



**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023**

**SUBJECT: OLDER ADULT PSYCHIATRY UPDATE**

**BY: HEAD OF SERVICE AND CHIEF SOCIAL WORK OFFICER**

**1. REASON FOR REPORT**

- 1.1 To provide an update to the Board with regards to the Older Adult Consultant Psychiatrist post which has remained vacant for a number of years.

**2. RECOMMENDATION**

- 2.1 **It is recommended that the Moray Integration Joint Board (MIJB) consider and note the update related to older adult psychiatry/mental health services**

**3. BACKGROUND**

- 3.1 For a number of years there has been difficulty in recruiting to one of the two consultant posts within older adult mental health. This is due to a national shortage of suitably qualified staff. Numerous rounds of advertising have proven to be unsuccessful.
- 3.2 The Royal College of Psychiatrists recommendation is that based on population numbers Moray should have two Consultant Psychiatrists within the older adult service.
- 3.3 The integrated mental health management team based at Pluscarden Clinic have been working with the existing staffing resource to explore options to mitigate the challenges in light of the financial risk of continued locum consultant costs. However mitigations would need to be in place if pursuing a one consultant model.
- 3.4 It has been identified that there is a potential gap in leadership within the operational team to facilitate and progress transformational changes to the service delivery model. As such a proposal has been drawn up by the outgoing Integrated Service Manager to instigate an 8a Clinical Team Lead role. This post will be progressed (or otherwise) by the incoming Integrated Service Manager.
- 3.5 There is a national shortage of psychiatrists particularly in the area of older adults.

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

- 4.1 The Interim Integrated Service Manager post is currently vacant and the new post holder will commence on the 1 of August 2023. The expectation is that the new Service Manager will progress the move away from the use of locums and shift from this model of working.
- 4.2 The previous Service Manager was a temporary secondment for 1 year only from May 2022 – May 2023.
- 4.3 There have been significant competing demands on the time of the Integrated Service Manager and Moray integrated mental health management team arising out of the MRI scanner and ligature works project. This has impacted on the team's ability to progress with transformational change in this area.
- 4.4 Future developments will explore using the financial resource currently aligned to the vacant consultant post to appoint to lower banded posts and reallocating clinical tasks accordingly. This will involve all specialties working to the top of their licence and sharing the workload of the service more equitably across the broader range of staff. In doing so it offers a degree of protected time for the most specialist and most finite resource (consultant expertise) to be targeted at the most complex tasks that can only be undertaken within that skill set. Medical posts at a lower banding could therefore support progression in developing a more sustainable model to deliver essential care and support in the future.

#### **5. SUMMARY OF IMPLICATIONS**

- (a) **Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 20 “Partners in Care 2022 – 2032”**
- (b) **Policy and Legal**  
Consultations would be held with the Royal College of Psychiatrists with whichever model is followed to ensure compliance with policy, legislation and good practice.
- (c) **Financial implications**  
Locum cover is a significant risk and contributing factor to overall budget pressures. Therefore an alternative service model will need to be progressed.
- (d) **Risk Implications and Mitigation**  
Due to the inability to recruit to the substantive consultant vacancy the service have had to continue to use high cost agency locums to support the existing service model. The mitigation is that proposals have been drawn up to strengthen leadership to progress service redesign and the new service manager will progress these. Staff will be supported with the journey of change.

**(e) Staffing Implications**

Current staffing within the Older Adult Service is as follows –

Consultant Psychiatrist – 1.0 whole time equivalent (wte) plus 1.0 wte Locum

Specialty Doctor – 0.5 wte

Consultant Psychologist – 1.0 wte

Occupational Therapist – 1.0 wte

Nursing – Band 7 – 1.8 wte

Band 6 – 2.0 wte

Band 5 – 3.86 wte

Band 3 – 4.87 wte

**(f) Property**

Further challenges arise out of the need to vacate Pluscarden Clinic whilst MRI scanner and ligature works are done. It will be important for staff support and cohesion to have access to work space where the team can be co-located. This would also be essential for embedding new system processes and ways of working.

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

It is not felt that the proposed change is prejudicial to staff or population needs.

**(h) Climate Change and Biodiversity Impacts**

There are no direct climate change and biodiversity implications.

**(i) Directions**

None arising directly from this report.

**(j) Consultations**

Staff team require to be consulted further on this.

**6. CONCLUSION**

**6.1 It is accepted that there is a limit to the number of times vacant consultant post can be advertised with no prospect of successful recruitment.**

**6.2 There is a pressing need to develop an alternative service model that is clinically fit for purpose and ensures safe treatment and support for the older adult population of Moray with mental health needs.**

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Background Papers:

Ref: