



---

**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020**

**SUBJECT: MORAY MENTAL HEALTH SERVICES**

**BY: JANE MACKIE, HEAD OF SERVICE**

**1. REASON FOR REPORT**

- 1.1. To inform the Board of mental health service remobilisation status and plans for inpatient and community mental health services.
- 1.2. To provide assurance of access to mental health assessment, care and treatment for the population of Moray.

**2. RECOMMENDATION**

**2.1. It is recommended that the Moray Integration Joint Board (MIJB):**

- i) **note the action taken to remobilise mental health services; and**
- ii) **note the risks and mitigation against remobilisation aspects.**

**3. BACKGROUND**

- 3.1. There has not been a mental health remobilisation report submitted previously.
- 3.2. In March 2020, mental health services in Moray went into critical function in response to the COVID pandemic. Emergency (seen same day) and Urgent (seen within 7 days) referrals were prioritised. In patient wards at Ward 4 and Muirton continued to provide service. Urgent referrals were triaged by the development of an Urgent Care Team.
- 3.3. In line with Operation Home First a remobilisation plan has been developed.
- 3.4. A Collective Sense making Exercise has been undertaken to inform the remobilisation and a Driver Diagram has been developed to articulate this.

#### **4. KEY MATTERS RELEVANT TO REMOBILISATION**

- 4.1. Standard Operating Procedures are in place for responding to referrals. Community mental health service delivery is now mainly delivered by Near Me / Attend Anywhere technology or telephone response. Face to face consultations take place under strict risk controls.
- 4.2. The Urgent Care Model developed during acute phase of COVID Pandemic has been evaluated under Home First planning and is now a permanent feature of community mental health delivery going forward: enables equity of care response and management of demand generated by primary care.
- 4.3. At the time of report writing there are 25 people waiting for routine (within 6 weeks) assessment. All these referrals have been allocated to a mental health practitioner accordingly. The Community Mental Health Team (CMHT) receive referrals at a rate of 10-15 per week. This is equivalent to pre-COVID levels.
- 4.4. There are 4 outcome decisions for routine referrals that are assessed on a weekly basis by the multidisciplinary team at the single point of access referral (SPAR) meeting:
  - Advice to referrer ( e.g. by phone, letter, email) and then close. i.e. no direct patient contact; no change from pre-COVID approach.
  - Telephone triage (by a member of CMHT) to gain further information: this is a new step (and helps in some referrals to decide whether further action needed); and also serves to let patients know that we have a referral and have acted on it.
  - Telephone assessment (by standard telephone or Attend Anywhere / Near Me). This is a new COVID measure.
  - Face to face assessment (for more complex and priority cases).
- 4.5. There has been significant loss of outpatient facilities for face to face mental health assessment, care and treatment. Pre-COVID, Consultant Psychiatrists held out patient consultations in GP Practices. The only facility for face to face mental health assessment, care and treatment is at Pluscarden Clinic at Dr Gray's Hospital – on a reduced sessional basis due to room availability, observing social distancing and infection, prevention and control measures: face to face consultation is now the exception and is risk assessed by protocol / standard operating procedure.
- 4.6. GP Practices have invited secondary care mental CMHT staff to come back to practice where they can liaise with Practice MDT and use Attend Anywhere / Near Me technology. This has been welcomed and valued. Regular liaison between mental health services and GP Practices is being facilitated by Microsoft Teams meetings.
- 4.7. 3<sup>rd</sup> Sector partners have remobilised and able to provide in reach to Ward 4 and provide community support. They provide essential community support including advocacy, peer support, wellness service, 12 week reablement support and community support. Systems and work around in place to observe social distancing and government guidelines and advice. Face to face work and in-reach to people's homes remains challenging for 3<sup>rd</sup> Sector partners

- 4.8. There has been a redesign of Moray psychological therapies and a number of posts are currently being recruited to. Waiting time for adult psychology has significantly reduced. There are no patients waiting longer than 18 weeks at present. There is one person waiting for Psychotherapy and their case is being allocated imminently. There are no waits in Older Adult Psychology.
- 4.9. NHS Grampian Psychology Resilience Hub is providing support to patients, public and staff who have been distressed by COVID pandemic.
- 4.10. In addition there has been significant investment by NHS Grampian to enable access to a range of on-line psychological therapy support that can be delivered by primary care psychology and a range of secondary care mental health staff who in-reach into GP Practices.
- 4.11. Inpatient bed occupancy at Ward 4 and Muirton Ward have reduced during the COVID Pandemic and these data are illustrated in a trend report at **APPENDIX 1**.
- 4.12. H&SC Moray are engaged with multi agency partners, Aberdeenshire and Aberdeen City H&SCPs under the banner of 'North East Suicide Prevention'. Developing a Suicide Prevention Action Plan; Developing a Suicide Reporting and Learning System – learning from work already undertaken in other NHS Boards; and Developing a training plan for suicide awareness and suicide response.
- 4.13. Dementia Frailty Co-ordinators providing service in primary care pre-COVID and now remobilised.
- 4.14. Distress Brief Interventions Service in place pre-COVID and providing crisis response and 2 week follow up. Scottish Ambulance Service now live and arrangements in place to agree roll out to GP Practices (secondary care mental health and Police Scotland already refer).
- 4.15. There is evidence of increases in alcohol misuse since March 2020. Substance Misuse services are well resourced (staff) to respond and provide recovery and harm reduction intervention.
- 4.16. There are a number of risks to mitigate going forward:
- IT availability to fully mobilise mental health services. Some equipment has been received but still waiting on full delivery.
  - Further work to be done on agreeing a robust online platform to deliver group therapies for people: psychological therapy and behaviour change therapies. People who have Borderline Personality Disorder present particular risks in terms of self-harm and attempted suicide benefit from group therapy and treatment. There is ongoing risk whilst an IT solution is sourced.
  - Mental health clinicians working from home and delivering intense trauma support – at risk of vicarious trauma.
  - Hidden demand and mental health 'debt'. It is anticipated that there is unmet need for mental health distress and substance misuse in communities. More work needs to be done upstream to tackle mental health inequalities, in community planning and public health programmes. Health and Social Care Moray is well placed to respond going forward in

line with the aspiration set out in Scottish Government Mental Health Transition and Recovery Plan (2020).

## **5. SUMMARY OF IMPLICATIONS**

### **(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

- Growing, diverse and sustainable economy: improving mental health of the population;
- Building a better future for our children and young people in Moray: service development for mental health and wellbeing and support for family wellbeing;
- Empowering and connecting communities: mental health planning and delivery as part of locality planning;
- Changing our relationship with alcohol.

### **(b) Policy and Legal**

- Good Mental Health for All in Moray Strategy (2016-2026).
- NHS Scotland Mental Health Strategy 2017-2027).
- Scottish Government Mental Health Transition and Recovery Plan (2020).

### **(c) Financial implications**

None arising from this report.

### **(d) Risk Implications and Mitigation**

Remobilisation Plan in place that includes risk implications and mitigation:

- Drugs and alcohol related harms: services have capacity to respond.
- IT access and infrastructure: equipment on order.
- Group therapy treatment and support: NHS Grampian engaged in seeking national solution to delivery of groups on an appropriate IT platform.

### **(e) Staffing Implications**

Staff Side, Unions and Human Resources are be working across organisations to support staff to deliver services in a change environment in response to the COVID pandemic.

A robust plan is in place to mitigate against staff absence to cover in patient wards modelled on 30% 50% and 80% staff absence. This has not required to be implemented during the acute phase of the COVID pandemic.

Staff are being supported to use technology and work at home were possible. Guidance has been developed in this regard and to mitigate against vicarious trauma.

### **(f) Property**

None arising from this report.

**(g) Equalities/Socio Economic Impact**

An Equality Impact Assessment is not needed because service remains in delivery and plans in place to mitigate against risks.

**(h) Consultations**

H&SC Moray Home First Group – agree with remobilisation plans.

Making Recovery Real Moray Group (includes peers and 3<sup>rd</sup> Sector Organisations) – agree with remobilisation plans.

NHS Grampian Mental Health and Learning Disability Strategic Huddle – develop and agree remobilisation plans on behalf of Chief Officers.

**6. CONCLUSION**

**6.1. Mental health services are remobilising.**

**6.2. Plans are in place to mitigate against risks in service delivery.**

Author of Report: Pamela Cremin, Integrated Service Manager

Background Papers:

Ref: