Randomised Controlled Trial. Parenting in pregnancy and early postnatal will be rolled out depending on the results of the trials.</p>

<p><b>Recommendation</b>  Integrated planning should include preconception counselling, contraception advice and provision for high-risk, vulnerable groups. This includes strengthening the role of health visitors and midwives working together to detect and support those with mental health problems in the early years. We will continue to support women at risk of poverty, gender based violence or who could benefit from employability advice by recommending sensitive enquiry in services.</p>
<p>How is this being achieved?</p> <p><u>Preconception service</u>  Since 1988 the Glasgow Women’s Reproductive Health Service (now SNIPS) has provided a medically led preconception service for vulnerable women and/or their partners. Care is delivered both within a hospital based obstetrically led clinic and (since early 1990s) within community health and social services both residential and non residential. The need for preconception care is well recognised within HIV services, to a lesser but increasing degree within addiction services but minimally if at all within mental health and/or learning disability services.</p> <p>Since 2004 the Glasgow Perinatal Mental Health Service (PMHS) has provided a preconception service for women with severe and enduring mental illness or those on complex psychotropic medication regimes. The uptake for this service has steadily increased in recent years but remains lower than expected.</p> <p>In the absence of preconception care, vulnerable women are given information about appropriate contraception usually at the antenatal booking visit but always within the first few attendances. The issue of reproductive planning is discussed regularly throughout pregnancy and women are offered (and usually accept) LARC which (since 1990) is initiated before postnatal discharge. A liaison service from the Sandyford Clinic to the PMHS inpatient mother and baby unit has been provided for the past 5 years, ensuring that all women are offered contraceptive advice or commencement before discharge.</p> <ul style="list-style-type: none"> <li>• Progress so far  The number of pregnant drug using women booked in SNIPS (together with the very small number of drug using women in mainstream) peaked in the mid / late 1990s. Since then there has been a steady decline in numbers by approx 2/3 to the current levels. This is in marked contrast to reports from other areas of Scotland as well as elsewhere in the UK. While a direct causal relationship with provision of effective contraception cannot be proven, anecdotal evidence indicates this has been an important factor.</li> </ul>
<p><b>Recommendation</b>  We need to raise awareness amongst all staff in contact with pregnant women of the harms caused by smoking and alcohol in pregnancy and the effectiveness of cessation support.</p>
<p>How is this being achieved?</p> <p><u>Smoking and alcohol in pregnancy</u>  The antenatal screening programme includes two screening questions on alcohol use in pregnancy. The vast majority of women who are screened deny any alcohol use at the antenatal clinic. A review of the screening results earlier this year led to a change in the recommendations so that all women, even those who are drinking within the Royal College of Obstetrics and Gynaecology’s (RCOG) guidelines are offered a brief intervention and a leaflet addressing alcohol use in pregnancy.</p> <p>All women who have a history of alcohol or drug misuse in the 12 months prior to booking or</p>

are exceeding the RCOG guidelines and are drinking first thing in the morning are referred to the Special Needs in Pregnancy Midwives for follow up.

### Smoking in pregnancy

- All pregnant women are carbon monoxide (CO) tested at antenatal booking whether they smoke or not. Standard of 97% has been set.
- Smokefree Pregnancy Service (SPS) activity and performance targets have been set.
- All midwives are given information sessions on how to use the CO monitor and how to raise the issue of smoking. Further training is planned in relation to raising the issue of smoking.
- Information for maternity staff on how to refer at other times through out pregnancy.
- Regular updates for maternity staff from the SPS Advisors and through SPS newsletter.
- All women who are CO tested and report as either currently smoking, ex-smoker in the last two weeks and a non-smoker with a CO >4ppm are automatically referred to the Smokefree Pregnancy Service. The SPS Advisors will call all referrals who have to opt out at this contact.
- SPS Advisors are delivering smoking cessation support within many of the booking clinics so clients are seen early and directly from the clinic.
- A communication plan is in place to promote the SPS with GPs and pharmacists within community venues. It is anticipated that pregnant women who smoke will know which services are available as early as possible in pregnancy, this will in turn reduce the number who report as smoking at antenatal booking.
- ASH project linking cessation support to money advice
- Progress so far
  - In April 2011 88% of all pregnant women were CO tested and from 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012 92% were tested. From May 2012 CO testing has been achieved at or just above 97%. This is the first time since the introduction of the target that this has been achieved.
  - Activity and performance targets for 2011 – 12 and for the first 6 months of 2012 – 13 have been exceeded.
  - Information sessions and three newsletters have been distributed to maternity staff.
  - There has been an increase in the number of midwives referring and the number of direct clinic referrals to the service.
  - 33 smoking cessation sessions are currently being delivered within 23 different hospital and community venues across GGC.
  - Between 1<sup>st</sup> April 2011 to the 31<sup>st</sup> March 2012, 13,101, 92% were CO tested, 2521 pregnant women who smoke were referred into the service, 1,665 were contacted by the SPS and offered help to stop smoking, 1372 arranged an appointment, 976 engaged with the service, 835 set a quit date and 297 were quit at 4 weeks (36%).
  - From 1<sup>st</sup> April to 30<sup>th</sup> September 2012, 7,033, 96.5% were CO tested, 1270 pregnant

women who smoke were referred into the service, 938 were contacted by the SPS and offered help to stop smoking, 780 arranged an appointment, 535 engaged with the service, so far 380 set a quit date and 154 were quit at 4 weeks (41%).

- SPS information is currently being disseminated to GPs, pharmacists and other community organisations and settings.

#### Alcohol & Drug abuse in pregnancy

Routine enquiry is now a part of the booking history for all pregnant women and the presence of specific questions within the hand held record prompts enquiry.

Core competencies have been agreed by an Academy working group. These will apply to all doctors, nurses, midwives etc and apply to trained staff and those still in training. This should help increase awareness.

- Progress so far  
Routine enquiry is recognised as essential. Questions are included in the hand held record. Further work is going on with alcohol brief interventions.

#### Recommendation

We should ensure that primary mental health services prioritise pregnant women and women with very young children in need. We must aim for fast track access to support with psychological therapies before or soon after their child is born to reduce any effect on attachment or bonding.

How is this being achieved?

#### Perinatal mental health

The Glasgow Perinatal Mental Health Service provides comprehensive assessment and management of women with, or at risk of, moderate to severe mental illness in pregnancy or the first postnatal year. It provides a range of biological and psychosocial therapies, and will shortly expand its commitment to psychological therapies with the appointment of a clinical psychologist. In addition, the Maternity Psychology Service provides assessment and management for parents where there is a complicated pregnancy or ill neonate. Addictions services provide some input for women with primary addiction problems, but there remains a gap in prioritisation for pregnant and postnatal women with mild to moderate mental health problems (often closely linked to social disadvantage) within primary care mental health services.

- Progress so far  
Service is excellent for those women with moderate to severe mental illness. Among disadvantaged and/or vulnerable pregnant women progress has been inadequate.

A programme of research in perinatal mental health has recently been commissioned. This is funded through the Anti-stigma partnership with contributions from the 3 Glasgow sectors. The project aims to identify what inhibits and protects women's mental health in the perinatal period and produce a multi-agency plan of action to meet these needs.

In particular it plans to:

- engage isolated and vulnerable women in both the research and action planning phases
- work with women and stakeholders in statutory and voluntary sectors and communities, to identify a series of deliverable actions to address unmet need.

<p><b>Recommendation</b></p> <p>In March 2011, the Scottish Government published their Child Poverty Strategy for Scotland, which sets out how the 2020 targets laid down by the Child Poverty Act 2010 will be met. We will take action to reduce child poverty by developing local partnership strategies which will help families, reduce their outgoings, increase their incomes and reduce the negative effects of poverty.</p>
<p>How is this being achieved</p> <p><u>Healthier Wealthier Children</u></p> <p>Healthier Wealthier Children (HWC) enables health visitors and midwives to refer families for financial support to a network of services. Between April and September over 500 referrals were received. The evaluation of this service undertaken at the end of last year showed that over 70% of those using the service were eligible for healthy start vouchers, and that the average financial gain per family has been £3,500. Through this work other services have developed, notably the provision of HWC within Yorkhill Hospital for families who have a child with a significant illness for whom financial management through managing the illness may be a concern. There is also a service in Hunter Street (Homelessness Service Glasgow City), where a significant number of cases have supported shifting the child poverty experience, with a higher net gain. Work is ongoing in most partnerships on wider child poverty action, including training and briefings to ensure NHS staff are flagging welfare entitlements where appropriate e.g. Children's Disability Living Allowance (DLA)</p> <p>Removal of maternity grant for second and/or subsequent children is increasing poverty. While it is important to reduce unplanned pregnancies among disadvantaged / poor / vulnerable women and while many of them want to reduce the number of pregnancies they have, this reduction will not be achieved until effective, appropriate contraception is provided - easily accessible and delivered to women rather than having to be sought by women.</p>

<p><b>Children and young people</b></p>
<p><b>Recommendation</b></p> <p>The recession is associated with a reduction in wellbeing and a rise in mental health needs across the population. We will work with education colleagues to develop whole of school approaches, which improve young people's resilience and skills to face this new reality.</p>
<p>How is this being achieved?</p> <p><u>Promoting Resilience &amp; skills in young people</u></p> <p>A comprehensive feature on child and youth health has been developed through the work of the NHS GGC working group, including a substantial focus on utilising the schools setting, for promoting resilience, wellbeing and early intervention.</p> <ul style="list-style-type: none"> <li>• Progress so far</li> </ul> <p>There is significant activity within schools and allied settings aimed at increasing the focus on mental health for pupils and for the whole school approach to mental health. This includes work to clarify interagency working, roles and referral pathways, curricular resource developments (e.g. new See Me campaign for teenagers) and significant training activity with frontline staff, including suicide prevention work.</p>
<p><b>Recommendation</b></p> <p>We will ensure that the work of the School Nursing &amp; Health Review considers how best to work with partners to identify and support the health needs of young carers.</p>
<p>How is this being achieved?</p>

### School Nursing Review

The school nursing review process has included a significant focus on mental health issues and given consideration to how these might be addressed by school nurses and their colleagues

- Progress so far

A focus on mental health is one of the priority areas in the “early intervention” aspect of the review’s recommendations which include strengthening the training input for nurses, including suicide prevention training.

### School Nursing Service

Our school nursing service is part of a network of services across a range of agencies that can identify and support the health needs of young carers. The new SHANNARI assessment tool, once finalised will make a significant contribution to the identification of young carers. Once health needs are identified school nurses will either provide the intervention required (e.g. screening, immunisation etc) or signpost / refer the young person to the appropriate services / support. School nurses will continue to input into multi-agency fora to provide support for vulnerable children and young people (including young carers). The principles of GIRFEC and SHANNARI will be applied to all that school nurses do to ensure they offer a child / young person centred service.

- Progress so far

The School Nursing Programme Board has developed a draft outline of School Nursing role and responsibilities. Over the next few months this will be shared with a range of stakeholders and partner agencies to consider the proposals, their impact and the interface arrangements required with other services.

### Recommendation

We must build on our recent multi-agency planning work to create a strengthened range of preventative and early intervention services which support the mental health, resilience and wellbeing of children and young people and better respond to distress, self harm and risk of suicide. Such supports should be equitable, evidence-based and better connect with the existing resources of our partners.

How is this being achieved?

### Early Intervention

Following a detailed and inclusive development process, a comprehensive programme of recommendations has now been approved for NHS GGC aimed at strengthening mental health improvement and increasing early intervention opportunities, this was ratified at the June meeting of the Child and Maternal Health Strategy Group

- Progress so far

Many of the elements of this recommendation package are already being taken forwards, both NHS GGC-wide and within local planning areas and this momentum needs to be built and sustained over a several year timescale.

### Recommendation

We need to strengthen the links between specialist Child and Adolescent Mental Health Services and wider support resources to ensure children are supported at the earliest opportunity and receive appropriate levels of support.

How is this being achieved?

In Specialist Children’s Services work is underway to redesign early intervention/prevention supports for children and young people in NHSGGC. This work will lead to the development

of a menu of evidence-based interventions for under 18s in NHSGGC that can be delivered directly by CAMHS or by partners in other services.

- Progress so far  
NHSGGC & GCC Education department have piloted counselling in schools since 2002. Based on the positive evaluation from the pilots the board has committed to re-commissioning this service. We are at present in the final stages of the Under 12's School Counselling tendering with the contract to be awarded December 2012 and expected service commencing January 2013. Also we are preparing the Secondary School Counselling tender which will be issued early next year.

**Recommendation**  
We must build the confidence and skills of key frontline workers across services to support and intervene on mental health related issues, including delivery of focused learning inputs, such as suicide prevention skills.

How is this being achieved?

Suicide prevention  
A number of training resources and support systems are being harnessed in order to address the range of learning and development needs for frontline and support staff, including pre-existing Choose Life / suicide prevention training infrastructures, other programmes such as a range of resilience and life skill programmes. There is a need to further strengthen this support infrastructure.

- Progress so far  
There is a growing delivery of mental health related training to a range of staff working with children and young people, including areas such as self harm, suicide prevention (particularly SafeTalk and ASIST). A youth version of Scottish Mental Health First Aid has just completed development and will become increasingly available for staff as well. On top of these opportunities, there is a need to expand the range of training opportunities available and to ensure that these are particularly available to staff serving priority groups, such as looked after and accommodated children.

**Recommendation**  
We should build a comprehensive communication and engagement strategy for children, young people, their parents and carers on mental health themes. This strategy will include utilising multi-media resources, social media approaches and using young people as partners, to ensure a well-informed population, to challenge stigma and discrimination, and to lower the barriers to seeking help and support.

How is this being achieved?

Strengthening communication  
This needs to be achieved at multiple levels, both strengthening local communication approaches, e.g. through enhanced mapping and sharing of local service information and asset mapping work with communities, but also through exploring collective communication opportunities, such as web and social media resources

- Progress so far  
A number of local initiatives are contributing to improved communication in this sphere, such as development of service pathway approaches in South Glasgow, involving multiple partners, and a range of mapping initiatives and assets approaches (e.g. community assets approach in East Dunbartonshire). A new proposal for an exploratory approach to web and social media support for youth mental health is in development, and will be progressing during the latter part of 2012-13.

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<b>Mental health and wellbeing of adults</b>
<p><b>Recommendation</b>          We must continue to develop multi-agency suicide prevention programmes in community settings combined with extension and consolidation of suicide prevention approaches within statutory sector agencies, including maintaining a high level of front line staff with suicide prevention skills; place particular focus on the connections between addictions and mental health problems.</p>
<p>How is this being achieved?</p> <p><u>Suicide Prevention (adults)</u>          Under the auspices of a newly formed NHS GGC suicide prevention planning group, a range of suicide prevention programme issues and programmes are being reviewed with a view to strengthening the effectiveness of the overall approach. This has included a full day development session sharing the perspectives of multiple partners, and building further links with national colleagues and programmes, including the Choose Life programme team.</p> <ul style="list-style-type: none"> <li>• Progress so far              Strengthened working with the six Choose Life programmes, including a re-established Glasgow City Choose Life Group, enhanced approaches to suicide prevention training, particularly from a multi-agency approach, with (for example) NHS and Social Work Training Teams operating a joint approach to training course delivery in Glasgow City, with additional groups of priority staff enabled to access training (such as Children and Families and Education based staff).</li> </ul> <p>Additional developments include further exploration of the evidence base and interaction with relevant academic work, a new self harm training subgroup and a major body of work focused on suicide prevention for young people. One particular strand of this work has been engaging with the Scottish Government and CELCIS / Strathclyde University to examine NHS and allied responses to the needs of Looked After and Accommodated Children, following the recent Fatal Accident Inquiry report.</p> <p>Work is progressing on developing protocols between Mental Health and addiction services. The Clinical Services Review is addressing both and looking at commonalities</p>
<b>Recommendation</b>
<p>As recommended by the Royal College of Psychiatrists, there needs to be full recognition of the parenting role of people with mental health problems and they must be supported in this role.</p>
<p>How is this being achieved?</p> <p><u>Triple P</u>          STEPS are combining the Stress Control class (CBT for anxiety/depression) with two sessions of Triple P. This is a joint research project with Triple P. A Ph.D. student, from Auckland University is in Glasgow, working to raise awareness of the project.</p> <ul style="list-style-type: none"> <li>• Progress              Data collection will start in January 2013.</li> </ul>
<b>Recommendation</b>
<p>We must ensure that people experiencing mental ill health are given a holistic assessment to gain a better understanding of their past health and current needs. This should include a comprehensive summary on interventions, social and family context, alcohol and drug misuse and physical problems.</p>
<p>How is this being achieved?</p>

Holistic Assessment of patients experiencing mental ill-health

Mental Health (MH) services have concluded work on a Physical Health Care Policy which has been well received by service user's organisations and recognised as best practice at a national level.

A Mental Health and Physical Care interface group is in place which works on ensuring practical coordination of developments in MH and general practice e.g. chronic disease management and depression.

Board wide roll out of PsyCIS project is being completed. This ensures data sharing and co-ordination of the care needs of individuals with serious mental illness between all GP practices and the MH service. The PsyCIS project was noted in the Government's new MH strategy as good practice.

- Progress so far  
Physical Health Care Policy currently being piloted in three areas in anticipation of Board wide roll out.

Board wide coverage of PsyCIS project will shortly be achieved.

**Recommendation**

In relation to alcohol, we must have a stronger focus on the public health objective of licensing legislation, facilitate effective over provision policies and continue to advocate for minimum pricing of alcohol, and banning advertising of and sponsorship by alcohol products.

How is this being achieved?

Public Health and licensing legislation

Following changes to the alcohol legislation which resulted in health boards becoming statutory consultees to licensing boards, training of health improvement representatives and guidance is provided to enable an informed response to licensing applications. Work has continued through the Health Response to Alcohol group to support all local authorities to carry out an overprovision assessment of their area. This will be continued throughout the next few months as areas form groups and begin more focused work on gathering, analysing and supporting the evidence for assessment of overprovision in their localities.

- Progress so far  
Scottish government are requesting European Union approval of a proposal to introduce a minimum price of 50p per unit alcohol. If approved it is anticipated that it will be introduced in Scotland next year.

Illegal advertising of free alcohol on offer to stimulate business is actively being addressed by licensing standards officers. A comprehensive ban on alcohol advertising and sponsorship requires UK government action and that has not been suggested so far.

In addition to licensing and related initiatives, the Health Board is collaborating with a wide range of partners to progress a comprehensive range of prevention and education work in the fields of alcohol and drugs. This ranges from large scale commissioned prevention services through to support for community led prevention initiatives, all guided by a prevention and education model consisting of 12 core elements of evidence based practice.

**Older Adults**

**Recommendation**

<p>Regular physical activity is the single most effective and cost-effective intervention available for enhancing physical, mental and social wellbeing in older adults. An action plan for increasing physical activity in older adults should be established across all NHSGGC localities.</p>
<p>How is this being achieved?</p> <p>A recent seminar (5<sup>th</sup> October 2012) held by NHSGGC highlighted the progress which had been made across Glasgow in promoting physical activity in older people.</p> <p>Mental Health in older age is affected by experiences through the life course and is particularly related to keeping active and engaged. The Silverdeal Active programme in Glasgow City was shared as an example of an initiative that encompasses physical activity, socialisation and the arts for older residents.</p>
<p>Recommendation</p> <p>The NHS must show leadership in encouraging the active participation of older adults in planning our services, treating all older adults as individuals and challenging negative stereotyping where it exists</p>
<p>How is this being achieved?</p> <p><u>Local Dementia Groups</u></p> <p>Local Dementia Groups have been set up across NHSGG&amp;C. These groups allow local partners to meet together and include representation from service users e.g. PPF.</p> <p>There was recognition of the value of the 'Age Friendly City' concept developed in New York, and of programmes that provide regular social and activity opportunities for older people. As the majority of these types of services are organised on a Local Authority basis it would be appropriate to support the sharing of good practice and of the evidence base across partnerships to enable local teams to translate this as appropriate within local planning arena's for older people.</p>
<p>Recommendation</p> <p>Given the projected increase in numbers of older people with dementia in NHSGGC, integrated planning should be supported and embedded consistently across all parts of the system, ensuring implementation of the Dementia Convention's 97 recommendations for universally high quality care. This should be supported by an integrated care pathway and clear models of best practice for dementia care, development of an exemplar site, clear actions to increase public awareness and intensified learning and development/training for all staff.</p>
<p>How is this being achieved?</p> <p><u>Dementia Strategy Group</u></p> <ul style="list-style-type: none"> <li>• A Dementia Support &amp; Development Lead has been appointed for 1 year to support the work of the Dementia Strategy Group.</li> <li>• The AHP Dementia Consultant has been extended for a further two years.</li> <li>• An Alzheimer Scotland Dementia Nurse Consultant has been appointed.</li> <li>• Various projects are ongoing across the Board area, funded through the Change Fund, aimed at improving Dementia care.</li> </ul>

- Key staff are participating in the Dementia Champions training programme.
- Two of the board areas (East Renfrewshire and South Sector of Glasgow City CHP) are participating in pilot work with Scottish Government to implement the Scottish Government commitment for the provision of dementia post diagnosis support.