A Grampian-wide Strategic Framework

For Future-Proof, Sustainable Mental Health and Learning Disability Services

April 2020 - April 2025

Aberdeen City Health & Social Care Partnership
A caring partnership

Aberdeenshire Health & Social Care Partnership

Health & Social Care Moray

NHS Grampian

For more information contact:
Kay Dunn, Lead Planning Manager (Grampian-wide Review MHLD)
Tel: 01224 557840
Email: kay.dunn1@nhs.net

This publication is also available in other formats and languages on request.
Please call Equality and Diversity on 01224 551116 or 01224 552245
or email grampian@nhs.net

Ask for publication CGD 190778

Contents

Executive Summary

This document provides the high-level principles and structure for the approach to Mental Health and Learning Disability (MHLD) provision across Grampian. It has been produced with multiple partners and sets the direction for how we will shift the balance of provision around the needs of people in a sustainable way.

Our ambition and our challenge is to integrate services across partners based on the needs of our population rather than preserving institutional and professional boundaries. We need to be focused on a shared vision of collaborative leadership being developed through all frontline teams, internally and externally, to meet the population needs and shift demand for services from downstream to upstream.

We aim to ensure that we preserve the quality of our health and care services across the partners through more integration of these services, whilst at the same time, trying to place more emphasis on health improvement. Understanding that a deliberate shift in resource will potentially cause a deterioration in the current quality measures of the health and care system but holding the line and being clear on what outcomes we are trying to achieve.

Changing entire systems in the public sector is difficult; we need to continue to deliver services - they cannot be stopped, redesigned then started again. This will involve frontline teams working to overcome professional barriers so that they can coordinate care effectively, whereas in others it will require senior leaders to work together to remove organisational obstacles to deliver better value for the populations they serve.

We have a desire and obligation to balance a focus on greater integration of services within health and social care partners with an equal and appropriate focus, as specialist as necessary as local as possible.

Across Grampian, increasing numbers of people experience mental health problems or are living with a learning disability. The current model of care is no longer fit for the future if we are to meet the increasing demand and more complex needs of a changing demographic.

The ongoing challenge to recruit to clinical and nursing posts in mental health and learning disability services is also impacting on the sustainability of the current model of care. Our changing demographic will likely increase the number of people who will require support. It is agreed that the current way we deliver services is not sustainable to meet this increased need as the specialist workforce will not be available. We need to consider and design new ways of supporting people, considering new roles and how we work together to meet the challenges.

A change is required to get better at supporting people with maintaining their own wellbeing, reducing the impact of mental health problems and providing timely and effective early intervention in the community.

There will always be some people who need the safety and specialist support of a multi-disciplinary team in a hospital setting, we understand that this requires specialist skills and knowledge to deliver this support. Where people need support in a hospital setting they should have timely access to services as specialist as necessary.

To realise Grampian's mental health and learning disability priorities we need to work more effectively together as a whole system to deliver sustainable change and better the lives of people with mental health problems and learning disability.

Partners will continue to take a population needs led approach to the delivery of services in communities and this framework will ensure a more coordinated multi-agency approach with more specialist services, including inpatient services that are provided for the Grampian population. We will continue to work with our regional and national partners to develop the services we provide on behalf of the wider population.

This framework reflects the building blocks of new ways of designing and coproducing support, it will require significant culture change, with brave, bold decisions to be made; a programme approach is required over a number of years to ensure sustainable and transformed delivery to shift the balance from hospital to community settings and provide timely and equitable access to mental health and learning disability services for the Grampian population.

Pam Dudek
Moray HSCP

Angie Wood
Aberdeenshire HSCP

Sandra Macleod
Aberdeen City HSCP

Alan Gray
NHS Grampian

Our Vision

Working together across sectors and with communities to deliver the full spectrum of mental health and learning disability services for the people of Grampian.

Our Guiding Principles

- System-wide framework for organising and delivering services.
- As local as possible and as specialist as necessary.
- Pathways of care.
- Crisis services and 7 day support across all 4 tiers.
- Strategic commissioning of the whole pathway across sectors.
- Integrated workforce planning.
- System-wide collaboration.
- Working together to balance a population approach , person centred care and securing best value with the available resource.

The Journey Forward

The strategic framework provides high level direction and it is for the Health and Social Care Partnership (HSCPs) and inpatient and specialist Mental Health and Learning Disability Services (MHLD) services individually and collectively to decide on the priorities according to local circumstances and need in relation to the following recommendations:

1) A Transformation Board will be established with representation from each of the HSCPs, inpatient and specialist MHLD services to drive, support and oversee implementation of this plan.

2) There will be an agreed system-wide framework for organising and delivering services based on the 4 Tier Model (described on page 18) and Thrive Framework.

3) Each partnership will review the range of preventative and early intervention services available to the further develop tier 1 and 2 provision to ensure services are as local as possible and as specialist as necessary. Information about the availability of services in local communities will be readily available.

4) Pathways of care will be defined, agreed and clearly communicated to all who deliver, refer to and access services. The four Pillars of the Grampian Clinical Strategy will underpin this work and greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is required.

5) We will redesign our crisis response services to ensure there is access further upstream in tiers 1 & 2 rather than only when someone is receiving specialist services. These services will be available 7 days per week.

6) To enable voluntary sector organisations to play to their strengths strategic commissioning arrangements will be reviewed to promote collaboration and coordination across the sectors.

7) There will be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries in support of a more cohesive workforce. There will be a determined system-wide effort to improve retention.

8) A system-wide MHLD infrastructure will be established as guided by the Transformation Board to support collaboration, sharing of information, intelligence and learning.

9) A whole-system approach to leadership development and culture change will be employed to support implementation of this strategic framework.

10) A measurement framework will be developed by the Transformation Board to measure progress, it will reflect essential national policy directives and locally defined priorities.

1. Introduction

In January 2019, the three Integration Joint Boards (IJBs) and the System Leadership Team of NHS Grampian (NHSG) jointly made a commitment to carry out a strategic review to place the Grampian system-wide MHLD services on a more sustainable footing. The specific aims of the Grampian-wide review were to:

- Inform a programme for sustainable, future-proofed delivery of person-centred MHLD care, incorporating local and regional delivery requirements
- Develop a robust co-produced integrated plan for the sustainable provision of MHLD services which optimises outcomes and meets population needs
- Establish the appropriate arrangements for the delegation of inpatient and specialist MHLD services which optimises outcomes and meets people's needs

This strategic framework describes the review process and sets out guiding principles for supporting collaboration across the partnerships in the delivery of integrated, high quality and sustainable MHLD services for the people of Grampian and associated populations.

The strategic framework is a high level framework that sets out:

- Our vision and guiding principles
- Priority themes to be developed across community, inpatient and specialist MHLD services
- A tiered pathway to inform the transformation and future delivery of MHLD services
- Supports a whole system approach to implementation of the strategic framework
- Sets out the next steps in the journey forward to ensure future proof and sustainable MHLD services

1.1 Scope

The strategic framework aims to respond to all individuals, families and carers who require support from mental health and / or learning disability services whether their needs can be me at home, in their community or in an inpatient or specialist service setting.

1.2 Context - The Case for Change

Current Challenges

The overall provision of MHLD services across Grampian and between sectors, agencies and departments requires a more cohesive approach. A single map or overview of available services and how they interconnect and function as a system would better enable professionals, service users and their families get to the right person, at the right place at the right time. Staff, including General Practitioners (GPs) need to be more knowledgeable about the different parts of the system, how they link up and how to guide people through services.

There is recognition of the impact on staff health and wellbeing from pressures caused by recruitment and retention issues, especially in nursing and clinical roles. These pressures are causing significant problems for the continuity of care. The ongoing challenges with the recruitment and retention of the workforce has led to significant concerns with regard to the future sustainability of services.

Dedicated services for crisis and emergency intervention are lacking capacity and require to be more accessible.

In parallel changes as a result of digital technology, an ageing demographic presenting with Long Term Conditions (LTC) and more complex needs are key drivers for the transformation of health and social care services. Future generations' access to information and their expectations of health and care services will be significantly different from that of their predecessors. Against this backdrop and with more care being delivered as close to home as possible, there is a need to ensure MHLD Services across Grampian are fit for purpose and enabled to deliver high quality care in sustainable services.

These ongoing challenges have led to a fragile and unsustainable service model which will require significant redesign and transformation to ensure a future proof and sustainable MHLD services moving forward.

The delivery of the Strategic Framework will require a phased approach. The ambitions for the future of MHLD must prioritise establishing resilience within the services from which to build a future proof and sustainable model of care. The future transformation to a more community based model, ensuring timely access to specialist support for those who need it will require a system-wide leadership approach to maximise the available resources. Those leading the delivery of MHLD services across Grampian can learn from the phased approach to integration and shifting the balance towards community based services achieved through the delivery of Integrated Children's Services Plans (ICSPs) and Primary Care Improvement Plans (PCIPs).

National Drivers MHLD Services

This strategic framework for the future-proofing of services covers MHLD. Mental illness is one of the major public health challenges in Scotland with around one in three people estimated to be affected by mental ill health in any one year[1]. A ten year Mental Health Strategy for Scotland was published in March 2017 with 40 specific actions. Each action tackles a specific issue intended to make a positive and meaningful difference to people with mental health issues.

The Scottish Government's Learning Disability Strategy 'Keys to Life', published in 2013[2] and refreshed in 2019[3], and the Coming Home Report 2018 recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by a vision shaped by the Scottish Government's ambition for all citizens. There is a call to action for "a step change if we are to truly deliver fair opportunities for everyone in Scotland with a learning disability to live happy, healthy, fulfilling lives…"

There is a growing recognition that alongside policies and structural changes, there is a need for an intentional focus on a more transformational approach to leadership. Achieving a common set of outcomes, as set out in the in the National Performance Framework (NPF)[4], means that people across Scotland need to work together more effectively across communities, national and local government, in all the statutory bodies, across the voluntary sector and in businesses[5].

1.3 Integration of Health and Social Care

The challenge for all public services is finding the right balance between delivering cross-sector integrated local services **within** communities whilst also collaborating **between** communities to ensure equity and efficiency as well as access to specialist provision when required.

The Health and Social Care Partnerships (HSCPs) in Aberdeen City, Aberdeenshire and Moray are all at different stages having recently approved their local Mental Health Strategic Frameworks and Action 15 Delivery Plans (the Scottish Governments commitment set out in the National Strategy for Mental Health 2017-2027 under Action 15: to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings) and the intention is not to duplicate or undermine these plans. Our intention is to build on the excellent work already taking place and to create a Grampian-wide infrastructure where the three partnerships can connect and address the challenges that no one partnership can solve in isolation.

The integration of health and social care clearly sits alongside the wider Community Planning Partnerships (CPPs) Local Outcome Improvement Plans (LOIPs) in Aberdeen City, Aberdeenshire and Moray.

1.4 Consolidating the Delegation Arrangements

The community mental health, learning disability and substance misuse services are delegated to Aberdeen City, Aberdeenshire and Moray IJBs and operationally managed by the 3 HSCPs.

Under the auspices of this review the acute inpatient and specialist MHLD services, other specialist services and Child and Adult Mental Health Services (CAMHS) are to be delegated to the three IJBs through a partnership arrangement with Aberdeen City HSCP. Previously they had been delivered by NHSG under an interim arrangement, with the exception of Moray IJB who have delegated their two local inpatient services to the HSCP already.

With the delegation of services due to be complete in April 2020, the time is right to work together to transform services to better meet local needs within this changing context.

1.5 Policy Context

The national and local policy landscape which has guided the development of this strategic framework can be found in Appendix 1.

How will the needs change in the future?

- By 2035 it is projected the population aged 65-85 will rise by 39% and those over 85 by 123% (the % increase in over 85s is projected to be more than almost anywhere else in Scotland)
- More people will be living alone – by 2035, 114,000 are expected to be living on their own which represents 37% of all households.
- 40 claimants per 100,000 of the population in Grampian have a mental health diagnosis, compared to 36/100,000 in Scotland.
- The number of people living in Grampian by 2035 could be 672,000, 87,000 higher than it is today'
- Almost 50,000 people in Grampian live in remote and rural areas, with long distances to travel for healthcare and this number will grow considerably in the next 20 years.
- The number of people with dementia is expected to increase considerably and many more people will experience multiple Long Term Conditions.

How well are our services doing at supporting improved outcomes for people with MHLD?

- There was 1,297 total spells of In-patient Admissions for Mental Health Specialties in Grampian, significantly lower than 1,709 2013/14.
- The Grampian rate of Emergency Detention Certificates (EDCs) initiated per 100,000 population was 19.7, significantly lower than the Scotland rate of 52.8
- The Grampian rate of Short Term Detention Certificates (STDC) per 100,000 was 68.1, significantly lower than the Scotland rate of 86.8
- 18.7% of compulsory In-patients (General Psychiatry) compared to 18.6% in Scotland.
- The average length of stay for mental health care in NHSG was 73.1 days with a median of 20 days. Across Scotland the average was higher, at 83.3 days, but the median was lower, at 18 days.
- 12.6% of patients discharged in Grampian were re-admitted within 28 days, compared to 12.7% in Scotland. 27% were readmitted within 133 days, compared to 24.2% in Scotland.
- 81.3 % of voluntary In-patients (General Psychiatry) compared to 81.4% in Scotland.
- 13.4% of compulsory In-patients (Old Age Psychiatry) compared to 19.6% in Scotland.
- 86.6% of voluntary In-patients (Old Age Psychiatry) compared to 80.4% in Scotland.
- The rate of Compulsory Treatment Orders per 100,000 population in Grampian was 23.4%, lower than the Scotland rate of 28.2%
- 50.8% of young people commenced treatment by specialist Child & Adolescent Mental Health Services within 18 weeks of referral, compared to 64.5% in Scotland [national standard of 90%]
- 95.1% of people commenced drug and alcohol treatment within the national standard of 3 weeks, compared to 94.7% in Scotland.
- 75.2% of patients who commence psychological therapy based treatment within 18 weeks of referral, compared to 79.4% in Scotland [national standard of 90%]

What do we spend on MHLD services?

- The total (net) expenditure for general psychiatry services for 2017/18 was £73.4m for NHS Grampian. This was equivalent to £125 per head of population which compared to £178 across Scotland and as much as £245 in Greater Glasgow & Clyde.
- In 2017/18 General psychiatry community expenditure per head of population 2017/18 was £30.7m for NHSG, which was 42% of total expenditure for general psychiatric services, compared to 37% in Scotland.
- The gross ingredient cost for medicines in Mental Health per head of population increased from £14.99 in 2016/17 to £19.48 in 2017/18. The latter compared to £19.66 across Scotland.
- NHSG spend on General Psychiatry was 6.7% of the total NHSG expenditure compared to 8.4% in Scotland.

NHS Grampian 'Clinical Strategy' 2016-2021, ISD Scotland 'Adult Mental Health Benchmarking Toolkit (presents data up to 31st of March 2018), published March 2019.

2. How The Strategic Framework Was Developed

2.1 Staff Engagement

This review has been a 'front-runner' project in road-testing a strategic framework process which has been developed by the Grampian Joint Chief Officer's Group and NHSG System Leadership Team (SLT).

The agreed planning framework for this strategic review included a staff survey and three half-day staff engagement workshops to ensure input from a broad range of stakeholders. Workshops 1 and 2 took place on 15th March 2019 and 15th April 2019. Over 70 people attended each session. The first workshop considered the current challenges and opportunities for transforming services and the second workshop focused on what is needed to move from 'business as usual' to the envisioned future state.

The third workshop, which took place on 17th May 2019 was attended by 60 people. Attendees heard preliminary feedback from a consultation with people with lived experience of services, conducted by the Health and Social Care Alliance (see below), and considered the emerging shape of services from the previous conversations.

2.2 The Voice of People with Lived Experience of Services

The Health and Social Care Alliance Scotland (the ALLIANCE) undertook a Grampian wide consultation process to engage local people, communities and Third (voluntary) Sector organisations in informing the Grampian strategic review of Mental Health and Learning Disability services[9]. The ALLIANCE held six afternoon and evening engagement events in five geographical areas across Grampian over three days from 29th April 2019 to 1st May 2019.

These sessions were promoted and supported by the Third Sector Interfaces (TSIs) in each of the three IJB areas in Grampian i.e. Aberdeen Council of Voluntary Organisations, (Aberdeen City), Aberdeenshire Voluntary Action, (Aberdeenshire) and TSIMoray (Moray) and by NHS Grampian through its networks and GP practices.

Over 500 voluntary and community groups were contacted by the TSIs through their networks. In addition, the ALLIANCE promoted the events through its membership list (2700), Self-Management Network, and ALISS (A Local Information System for Scotland).

In total 124 people participated in the six events over the three-day period. In excess of 650 responses, comments and statements were recorded over this time.

The aim of the events was to offer an opportunity for those with current and previous experience of mental health & learning disabilities services in Grampian to share and discuss this so as to include the perceptions of users, carers, families and support providers in the strategic review process.

In addition to the face to face sessions, an online survey and accessible information pack were used (the latter to facilitate engagement with Learning Disability lived experience). These returns have been added to the overall feedback provided by the ALLIANCE.

The events took the form of facilitated discussions based around four core questions:

- What are the challenges facing someone accessing mental health and learning disability support and what needs to change?
- What works well and which services are valued?
- What kind of support is missing?
- Is there anything else you would like to tell us?

The key messages from the ALLIANCE conversations with people with lived experience of services can be found in Appendix 2.

3. Priority Themes From The Strategic Review

The consolidated themes from the three workshops along with the engagement sessions with people with lived experience provide the direction of travel for this strategic framework.

3.1 Building on Strong Foundations

Considerable progress has already been made by each of the HSCPs in redesigning services to meet the challenges brought about by changing trends and policy imperatives. HSCPs have progressed the investment in self-management and early intervention and support in communities through the Transformation Fund and delivery of PCIPs (e.g. Link Workers and Community Psychologists). Grampian now has a low bed base compared to most other health boards and it has the second lowest emergency detention rates in Scotland. There has been progress in transforming CAMHS and in providing intense support at home to prevent admission to hospital.

Service redesign has seen expanded roles in nursing and occupational therapy and voluntary sector partners have been playing an increasing role in mainstream services such as in providing Distress Brief Interventions (Penumbra) and in-reach to patients whilst in hospital (SAMH).

However, recruitment problems leading to concerns about safe staffing levels have called into question the future viability of the current pattern of services in meeting current and future need. This has brought into sharp focus the urgent need for a major transformation programme.

The main challenges highlighted in the engagement sessions related to fragmented services; long waiting times for some services; lack of access to crisis support and out-of-hours provision across all 4 tiers of service delivery; availability of transport for service users; finance and budget silos (where funds or assets are kept separate from other funds or assets of a similar type in other services and organisations and this gets in the way of ensuring best value); risk aversion compounded by the perceived pressures and direction of scrutiny and assurance and the lack of joined up IT systems.

In addition there was seen to be a need for a more cohesive approach to supporting people in the community with a map of available services. It was also thought that current commissioning arrangements were preventing voluntary sector organisations from fully playing their part in service delivery.

Day services and respite facilities for people with Learning Disability were deemed positive and could be further improved by ensuring more user involvement in service planning and development.

Considerable progress has already been made by each of the HSCPs in redesigning services to meet the challenges brought about by changing trends and policy imperatives.

3.2 A Tiered, Pathway Approach

A tiered whole system pathway approach was given prominence in the workshop conversations. It was seen as a useful way of organising and delivering a comprehensive suite of services across the spectrum from prevention, early intervention and timely access to specialist services as needed.

> "Makes sense at a high level"
>
> "Tiered model should allow us to focus on our areas of interest and expertise…"

However, there were some notes of caution. These related to concerns about the model being potentially inflexible and It is therefore important that a tiered model is flexible and enables people to access support across tiers in order to meet their needs. There should be a 'no wrong door' approach when people are seeking support from services.

For a tiered approach to be workable there is a need for clarity around thresholds and evidence-based pathways to ensure a seamless flow through the system. In-reach/intensive outreach arrangements are seen to be important and examples from Newcastle, Utrecht, Dumfries and Galloway were cited.

There is believed to be an absence of infrastructure for delivering services at levels of 1 and 2 of the tiered model and investment (or resource transfer) would be needed to support development. Initiatives could be introduced to support GP managed mental health and wellbeing support in primary care settings and more community based support for people leaving hospital to ensure they receive the right level of support and are not at risk of being readmitted due to lack of community resources and support.

There is seen to be a better way to manage crisis-related hospital admissions and a proposal was put forward for the redesign of crisis services i.e.

> "…bring these downstream because crisis doesn't always mean high tariff complexity that requires medicalised interventions – bring to appropriate level to avoid longer term blockages in specialist services (these should be for the few not the many, but the skills and expertise of staff cascaded down the tiers to support the many)".

A 7-day service was mooted but there was some caution expressed about financial resources and workforce availability. However, there was also thought to be a role here for voluntary sector organisations e.g.

> "Greater collaboration could make this work. Some third sector staff are available at the weekends which might better manage risk".

The need to ensure a continued focus on dementia as a national priority was highlighted during the consultation.

Questions remain about how the tiered model would operate across Grampian. For example, will there be commonality of approach or will it be for each partnership to decide on the shape and delivery of services? And if this is the case how will the more specialist end of services at tiers 3 and 4 be shaped and delivered? Stakeholders felt on balance that a set of principles rather than definitive actions might create the best conditions for forward movement in this respect.

3.3 Equal Partnerships

A greater reliance on voluntary sector provision is seen as fundamental to the future sustainability of services particularly at levels 1 and 2 but there were also examples of initiatives where voluntary sector organisations were active in the more specialist end of services. There was also a recognition of the vital role played by un-paid carers and how we support them to continue in their role.

There was a view, however, that the system does not always make it easy for voluntary sector organisations to fully play their part and that work is needed on the commissioning process to support collaboration and minimise competition. There was also seen to be a need to address negative attitudes towards voluntary sector provision e.g.

> "There's a perception that 3rd sector organisations are second class services".

3.4 Workforce and Cross-Boundary Working

Workforce availability was highlighted as a major concern in all three workshops. The need for creative recruitment approaches and a determined emphasis on improving retention was given prominence. However, there were also calls for further work to improve how the different sectors work together.

> "How do multi-professionals link to the third sector? There's a lot of skills and knowledge out there. They are vital…" "(It's) all about relationships/trust…"

Stakeholders recognised the natural tension between the need to deliver services within local communities whilst also having whole system specialist services for the people of Grampian. How people work together will be crucial to success in navigating this complexity and a number of suggestions were put forward e.g.

> "(Need) true co-production of services so implication of changes on other areas can be understood and planned well and implications on service users made fully explicit"
>
> "Build on existing pan-Grampian and MH&LD strategy groups to build networks as lots of information out there to share and learn from".

A specific issue was identified in relation to the Health and Care (Staffing) (Scotland) Bill. The Bill for this Act of the Scottish Parliament was passed by the Parliament on 2nd May 2019 and received Royal Assent on 6th June 2019. The Health and Care (Staffing) (Scotland) Act 2019 places a statutory duty on geographical health boards and associated agencies to ensure providers in health and care sectors have the appropriate workforce in place to deliver safe and high quality care. Health boards and IJBs are working to fully understand the implications which are likely to have a bearing on the future delivery of MHLD Services across Grampian.

3.5 Supporting Transformation

Stakeholders accepted the case for change. They acknowledged that the level of change needed in some instances is profound and that this would be unsettling for staff, service users and the possibly the public.

> "Needs a dynamic shift and an acceptance of what MUST change".

A number of suggestions were put forward to support the change process. These include "describing what is going to look different" with a "timeline and clear objectives for the changes" and to "translate these into concrete steps". The approach should also include:

> "a process for monitoring progress, feedback mechanisms to stop things go off track, capturing unintended consequences and flagging up where things didn't work".

In terms of the change management process there was seen to be a need for "a coordinated engagement approach about what is happening". Effective leadership is needed. Leaders at all levels who are "invested in the change and who can describe the benefit to the organisation and who, in turn, can support staff to commit". Importantly, leaders who are "listening and able to really answer questions."

> "Service redesign needs to be driven by necessity and get people onside with effective leadership".

3.6 The Communication Needs of Our Local Ethnic and Disability Communities

To assist staff to communicate with non-English speaking patients and their families and carers, the "Language Line" telephone interpretation service is available. By prior arrangement, "face to face" interpreters are also available. If the patient and their family members and carers have a communication disability, appropriate communication support such as British Sign Language (BSL) interpretation can be provided. Information in other formats can also be made available

4 Vision And Guiding Principles

There is general support for the vision and guiding principles set out to ensure future proof, sustainable delivery of MHLD services. It is important to acknowledge that service improvement must be delivered within the available resources to ensure effective and efficient delivery of service.

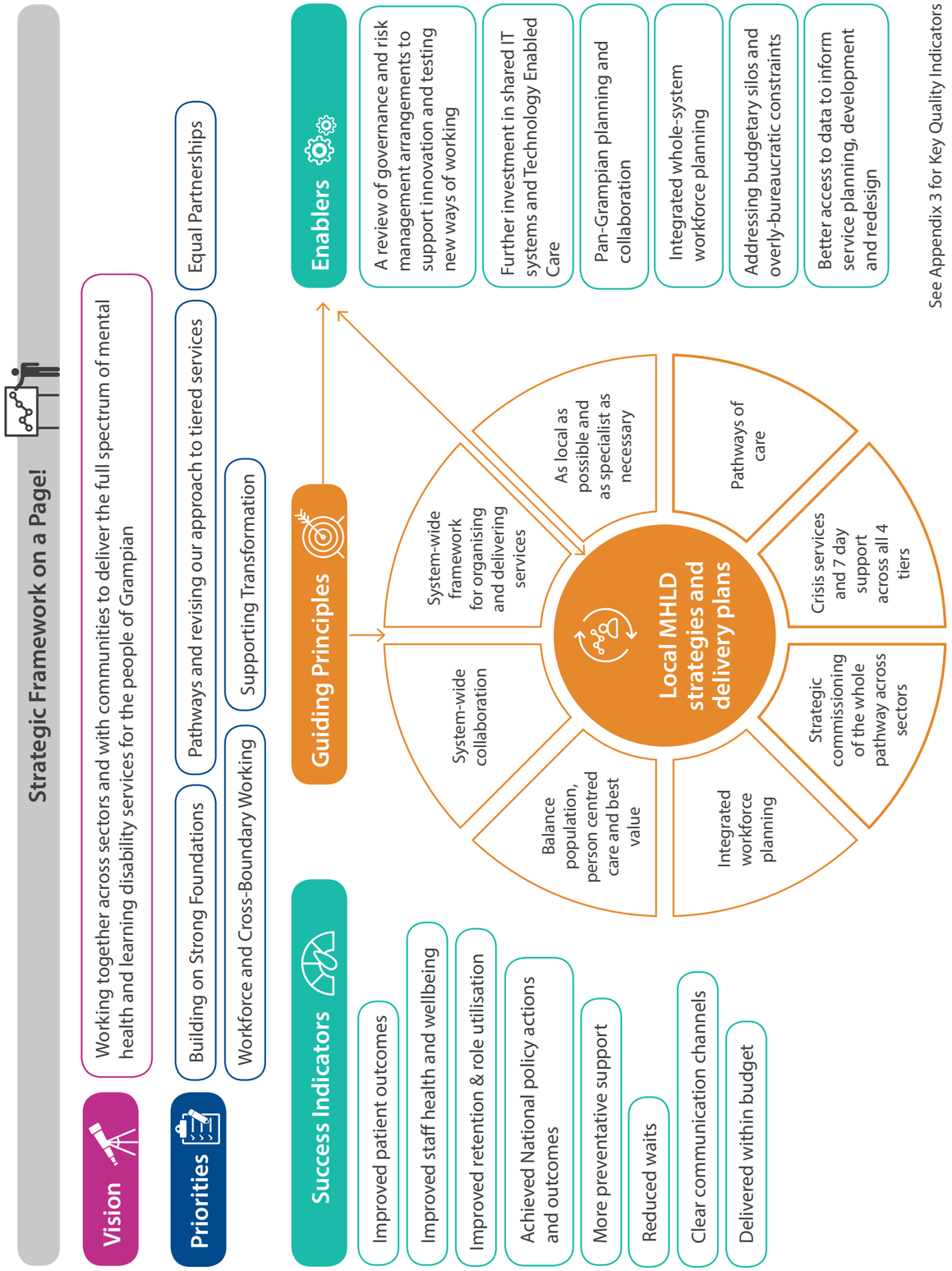
Vision

> **Working together across sectors and with communities to deliver the full spectrum of mental health and learning disability services for the people of Grampian.**

We are grateful for the time and commitment staff and people with lived experience of services gave in contributing to this review. The solutions have emerged from these conversations. These are offered in the form of a series of principles to guide local and system-wide action.

Our Guiding Principles

- System-wide framework for organising and delivering services
- As local as possible and as specialist as necessary
- Pathways of care
- Crisis services and 7 day support across all 4 tiers
- Strategic commissioning of the whole pathway across sectors
- Integrated workforce planning
- System-wide collaboration
- Working together in order to balance a population approach, person centred care and securing best value with the available resource



See Appendix 3 for Key Quality Indicators

Guiding Principles

4.1 System-wide Framework for Organising and Delivering Services

To ensure people who need support, care and treatment are seen by the right people, in the right place, at the right time there is a need for a systematic way of organising and delivering services.

The 4 Tier Model is already familiar to many staff and appears to be a logical way of differentiating levels of need. Moreover, it provides a common language about services and a logical way of allocating resource. Partnerships are urged to agree a common approach based on the tiered approach with clear thresholds, flow and mutual support across tiers.

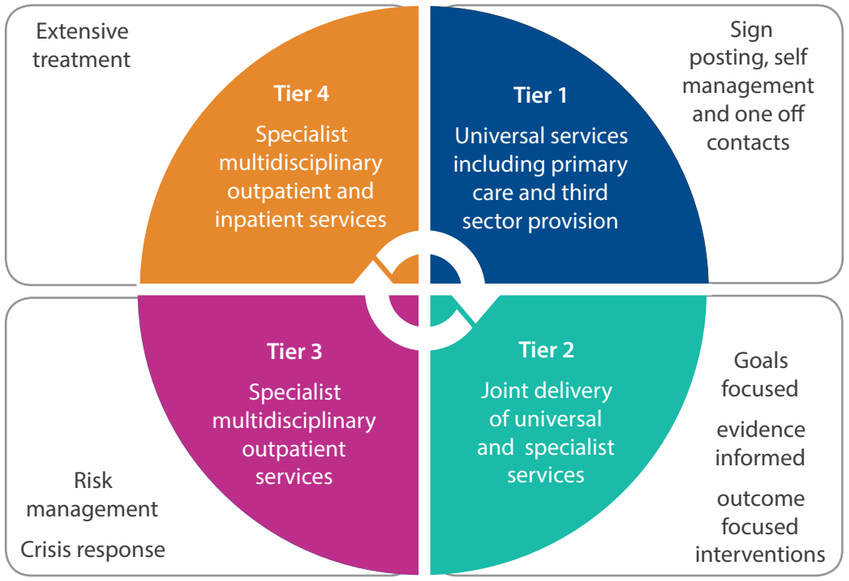
Shifting the balance of care from hospital to community requires capacity building within communities. Ideally a co-produced approach which enables professionals and citizens to make better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency[10].

Thrive is a needs-led framework[11] which provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help Getting Risk Support.

The framework is currently used within CAMHS and will be adopted for more general use across MHLD services.

A visual representation of the 4 Tier Model overlain with the Thrive Framework is presented in Fig.1 below. Taking cognisance of the concerns expressed during the staff engagement sessions about the tiered model being seen as hierarchical and potentially inflexible the tiers are flattened to represent a greater ease of movement and flow within and between the tiers.

Fig. 1 Framework for Organising and Delivering MHLD Services



Adapted from the 4 Tier Model and Thrive Framework

4.2 As Local as Possible as Specialist as Necessary

Stakeholder feedback suggests that preventative and early intervention services are patchy. As such each partnership should review the range of provision in levels 1 and 2 of the tiered model. This should focus on needs and gap analysis, and is likely to require a strategic commissioning approach to addressing these.

We heard from people with lived experience of services that better sign-posting of what is available within local communities is needed and ALISS (A Local Information System for Scotland) was commended in this respect. Improving the knowledge of mental health in the general population to promote self-management and self-directed support is also seen to be a priority.

4.3 Pathways of Care

Staff and people with lived experience told us that services at tiers 3 and 4 (MHLD community teams, inpatient services and other specialist services, many of which are provided on a Grampian-wide basis) are under intense pressure. With three partnerships accessing certain Grampian wide inpatient and specialist MHLD services there is a need to ensure that pathways of care are defined, agreed and clearly communicated to all who deliver, refer to and use services. The four Pillars of the Grampian Clinical Strategy should underpin this work i.e. prevention; self-management; planned care and unscheduled care. Greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is strongly recommended, and there is considerable scope for a shared approach to understanding the needs at tiers 1 and 2 in order that support be provided for people in distress but for whom referral to specialist services may not be appropriate.

4.4 Crisis Services and 7 Day Support Across All Tiers

Consideration should be given to a redesign of crisis response services to ensure there is access further upstream i.e. tiers 1 & 2 rather than only when someone is receiving specialist services. Ideally, there should be access 7 days per week and delivered through multi-sector collaboration with the ability to refer to specialist advice as required. The redesign must also address the current workforce and financial pressures in the system and explore the mix of clinical and professional roles and include consideration of the part the Third Sector can play in any new model moving forward.

4.5 Strategic Commissioning of the Voluntary Sector

To enable voluntary sector organisations to play to their strengths, commissioning arrangements should be reviewed to promote collaboration and coordination within the sector. The aim is to assist voluntary sector partners to work with each other as well as in partnership with statutory services to meet identified needs and desirable outcomes within communities, promoting the chances of successful recruitment, retention and delivery of desired outcomes.

4.6 Integrated Workforce Planning

There should be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries. Efforts to recruit to hard-to-fill posts should continue but with a focused emphasis on improving retention and continued engagement with staff partnership.

4.7 System-wide Collaboration

HSCPs have a duty to collaborate and this should involve clear and active participation in appropriate pan-Grampian structures designed to ensure consistency, governance, effective communication, shared intelligence and learning in relation to MHLD. These arrangements should be articulated and engaged with by staff positioned to speak on behalf of their whole HSCP.

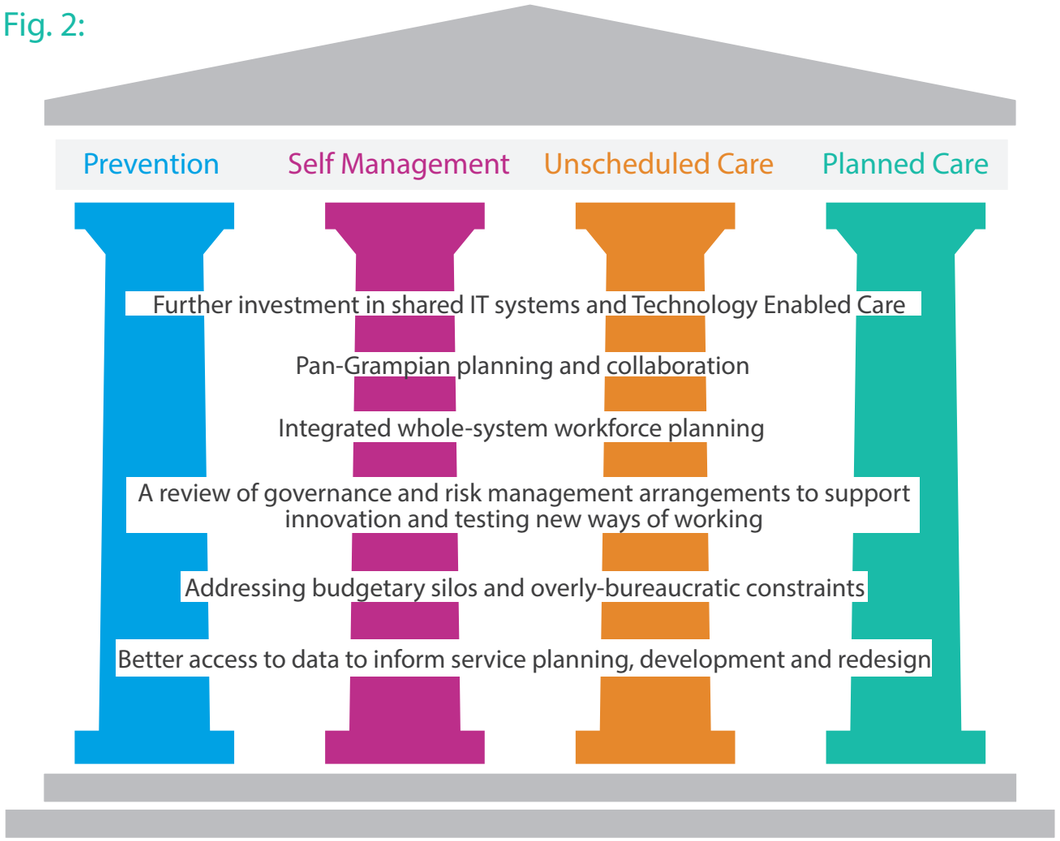
5 Enabling Transformation

The guiding principles are ambitious in their reach and will require a whole-system response. A number of actions were identified by staff that would act as enablers in a transformation process. These are:

- A review of governance and risk management arrangements to support innovation and testing new ways of working.
- Further investment in shared IT systems and Technology Enabled Care.
- Pan-Grampian planning and collaboration.
- Integrated whole-system workforce planning.
- Addressing budgetary silos and overly-bureaucratic constraints.
- Better access to data to inform service planning, development and redesign.

We believe that making progress in respect of these enabling factors would positively impact on the future development of services and new approaches across pathways of care, as envisaged in the Grampian Clinical Strategy. Figure 2 below shows the 4 pillars of the clinical strategy overlain with these enablers.

Fig. 2:



6 Supporting Implementation

To drive and oversee the delivery of this strategic framework it is recommended that a Transformation Board be established with representation from each of the HSCPs, inpatient and specialist services. Consideration should also be given as to the perspective of lived experience and multi-sector input in this regard.

6.1 Leadership Development and Culture Change

Progress has been made in redesigning MHLD services in the face of intense pressure and recruitment problems but further transformation is needed to ensure services are fit for purpose, future proofed and digital solutions are put in place to support new ways of working in the future model of care.

Systemic approaches enable people to see beyond issues at an individual or team level to reveal wider system or cultural dynamics that might be getting in the way. As such a whole-system approach to culture change is needed where staff at all levels of the organisation are supported to implement changes. This is about leadership, relationships and trust.

6.2 Measuring Success

Success will be measured by the extent to which there are sustainable services in place implementing the outcomes set out in the national mental health and learning disability strategies. A measurement framework will be developed by the Transformation Board and each partnership will ensure their strategy and delivery plan guides local action in this respect. Those with lived experience will be key partners in helping us evaluate the impact of the transformation on improving the outcomes of people who use MHLD services in Grampian. The Transformation Board (Grampian MHLD) will ensure we engage with people through our existing lived experienced networks across the 3 HSCPs throughout the lifetime of the Grampian-wide Strategic Framework for MHLD. See Fig. 3 below.

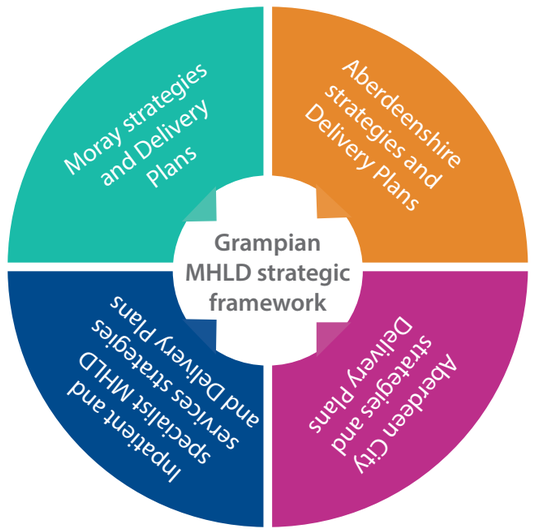


Fig.3 Framework for Delivering the Strategic Framework

7 The Journey Forward

Progress has been made in redesigning Grampian MHLD services in the face of intense pressures and recruitment problems but further transformation is needed to ensure services are fit for purpose and future-proofed. This requires a whole-system effort as the sustainability issues cannot be addressed by any one partnership or sector alone.

The strategic framework provides high level direction and it is for the HSCPs and inpatient and specialist MHLD services individual and collectively to decide on the priorities according to local circumstances and need in relation to the following recommendations:

1. A **Transformation Board** will be established with representation from HSCPs, inpatient and specialist MHLD services, Police and Third Sector to drive, support and oversee implementation of this framework. How best to ensure representation from service users and carers should be explored. The terms of reference, membership and governance arrangements will be publically available.
2. There will be an agreed **system-wide framework for organising and delivering services** based on the 4 Tier Model and Thrive Framework.
3. Each partnership will review the range of preventative and early intervention services available using the system-wide framework to the further develop levels 1 and 2 provision to ensure services are **as local as possible and as specialist as necessary**. Information about the availability of services in local communities will be readily available.
4. **Pathways of care** will be defined, agreed and clearly communicated to all who deliver, refer to and access services. The four Pillars of the Grampian Clinical Strategy will underpin this work and greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is required.
5. We will redesign our **crisis response services** to ensure there is access further upstream in tiers 1 & 2 rather than only when someone is receiving specialist services. These services will be available 7 days per week.
6. To enable voluntary sector organisations to play to their strengths **strategic commissioning arrangements** will be reviewed to promote collaboration and coordination across the sectors.
7. There will be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries in support of a more **cohesive workforce**. There will be a determined system-wide effort to improve retention. Carers will be planned for as part of the workforce.
8. A **system-wide mental health and learning disability infrastructure** will be established as guided by the Transformation Board to support collaboration, sharing of information, intelligence and learning.
9. A **whole-system approach to leadership development and culture change** will be employed to support implementation of this strategic framework.
10. A **measurement framework** will be developed by the Transformation Board to measure progress, it will reflect essential national policy directives and locally defined priorities. This will incorporate the 30 Quality Indicators (QI) for Mental Health and further develop QIs for Learning Disability Services.

Appendices

Appendix 1

National And Local Policy Landscape

Reform of Public Services

The Public Bodies (Joint Working) (Scotland) Act 2014 was granted royal assent on April 1, 2014[12]. The 2020 vision for Health and Social Care and its 'Route Map' sets out 12 priorities for action under three domains - Quality of Care, Health of the Population, and Value and Financial Sustainability[13].

Integration of health and social care is one of Scotland's major programmes of reform. Central to integration is ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. The Act aims to transform the way health and social care services are provided in Scotland and drive real change that improves people's lives.

10 Year Vision for Mental Health

Scottish Government set out its ambition for mental health in its 10 Year Strategy 2017-27 with a call to action to ensure that we "prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems" [14]. They identify four areas for improvement:

- Prevention and early intervention.
- Access to treatment, and joined up accessible services.
- The physical wellbeing of people with mental health problems.
- Rights, information use, and planning.

There is a particular emphasis on increasing the mental health workforce; improving support for preventative and less intensive services including in Child and Adolescent Mental Health (CAMH), reviewing the provision of counselling services in schools and on testing and evaluating the most effective and sustainable models of supporting mental health in primary care.

Scotland's Learning Disability Strategy

'Keys to Life', Scotland's Learning Disability Strategy, launched in 2013 recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by Scottish Government's ambition for all citizens[15].

March 2019 saw the launch of a new 3 year Implementation Framework[16] for the strategy which adopts a 'whole system, whole population and whole person' approach to improving the lives of people with learning disabilities in Scotland. The strategy centres around four key outcomes – A Healthy Life; Choice and Control; Independence and Active Citizenship.

National Dementia Strategy

Improving care and support for people with dementia and those who care for them has been major ambition of Scottish government since 2007[17]. The third National Dementia Strategy (2017-20) was published in June 2017.

The third strategy builds on the progress and maintains a focus on improving the quality of care for people living with dementia and their families through work on diagnosis, including post-diagnostic support; care co-ordination during the middle stage of dementia; end of life and palliative care; workforce development and capability; data and information; and research. Crucially, there is a recognition of the importance of taking a person-centred and flexible approach to providing support at all stages of the care journey.

NHS Grampian Clinical Strategy

The NHS Grampian Clinical Strategy (2016-21) highlights the importance of strategic and systematic change to address the changing healthcare needs over the next 20 years[18]. It recognises the changing role of NHS Grampian and the importance of working collaboratively with the 3 Integration Joint Boards, their HSCPs and with the voluntary sector. The strategy focuses attention on four key areas and calls for action in prevention; self-management; planned care and unscheduled care.

Appendix 2

Listening To The Contributions Of People And Communities

Summary of Key Messages from the ALLIANCE Engagement Sessions with People with Lived Experience of Services

1. Challenges

- The overall provision of Mental Health services across the region and between sectors, agencies and departments lacks cohesion. There appears to be no single map or overview of available services and how they interconnect and function as a system. Staff, including GPs, lack knowledge about the different parts of the system, how they link up and how to guide people through services.
- There is recognition of the impact on staff health and wellbeing from pressures caused by recruitment and retention issues. These pressures are causing significant problems for the continuity of care, and the use of locum staff to cover permanent posts is impacting adversely on people with enduring support needs where a long-term relationship with professionals is important.
- Long waiting times remain a major issue across all services, many of which are perceived as accessible only when people have reached crisis point.
- Whilst many services were deemed to be operating at crisis point, dedicated services for crisis and emergency intervention were specifically mentioned as lacking capacity and require to be more accessible.
- More support and training are needed to address mental health issues in schools, including autism.
- There is a lack of awareness and understanding of the needs and challenges facing people with learning disabilities, not only in daily life but in dealing with professional health and social service staff. Improved training is needed for a range of professionals as well others in the community who engaged with people with learning disabilities.
- People with Learning Disabilities should have a greater role in co-producing the services which are designed to support their needs. This should include a leadership role in service delivery.
- There should be better integration in the planning and provision of Voluntary and statutory sector services.
- The provision of public transport was a significant issue impacting negatively on people's experience in accessing services.

2. What works well?

- The role of Community Links Workers (CLW) was cited as invaluable in supporting people through the system. CLWs are normally situated in GP practices and work with individuals from the practice list populations on a one-to-one basis to help identify and address issues that negatively impact on their health. Central to the approach is identifying and supporting individuals to access suitable resources within the community that can benefit their health and increase health competence.
- Allied to this was the availability of information on supported self-management and local services, specifically mentioned was the 'ALISS' system (A Local Information System for Scotland) funded by Scottish Government and hosted by the ALLIANCE. (ALISS is a national directory of health and wellbeing information that supports signposting)
- Ongoing support from numerous Voluntary Sector and community organisations was mentioned as enabling people to function well in their communities and stay out of hospital.
- Peer learning in schools such as that promoted by the Mental Health Foundation 'Make it Count' programme, had helped to raise awareness
- Day services and respite facilities for Learning Disabilities, where available, were deemed positive but often considered too regimented and need to be user led.
- Adult Learning Disability services in each of the three IJBs are fully integrated, with health and social care staff working together to provide joined up services; this is not however the case with children's learning disability services.

3. What can be improved?

- A joined-up approach to strategic service planning across the region and between provider agencies and inpatient and specialist MHLD services and community sectors is required.
- A better understanding of the issues affecting people with poor mental health and learning disabilities is required by all working in health and social care including GP practice staff, in order to support and guide people who need help accessing services.
- There were calls for Community Links Workers to be employed in all Grampian GP practices.
- Provision of an accessible 24/7 crisis service, such as that provided in Edinburgh, is required to support those with immediate and urgent needs.
- There is an urgent need to address continuity of care caused by recruitment and retention issues, including cover for staff sickness and annual leave.
- Inadequacies in the provision of local transport need to be addressed.
- Increased support for schools to improve understanding of mental health and to respond to challenges facing children is needed. This includes provision of counselling services, psychological therapies and support for prevention.
- There is a need to bring children's Learning Disability services into line with those for adults by introducing integrated teams.
- Voluntary and statutory sector services need to be planned and resourced in a holistic and integrated way in order to optimise resources.

Appendix 3

Mental Health (MH) - 30 National Key Quality Indicators (QIs)

Timely
access to mental health services

- 18 weeks for Psychological Therapies
- 18 weeks for CAMHS
- 3 weeks for drug and alcohol treatment
- % unscheduled presentations to MH services assess within 4 hours
- % of presentation psychosis patients that start SIGN or NICE evidence based treatment within 14 calendar days

Safe
provision of mental health services

- Suicide rates per 100,000 of population
- % discharged in-patients followed up within 7 calendar days
- % unscheduled care presentations where self-harm is a feature
- % lithium toxicity in the last 12 months
- Incidents of physical violence per 1,000 occupied psychiatric bed days

Person Centred
mental health services

- % carers with MH problems supported to continue their caring role*
- % adults with MH problems supported at home reporting maintained or improved quality of life
- % people with MH who report their views taken into account
- Number of people with advanced statements registered per year with the Mental Welfare Commission for Scotland
- % patients seen last month that show improved personal outcomes

Effective
delivery of mental health services

- % number of people spend in hospital when they are ready to be discharged per 1,000 population*
- % people prescribed antipsychotics for reasons other than psychoses and bipolar disorder treatment
- % people with severe and enduring mental illness/ and or learning disability who have had their BMI measured and recorded in last 12 months
- % of patients seen for at least a month that show improvement in functioning using any clinical outcome measurement over the previous month
- % of patients seen for at least 1 month that show improvement in symptom severity using any clinical outcome measurement over the previous month

Efficient
management of mental health services

- Rate of emergency bed delays for adults*
- % of readmissions to hospital within 28 days of discharge*
- Total Psychiatric in-patient beds per 100,000 population
- Total mental health spend as a % of total spend
- % of did not attend appointments for community based services of people with mental health problems

Equitable
access to mental health services

- Standardised mortality rate for person in contact with Mental Health Services*
- Number of Emergency Detention Certificates per 100,000 population
- % of people with severe and enduring mental illness and/or a learning disability that have had an annual health check within previous 12 months
- % of under 18 psychiatric admissions admitted out with NHS Specialist CAMHS Wards
- % of caseload with an anticipatory care plan

How will we know if we have been successful ?

* Integration Indicators

References

1 Scottish Government (2018), Mental Health in Scotland. Available online https://www2.gov.scot/Topics/Health/Services/Mental-Health

2 Scottish Government (2013), Keys to Life, Scotland's Learning Disability Strategy. Available online https://keystolife.info/

3 Scottish Government, Keys to Life - Unlocking Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021
Available online https://keystolife.info/wp-content/uploads/2019/03/Keys-To-Life-Implementation-Framework.pdf

4 Scottish Government (2018), National Performance Framework. Available online https://nationalperformance.gov.scot/

5 NHS Scotland (2019) Putting People at the Heart of Leadership in Health and Care in Scotland: Project Lift Progress Report

6 Aberdeen City HSCP (2018), Delivery Plan for Action 15 of National Mental Health Strategy. Available online https://www.aberdeencityhscp.scot/globalassets/action15plan.pdf

7 Aberdeenshire HSCP (2019), Adult Mental Health and Wellbeing Strategy 2019-24 (Draft) Available online file:///C:/Users/User/Downloads/AHSCP%20Publication%20Mental%20Health%20&%20Wellbeing%20Strategy%202019-2024%20(Draft).pdf

8 Moray Community Planning Partnership (2016) Good Mental Health for All. Available online https://hscmoray.co.uk/uploads/1/0/8/1/108104703/good_mental_health_for_all_in_moray_2016-2026.pdf

9 ALLIANCE (2019), Hearing the Voice of People and Communities – Grampian System-wide Mental Health and Learning Disability Services Review report

10 Governance International (2013), Co-production of Health and Wellbeing in Scotland. Available online http://www.govint.org/fileadmin/user_upload/publications/Co-Production_of_Health_and_Wellbeing_in_Scotland.pdf

11 Wolpert M., Harris R., Hodges S., Fuggle P., James R., & Munk S. (2019) Thrive Framework for System Change. Available online http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf

12 Scottish Government (2014) Integration of Health and Social Care, Available online http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integrationvision

13 Scottish Government (2015) Route Map to the 2020 Vision for Health and Social Care, Available online http://www.gov.scot/Topics/Health/Policy/Quality-Strategy/routemap2020vision

14 Scottish Government (2017), Mental Health Strategy 2017-27. Available online https://www.gov.scot/publications/mental-health-strategy-2017-2027/pages/1/

15 Scottish Government (2013), Keys to Life, Scotland's Learning Disability Strategy. Available online https://keystolife.info/

16 Scottish Government, Keys to Life - Unlocking Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021. Available online https://keystolife.info/wp-content/uploads/2019/03/Keys-To-Life-Implementation-Framework.pdf

17 Scottish Government (2017), National Dementia Strategy 2017-2020. Available online https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/

18 NHS Grampian (2016), Grampian Clinical Strategy 2016-21. Available online https://foi.nhsgrampian.org/globalassets/foidocument/dispublicdocuments---all-documents/Grampian_Clinical_Strategy_2016-2021_Summary_Version.pdf

Glossary

ALISS	A Local Information System for Scotland
COG	Chief Officers Group in Grampian
CPP	Community Planning Partnership
4 Tier Model and Thrive Framework	The 4 Tier Model and Thrive Framework has been adapted from Child and Adolescent Mental Health Services: Tier 1 - universal services including third sector provision Tier 2 - joint delivery of universal and specialist services Tier 3 - specialist multi-disciplinary outpatient services Tier 4 - specialist multi-disciplinary outpatient and inpatient services
GP	General Practitioners
HSCP	Health and Social Care Partnership
ICSP	Integrated Children's Services Plans
IJB	Integrated Joint Board also sometimes referred to in the plural as Integration Authorities of Grampian
Integration Authorities in Grampian	The 3 Integrated Joint Boards are Aberdeen City IJB, Aberdeenshire IJB and Moray IJB
IT	Information Technology
QIs	Quality Indicators
Lived Experience	Lived experience is the knowledge and understanding you get when you have lived through something. When we talk about people with mental health lived experience, we mean people living with mental illness and family or friends supporting someone living with mental illness (sometimes called carers). When we talk about people with learning disability and mental health lived experience, we mean people living with both a learning disability and mental illness and their carers
LOIP	Local Outcome Improvement Plans of the Community Planning Partnerships
LTC	Long Term Conditions
MHLD	Mental Health and Learning Disability Framework
NHSG	National Health Service Grampian
PCIP	Primary Care Improvement Plans
SLT	Systems Leadership Team for NHS Grampian
TEC	Technology Enabled Care
The Alliance	Health and Social Care Alliance Scotland
TSI	Third Sector Interface

This publication is also available in other formats and languages on request.
Please call Equality and Diversity on 01224 551116 or 01224 552245
or email grampian@nhs.net

Ask for publication CGD 190778