Report To:	**Inverclyde CHCP Sub-Committee**	Date:	**10 January 2013**
Report By:	**Head of Mental Health, Addictions & Homelessness**	Report No:	**CHCP/05/2013/SMR**
Contact Officer:	**Service Manager - Mental Health & Well-being**	Contact No:	**01475 715375**
Subject:	**The Mental Health Strategy for Scotland: 2012 - 2015**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Committee of the recently published Scottish Government's Mental Health Strategy for Scotland: 2012 – 2015.

1.2 This report and that of the enclosed Briefing Summary **(Appendix 1)** seeks to:-   Appendix 1
   - Raise awareness of the publication of the strategy and its broad content; and
   - Provide a proposed direction of travel for local implementation.

2.0 SUMMARY

2.1 The Mental Health Strategy for Scotland: 2012 – 2015 aims to synthesise mental health improvement, mental illness prevention work and mental health services and bring them together into one strategy, which recognises the importance each strand has on the success of the others.

2.2 The Strategy adopts the three quality ambitions of health and care, that it is person centred, is safe and is effective. Additionally there are seven key themes:-
   1. Working more effectively with families and carers;
   2. Embedding more peer to peer work and support;
   3. Increasing the support for self-management and self-help approaches;
   4. Extending the anti-stigma agenda forward to include further work on discrimination;
   5. Focusing on the rights of those with mental illness;
   6. Developing the outcomes approach to include, personal, social and clinical outcomes; and
   7. Ensuring that we use new technology effectively as a mechanism for providing information and delivering evidence based services.

2.3 4 Key Change Areas:-
   1. Child and Adolescent Mental Health;
   2. Rethinking How We Respond to Common Mental Health Problems;
   3. Community, Inpatient and Crisis Services; and
   4. Other Services and Populations.

2.4 The Strategy starts by recognising that improving mental health and treating mental illness is a huge challenge linked to social welfare, income and multiple co-morbidities including physical health and addiction. Moreover, the range of achievements developed over time is also recognised and there is a commitment to undertake in 2013 a comprehensive 10 year follow-up on the review of the state of mental health services in Scotland. The review report will be published in 2014.

2.5 Since the publication of the strategy, the Scottish Government has published its 'National Parenting Strategy: Making a positive difference to children and young people through parenting'. This report will be subject of a separate report to sub committee.

3.0 RECOMMENDATION

3.1 It is recommended that the CHCP Sub - Committee:-

3.2 Note the publication of the Scottish Government's Mental Health Strategy for Scotland: 2012 – 2015;

3.3 Endorse the approach outlined in both the Proposals and the Briefing Summary (Appendix 1) for the development of the local implementation of the national strategy;   Appendix 1

3.4 Note the Proposals outlined in 5 below and the linkages required for the local implementation; and   Appendix 2

3.5 Given the wider community planning implications, to bring this report and its contents to the attention of the Inverclyde Alliance Board and the SOA Outcome Delivery Groups.

Susanna McCorry-Rice
Head of Mental Health, Addictions & Homelessness

4.0 BACKGROUND

4.1 The Mental Health Strategy for Scotland: 2012 – 2015 aims to renew commitments to mental health promotion, prevention of mental health problems with a number of stated actions and key deliverables, to improve the quality of life for people with mental health problems.

4.2 Significant local work has been carried out over time in a number of areas responding to previous nationally related policy drivers and statutory requirements. This includes:-
- The Mental Health (Care and Treatment) (Scotland) Act 2003 came into effect in October 2005. Of particular note is Sections 25 and 26 of the Act which detail the local authority duties and responsibilities;
- The local delivery activities associated with the National Programme for Improving Mental Health & Well-being ("Choose Life", "see me…", Scottish Recovery Network etc.);
- 'With Inclusion in Mind' provided guidance and a framework to support the Mental Health Act 2003, with a particular emphasis on the protection of people with experience of mental health as being socially excluded. The local response was the co-production approaches through the Recovery Inclusion Group and the associated work under Sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act 2003, where we responded to the well-being needs of individuals who have severe and enduring mental health;
- 'Delivering for Mental Health' (2006) and associated HEAT Targets were developed out of 'Delivering for Health' (2005);
- 'Towards a Mentally Flourishing Scotland' – a population approach to mental health improvement in its widest sense, which included the local work of the Inverclyde Anti-Stigma Partnership and the Inverclyde Mental Health Awareness Planning.

4.3 In comparison to the local response to the consultation process and from other intelligence, the published strategy is light on mental health improvement. This is recognised as an area for development by the Scottish Government and they have instructed NHS Health Scotland to develop a complimentary framework. This work will be reflected in 'Making Well-being Matter in Inverclyde' (CHCP Mental Health Improvement Plan).

4.4 Suicide prevention and the reduction of self-harming behaviour will be subject to a separate consultation, given the current 'Choose Life' strategy comes to its end in March 2013. Advice received is the Scottish Government are setting up two groups that will meet over the coming months. The first is a Working Group that will contribute to and develop the content for the Scottish Government engagement document and the second is a Reference Group providing information and advice to inform the Working Group.

5.0 PROPOSALS

5.1 In order to undertake the local response, it is proposed for there to be a dedicated development session to address the 36 commitments outlined in the Mental Health Strategy.

5.2 The development session will involve key stakeholders and have a community planning approach. The objective of this session would be to produce a local implementation plan to support and enable Inverclyde to implement the Mental Health Strategy.

5.3 The local implementation plan will be reported to a future meeting of the Inverclyde CHCP Sub-Committee.

6.0 IMPLICATIONS

6.1 Legal: None at the time of this paper

6.2 Financial: None at the time of this paper

6.3 Personnel: None at the time of this paper

6.4   Equality and Diversity:

6.5   Repopulation

7.0   CONSULTATION

7.1   A full local consultation and engagement was undertaken as per Appendix 3

8.0   LIST OF BACKGROUND PAPERS

8.1   Appendix 1 – Briefing Summary

8.2   Appendix 2 – Diagram of strategic and operational linkages

The Mental Health Strategy for Scotland: 2012 - 2015 Briefing Summary

1. Purpose &Background:

This is to provide a briefing summary on the Scottish Government's Mental Health Strategy for Scotland: 2012 – 2015[1], which was published in August of this year.

The Mental Health Strategy for Scotland: 2012 – 2015 aims to synthesise mental health improvement, mental illness prevention work and mental health services and bring them together into one strategy, which recognises the importance each strand has on the success of the others.

The Strategy adopts the three quality ambitions of health and care, that it is person centred, is safe and is effective. Additionally there are seven key themes:

1. Working more effectively with families and carers
2. Embedding more peer to peer work and support
3. Increasing the support for self-management and self-help approaches
4. Extending the anti-stigma agenda forward to include further work on discrimination
5. Focusing on the rights of those with mental illness
6. Developing the outcomes approach to include, personal, social and clinical outcomes
7. Ensuring that we use new technology effectively as a mechanism for providing information and delivering evidence based services

4 Key Change Areas:
1. Child and Adolescent Mental Health
2. Rethinking How We Respond to Common Mental Health Problems and
3. Community, Inpatient and Crisis Services
4. Other Services and Populations

Pertaining to the above and to support the delivery of the strategy are areas of related action listed as 36 commitments (see detailed summaryin section 3). The Strategy starts by recognising that improving mental health and treating mental illness is a huge challenge linked to social welfare, income and multiple co-morbidities including physical health and addiction.

Moreover, the range of achievements developed over time is also recognised and there is a commitment to undertake in 2013 a comprehensive 10 year follow-up on the review of the state of mental health services in Scotland. The review report will be published in 2014.

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[1]http://www.scotland.gov.uk/Publications/2012/08/9714/downloads

Since the publication of the strategy, the Scottish Government has published its 'National Parenting Strategy: Making a positive difference to children and young people through parenting' and this available online at
http://www.scotland.gov.uk/Publications/2012/10/4789/downloads.

2. Key Headlines

In addition to the above, other salient points are –

- there is an aim to improve access to proportionate levels of support for people with common mental health issues, such as anxiety and depression, through access to self-management courses and psychological services, social prescribing and the role of voluntary groups and communities as a key component to personalizing responses and improving public mental health. This is seen as a challenge to existing systems for providing care and treatment;

- mental health and alcohol, the mental health of older people and the mental health of those with physical illness are identified areas of specific actions;

- there is a commitment to innovation through a focus on technology in supporting mental health;

- the broad change towards moving from largely in-patient services to developing more services in the in the community is recognized along with wide variations in the pace of change, delivery and models of services. There are therefore commitments to monitoring, assessing and comparing service variations across the country and identifying evidence for what works including for:

  - Crisis resolution/home treatment services
  - First Episode Psychosis
  - Access to psychological therapies by older people as part of the general psychological therapies access target
  - The balance between community and in-patient services
  - A national standard for monitoring the physical health of people being treated with clozapine and
  - Employability.

- the Government will also identify particular challenges and opportunities linked to the mental health of older people and develop outcome measures related to older peoples mental health as part of the work to take forward the integration of adult health and social care;

- other services and populations are identified including women offenders, women with borderline personality disorder, the increased use of Community Payback Orders with a mental health condition, neurodevelopmental disorders and services for veterans;

- the impact of mental health stretching beyond the scope of any single mental health organisation is recognized. The Government will work with COSLA to make effective linkages with the work to integrate health and social care;

- to support progress the Scottish Government will put in place arrangements to support, monitor and performance manage progress on the national commitments in the Strategy and this will include continuing to conduct twice yearly mental health performance reviews with each NHS Board.

3. Summary of Mental Health Strategy for Scotland:2012 - 15

In outlining above the Scottish Government's adopting its Mental Health Strategy through 3 Quality Ambitions for Scotland (health and care is person centred, safe and effective), 7 key themes applicable across the whole Strategy and 36 specific commitments to be delivered over the period to 2015, they have highlighted the following broad themes -

The Challenge:
- Prevalence of mental disorders are not changing significantly over time.
- People with mental disorders have a much higher mortality than the general population.
- There is a high prevalence of mental illness, mental disorder and mental health problems and high prevalence of dementia in an ageing population.
- Mental disorders are more prevalent among those who are most deprived and those who receive social welfare benefits or pensions because of disability.
- People with chronic physical health conditions suffer from high rates of depression. Access and quality of treatment for high prevalence chronic diseases is often poor for such conditions for people with mental.

The Achievements:
- Delivered over time the achievements have also been recognised such as the number of people being discharged and then readmitted to services has reduced, the number of suicides reduced between 2000-02 and 2008-10,andNHS Boards in Scotland now have the highest level of diagnosis in the UK and are the most improved allowing access to treatment and support, including for carers. Also GPs in Scotland are more likely to be working to clinical practice and guidelines than elsewhere. The gap in prescribing rates between Scotland and England appears is reported to be reducing.
- Specialist Child and Adolescent Mental Health Services (CAMHS) are reported as on target to deliver treatment within 26 weeks by March 2013 and by 18 weeks by December 2014.   There has been a 34% increase in the size of the specialist CAMHS workforce between the end of 2008 and March 2012.

The Policy Context
- National Performance Framework Outcomes and the work of local Community Planning Partnerships connect the high level national objectives with local priorities.
- Scotland's Mental Health Strategy is the successor document to Delivering for Mental Healthand Towards a Mentally Flourishing Scotland.
- The Strategy is consistent with the Governments vision that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.
- There will be a health promoting / preventative approach and a healthcare system with integrated health and social care, a focus on prevention, anticipation and supported self-management with the person at the centre of all decisions.   There is a focus on actions that people can take for themselves and with their communities to maintain and improve their own health, including physical activity. There will be a focus on providing care in a community setting and when hospital treatment is required ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission where.
- The Strategy highlights a focus on improvements and interventions that are in accordance with the best evidence for return against investment over time e.g.
    - Early intervention for conduct disorder in children through evidence based parenting programmes;
    - Treating depression in those with long term conditions such as diabetes;
    - Early diagnosis and treatment of depression; and
    - Early detection and treatment of psychosis.

4. Summary of the Strategy - 36 Commitments

4.1 It should be noted that Commitments 1 to 6 in the strategy are for Scottish Government to take forward –

Commitment 1:A 10 year on follow up to the review of services within Scotland which assessed their readiness for implementation of both the terms of the 2003 mental health legislation and the expectations that were placed upon it will be commissioned. The review report will be published in 2014.
Commitment 2: The involvement of families and carers in policy development and service delivery will be increased. The Government will discuss how best to do that with VOX and other organisations that involve and represent service users, families and carers
Commitment 3:A short review of work to date in Scotland on peer support as a basis for learning lessons and extending the use of the model more widely will be commissioned.
Commitment 4: The strategic direction for *see me* for the period from 2013 onwards will be developed with the management group for *see me*, the Scottish Association for Mental Health, and other partners.
Commitment 5: The Government will work with the Scottish Human Rights Commission and the Mental Welfare Commission to develop and increase the focus on rights as a key component of mental health care in Scotland.
Commitment 6:During the period of the Mental Health Strategy a Scotland-wide approach to improving mental health through new technology in collaboration with NHS 24 will be developed.

4.2 Key Change Area: Child and Adolescent Mental Health

Commitment 7: In 2012 the process of a national roll out of Triple P and Incredible Years Parenting programmes to the parents of all 3-4 year olds with severely disruptive behaviour will begin.   The delivery of this commitment will be published in the Parenting Strategy in October 2012.
Commitment 8: Basic infant mental health training will be more widely available to professionals in the children's services workforce. Access to child psychotherapy will be improved through investment in a new cohort of trainees to start in 2013.
Commitment 9: The current specialist CAMHS balanced scorecard will be developed to pick up all specialist mental health consultation and referral activity relating to looked after children.
Commitment 10: Good models of Learning Disability CAMH service delivery in use in different areas of Scotland or other parts of the UK which could become or lead to prototypes for future testing and evaluation will be identified with clinicians in Scotland.
Commitment 11: The Government will work with NHS Boards to ensure that progress is maintained to achieve both the 2013 (26 week) and the 2014 (18 week) access to CAMHS targets.
Commitment 12: A new commitment will be introduced to reduce admissions of under 18s to adult wards (linked to current performance in the South of Scotland area).Also the children and young people's mental health indicators provide for the first time a means of assessing and monitoring the mental health of Scotland's children and young people over time and will enable the development of the first national mental health profile for children and young people (aged from pre-birth to 17 years). Updated every four years, the profile will result in a greater understanding of the current and changing picture of mental health within this population and the factors that influence it.

4.3 Key Change Area 2: Rethinking how we respond to Common Mental Health Problems

The Strategy set out there is a need to examine and challenge systems for providing care and treatment. Therapies are to be more readily available, along with a wider range of responses, including social prescribing, self-help and peer to peer work. This marks a move away from the model where, uniformly, the doctor diagnoses and treats illness, to a wider range of responses which includes that approach, but also includes approaches where people will be identifying problems for themselves and seeking help or taking action, and where families and friends are more likely to say something or offer support. Information and support will be more widely available, whether from health care professionals or from the web.

Commitment 13: Work to deliver faster access to psychological therapies will continue. By December 2014 the standard for referral to the commencement of treatment will be a maximum of 18 weeks, irrespective of age, illness or therapy.

Commitment 14: The Government will work with NHS Boards and partners to improve and ensure monitoring information about who is accessing services, such as ethnicity, is consistently available to inform decisions about service design and to remove barriers to services.

Commitment 15: Work with partners will take place, including the Royal College of General Practitioners and Long Term Conditions Alliance Scotland, to increase local knowledge of social prescribing opportunities, including through new technologies.

Commitment 16: One of the 22 commitments delivered under Towards a Mentally Flourishing Scotland was the development and publication of Steps for Stress. NHS Health Scotland will work with the NHS, local authorities and the voluntary sector to ensure staff are confident to use Steps for Stress as an early intervention approach to address common mental health problems.

Mental Health and Alcohol: There are strong links between depression and drinking above recommended guidelines. In 2008, an NHS health improvement HEAT target was introduced, based on the SIGN Guideline, requiring NHS Boards to deliver ABIs within the following 3 priority. The Government sets out its belief that there is value in clearly aligning the work in place to diagnose and respond to depression with the delivery of brief interventions to reduce people's alcohol consumption.

Commitment 17:NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed ABIs in the 3 priority settings - primary care, A&E and antenatal. In addition, they will continue to develop delivery of ABIs in wider settings, which may include specific mental health settings. Work is to take place with NHS Boards and partners to more effectively link the work on alcohol and depression and other common mental health problems to improve identification and treatment, with a particular focus on primary care.

Commitment 18: An approach to support the better identification and response to trauma in primary care settings will be developed and support to the UK Psychological Trauma Society to develop and support the creation of a national learning network for trauma practitioners and services working in Scotland.

Commitment 19: The Government will take forward work, initially in NHS Tayside, but involving the Royal College of General Practitioners as well as social work, the police and others, to develop an approach to test in practice improving the response to distress. This will include developing a shared understanding of the challenge and appropriate local responses that engage and support those experiencing distress, as well as support for practitioners. We will develop a methodology for assessing the benefits of such an approach and for improving it over time.

Mental Health of Older People

Commitment 20: The Government will take forward the recommendations of the psychological therapies for older people report with NHS Boards and their statutory and voluntary sector partners and in the context of the integration agenda. Access to psychological therapies by older people will be tracked as part of the monitoring of the general psychological therapies access target, which applies to older people in the same way that it applies to the adult population. In addition, the Scottish Government is currently consulting on the integration of adult health and social care, with a particular focus in the first instance on improvements in services and support for older people.
Commitment 21: The Government will identify particular challenges and opportunities linked to the mental health of older people and will develop outcome measures related to older people's mental health as part of the work to take forward the integration process. Mental Health of those with Physical Illness.
Commitment 22: People with long-term conditions and co-morbid mental health problems such as depression and anxiety have increased health care costs and poorer clinical and other outcomes.   The Strategy proposes work with the Royal College of GPs and other partners to increase the number of people with long term conditions and a co-morbidity of depression or anxiety receiving appropriate care and treatment for their mental illness. (such as The Living Better Project).

4.4 Key Change Area 3: Community, Inpatient and Crisis Services

A well-functioning mental health system has a range of community, inpatient and crisis mental health services that support people with severe and enduring mental illness. There has been considerable redesign of mental health services across Scotland, continuing the long-term trend of moving from largely inpatient services to services where care and treatment is delivered mostly in the community. Within the broad direction of change towards developing more services based in the community, there are wide variations in pace of change, delivery, and models of services.

Commitment 23: The Government will identify a core data set that will allow effective comparison of the effectiveness of different models of crisis resolution/home treatment services across NHS Scotland. This work will be used to identify the key components of crisis prevention approaches and as a basis for a review of the standards for crisis functions.

First Episode Psychosis

Commitment 24: The Government will identify the key components that need to be in place within every mental health service to enable early intervention services to respond to first episode psychosis and encourage adoption of first episode psychosis teams where that is a sensible option.

Community Services

Commitment 25: As part of the work to understand the balance between community and inpatient services, and the wider work on developing mental health benchmarking information, an indicator or indicators of quality in community services will be developed. Inpatient Services.

Community Services (contd)

As community services have developed, the number of psychiatric beds has reduced across Scotland. There is considerable variation in how beds are used across Scotland, in terms of the primary diagnosis of patients, the numbers of admissions, the average length of stay and equity of access to specialist interventions.

Commitment 26: An audit will be taken of who is in hospital on a given day and for what reason to better understand the use of acute, Intensive Psychiatric Inpatient Units and crisis services and of how the inpatient estate is being used and the degree to which that differs across Scotland.

Patient Safety

As well as understanding the balance between community and inpatient services and how they can deliver the best outcomes, The Governementwant to ensure that services are safe.

Commitment 27: Healthcare Improvement Scotland will work with NHS Boards to deliver the Scottish Patient Safety Programme - Mental Health.

Health Improvement for People with Severe and Enduring Mental Illness

Those with severe and enduring mental health problems can gain health improvement benefits from participation in health improvement activities (smoking cessation, weight management and physical activity).

Commitment 28: Work will continue with NHS Boards and other partners to support a range of health improvement approaches for people with severe and enduring mental illness, and work with the Royal College of Psychiatrists in Scotland and other partners will be supported to develop a national standard for monitoring the physical health of people being treated with clozapine.

Employability

Commitment 29: The Government 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. Change will require redesign both within health systems and the wider employability system to refocus practice on more effective approaches and to realise mental health care savings.

4.4 Key Change Area 4: Other Services and Populations

Mental Health and Offending

Commitment 30: The Government will build on the work underway at HMPCornton Vale testing the effectiveness of training prison staff in a 'mentalisation' approach to working with women with borderline personality disorder and women who have experienced trauma. The pilot will be extended in that prison and also introduced in HMP Edinburgh.

Commitment 31: We will also work with NHS Lothian to test an approach to working with women with borderline personality disorder in the community by extending the Willow Project in Edinburgh. We will use the learning from the test to inform service development more widely across Scotland.

Mental Health and Offending (continued)

Commitment 32: The Government will promote work between health and justice services to increase the effective use of Community Payback Orders with a mental health condition in appropriate cases.

Commitment 33: The Government will undertake work to develop appropriate specialist capability in respect of developmental disorders as well as improving awareness in general settings. As part of this work we will review the need for specialist inpatient services within Scotland. The term "neurodevelopmental disorders" encompasses a range of conditions with features specific to each diagnosis but in common they can impact on social functioning and behaviour, sometimes quite severely, irrespective of the level of intelligence of the individual.

Commitment 34: The Government will continue to fund the Veterans First Point service and explore roll out of a hub and spoke model on a regional basis, recognising that other services are already in place in some areas. The Government will collaborate with the NHS and Veterans Scotland in taking this work forward and will also explore with Veterans Scotland how more support groups and peer to peer activity for veterans with mental health problems can be encouraged.

Support Activity
The Government set out seven key themes which will underpin how we deliver services. The Government will support the work of improving services.

Commitment 35: The Government will work with COSLA to establish a local government mental health forum to focus on those areas of work where local government has a key role, including employability, community assets and support and services for older people, and make effective linkages with the work to integrate health and social care.

Commitment 36: To support progress on this agenda the Scottish Government will put in place arrangements to co-ordinate, monitor and performance manage progress on the national commitments outlined in this strategy. In doing the Government will build on the successful experience of managing the implementation of the Dementia Strategy.

In support of this commitment the Government will:
- Continue to conduct twice yearly mental health performance reviews with each NHS Board, where local progress on delivering improvements is reviewed;
- Provide ongoing support for the use of continuous quality improvement approaches across mental health services by:
- Funding and supporting Healthcare Improvement Scotland to deliver the Scottish Patient Safety Programme for Mental Health.
- Producing a toolkit to support services and clinical teams to diagnose and deliver productivity and quality improvements across community mental health teams.
- Putting in place a learning support network for individuals involved in using quality improvement methods to deliver faster access to mental health services whilst maintaining or improving quality of care.
- Ensuring clarity on how any new improvement programmes nationally interface with the existing work.
- Continue to develop the Adult Mental Health Benchmarking project to provide a tool to aid in the improvement of mental health services in Scotland by using a range of comparative information to compare key aspects of performance, identify gaps, identify opportunities for improvement and monitor progress. The Mental Health Benchmarking Toolkit has been created to facilitate this aim.
- The toolkit is structured to provide a balanced view across the Quality Strategy domains of Efficient, Effective, Person Centred, Safe, Equitable and Timely. The first release of the toolkit contains information on nineteen indicators across the first five Quality Strategy domains. Future releases of the toolkit will contain additional indicators and will populate the remaining Timely domain.

Mental Health Strategy Links To Single Outcome Agreement

Mental Health Legal, Policy & Regulatory Frameworks

Highly Specialised Services
(including Forensic Services)

Inpatient Services
(Acute & Longer Stay Provision)

Primary Care Services
(inclusive of GP Provision)

Specialised Services
(Community Specialised Teams)
(Child & Adolescent,
Adult Services, Older People)

**CHCP Commissioning Strategy /
Recovery & / Progression Framework**

**Health Improvement Health Promotion,
Suicide & Self Harm Prevention**

Community Planning & Employability

**Community Support/ Community Development /
Community Planning /
Community Regeneration**
(Alliance Board Environment)

Mental Health Strategy (7 Key Themes):
1. Working more effectively with families and carers
2. Embedding more peer to peer work and support
3. Increasing the support for self Management and self help approaches
4. Extending Anti Stigma agenda forward to include further work on discrimination
5. Focusing on the rights of those with mental illness
6. Developing Outcome approaches to include personal, social and clinical outcomes
7. Ensuring that we use new technology effectively as a mechanism for providing information and delivery evidence based services.

SINGLE OUTCOME AGREEMENT

**Promotion, Improvement, Delivery,
Commissioning, Performance,
Outcome, Recovery & Progression**

SOA Outcomes (8 Key Themes)
1. Population stable with good social economic groups
2. Communities are stronger
3. Economic Regeneration areas secured
4. Economic activity higher, skills higher and those most away from labour market realise their potential.
5. Local peoples health improved (removal of health inequality and promotion of healthy lifestyles
6. Positive cultural lifestyle change
7. Young people have best start in life
8. Inverclyde a place where people want to live