



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 25 NOVEMBER 2021

SUBJECT: MORAY MENTAL HEALTH SERVICE REMOBILISATION, PLANNING, DELIVERY AND PERFORMANCE

BY: INTEGRATED SERVICE MANAGER, MENTAL HEALTH AND DRUG AND ALCOHOL RECOVERY SERVICES

1. REASON FOR REPORT

1.1. To inform the Board of service remobilisation, to provide service assurance to the Board of access to mental health assessment, care and treatment delivery and performance for the population of Moray. The report also updates the Board about service planning and improvement initiatives and about service risks and mitigation being taken against these.

2. RECOMMENDATION

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

- i) note the action taken to remobilise mental health services;**
- ii) note the service delivery and performance status;**
- iii) note the planning and service improvement initiatives including collaborative commissioning and leading change and transformation with the input of lived and living experience; and**
- iv) note the service risks and mitigation plans.**

3. BACKGROUND

3.1. There has been a mental health remobilisation report submitted to MIJB previously on 26 November 2020 (para 15 of the minute refers).

3.2. Current progress is that mental health and drug and alcohol services are remobilised with the support of new ways of working. A hybrid model of face to face contact and Near Me technology is enabling people to be engaged in services and have more choice about how they access services.

3.3. Integrated, multidisciplinary community mental teams and third sector organisations are remobilised and providing in reach into people's homes.

Community alcohol detox is remobilised and enabling people to receive care and treatment at home.

- 3.4. Social distancing and infection prevention and control measures are in place at Pluscarden Clinic with a mixture of face to face and Near Me consultations being delivered by the multidisciplinary community mental health team.
- 3.5. Access to mental health services continue to be met: Emergency (seen same day), Urgent (seen within 7 days (often within 5)), Routine within 4 weeks. Referrals were prioritised. Direct access referrals for drug and alcohol support are within 3 days as per the national standard.
- 3.6. Psychodynamic therapy groups have been remobilised on an IT platform at present for large groups (6 or more) and face to face in appropriate socially distanced community settings for smaller groups (2-6 people).
- 3.7. Face to face consultation has not remobilised in GP practices, where, prior to the COVID-19 pandemic, people were able to access services from the integrated multidisciplinary community mental health team in their GP surgery.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Service Delivery and Performance

- 4.1 Community Mental Health Team referrals – seen within standard waiting times; no waits.
- 4.2 Adult Mental Health Psychology – seen within 18 weeks referral to treatment time target. 100% compliance from November 2020 and sustained.
- 4.3 Mentalisation Based Therapy (MBT) has 27 people waiting for treatment. Additional capacity is required to address this demand. Mental Health and Recovery Renewal funding for secondary care psychological therapies may address this capacity issue in due course.
- 4.4 In patient bed occupancy: Ward 4 continues to operate on 16 beds (reduced from 18) due to bed spacing. Ward 4 bed occupancy: 91.5% (April to October 2021). There has been two occasions of surge up to 18 beds but this has been risk assessed in line with clinical need and risk to patients already in the ward.
- 4.5 Muirton Ward operates at 8 beds and bed occupancy is 80.3% (April to October 2021). Delayed discharges have been minimal and people have been successfully moved on to other care settings in line with their care needs.
- 4.6 Direct Access Drug and Alcohol Support: the target of being seen within 3 weeks of self or service referral is being met fully.
- 4.7 Referrals into secondary care mental health continue in steady state.
- 4.8 Moray Integrated Drug and Alcohol Service (MIDAS): During the first quarter of 2021 there has been a 28% increase in referrals to the MIDAS team from the same period in the previous two years. Whilst outpatient activity in relation to

patients with an alcohol addiction have remained relatively stable over the last three years, there has been an increase in the number of people presenting with a drug addiction. This underpins the evidence of an increase in drug related deaths in Scotland during the last six years as well as an increased demand on substance misuse services as a result of the pandemic.

- 4.9 Drug related deaths in Moray are an ongoing focus of concern. In 2020 there were 10 drug related deaths in Moray. At the time of report writing there has been 12 drug related deaths of people known to services (Moray drug related death numbers overall are subject to national verification). A multi-agency meeting of the Moray Alcohol and Drugs Partnership was held to harness our collective intelligence about drug related deaths and how we could mitigate against these. Some themes emerged that the multiagency are tackling regarding access to services, stigma, community safety and illegal drug supply routes.
- 4.10 MIDAS has commenced delivery on the Medically Assisted Treatment standards (MAT Standards) but are unable to achieve all areas due to lack of clinical space to deliver standards requirements (currently a risk – see below).
- 4.11 A range of ongoing service quality and improvement processes and initiatives enable the identification and systems monitoring that provide assurance to various fora such as learning from adverse events; complaints monitoring and feedback analysis; staff health and wellbeing surveys; pulse surveys; audit; pilot and externally supported programmes (e.g. Health Improvement Scotland (HIS) Pathfinder Project: reducing reliance on inpatient beds); regular interface and reporting to Care and Clinical Governance Committees, Practice Governance Board, Human Resources / Workforce, Partnership (staff side) fora; and System Wide Quality and Assurance groups and professional forums.

Service Planning

- 4.12 3rd Sector Mental Health and Wellbeing Service: The service currently run by Penumbra is due to end its contract on 31 March 2021. A multi-agency and multidisciplinary options appraisal and needs assessment are being undertaken to inform future commissioning needs. Peers and people with lived and living experience are directly involved and influencing change.
- 4.13 As part of this contract Distress Brief Interventions was added, funded by Action 15 funding. Distress Brief Interventions service has been commissioned in the longer term with a new contract being negotiated that runs from 1 April 2021 to 31 March 2024.
- 4.14 3rd Sector Direct Access Drug and Alcohol Services: the contract currently run by Quarriers is due to end its contract on 31 July 2022. A multi-agency and multidisciplinary options appraisal and needs assessment are being undertaken to inform future commissioning needs. Peers and people with lived and living experience are directly involved and influencing change.
- 4.15 3rd Sector Funding: The New Communities Mental Health and Wellbeing Fund for the 3rd Sector is now available and we plan to submit a bid to develop a “no wrong door” approach to accessing mental health and drug and alcohol support – ask and get the right help fast.

- 4.16 Primary Care Psychological Therapy: this service was re-established with confirmation of recurring funding from 1 April 2021 (Mental Health Recovery and Renewal Funding). Referrals and self-referral to the primary care psychological therapy service is currently via the NHS Grampian Psychological Resilience Hub (PRH). There has been reported incidences of poor access experience within this process that we continually have to address. Also frustration from referring practitioners that services cannot be accessed or stepped up into secondary care. In mitigation and to improve access and people's experience of care, we are seeking to move away from the PRH process and establish a front door access in Moray to improve ease of access and service delivery.
- 4.17 Access to online psychological support: 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 and secondary care psychological practitioners and a range of multidisciplinary mental health staff who in-reach into GP Practices.
- 4.18 Drug and Alcohol Recovery Service: Moray Integrated Drug and Alcohol Service (MIDAS) has received funding uplift from Moray Alcohol and Drugs Partnership via Scottish Government Funding uplift to support investment in managing complex care and residential rehabilitation. Additional psychology services are being added to the team to respond to childhood and complex trauma within the drug and alcohol population who have a dual diagnosis of mental ill health and alcohol / drug dependency. Additional support to manage physical health needs has also been recruited to the MIDAS team. Part of this funding has been signposted by the Scottish Government to increase the input of lived and living experience in service planning and delivery for drug and alcohol. Moray Wellbeing Hub have been allocated funding to take this approach forward in Moray.
- 4.19 Suicide Awareness and Prevention: Health and Social Care Moray (HSCM) are engaged with multi-agency partners, Aberdeenshire and Aberdeen City Health and Social Care Partnerships 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.
- 4.20 Developing a Trauma Informed Workforce: The shared ambition of the Scottish Government and COSLA is to develop a trauma-informed workforce across Scotland. The aim of this work is to ensure delivery of health and care services in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives. In order to promote, oversee and embed trauma informed systems, services and workforce across all parts of the organisation, a discussion paper was taken to HSCM Systems Leadership Group on 21 August. It was agreed that all leaders across the organisation would undertake trauma informed training to learn and understand what was required for each operational service area / department. HSCM has partnered with Revolution for Good 3rd sector organisation to deliver peer led training to the systems leaders. The first training session took place on 5 November, with a follow up session planned for 3rd December. Funding has been received from Scottish Government and COSLA to support the roll out of

trauma informed training. The Systems Leadership Group will agree a plan to ensure all staff have access to trauma training at trauma informed or trauma skilled level (trauma enhanced and trauma specialist roles exist within mental health multi-disciplinary team and psychological therapy roles).

- 4.21 Mental Health & Learning Disability across the 3 Health and Social Care Partnerships and MHL D Specialist Services: Following a series of consultation events in 2018/19, a MHL D Transformation Plan has been agreed. Programmes of work underway across the MHL D system Grampian wide to secure a sustainable service model that will meet the future needs of the population. The Guiding Principles set out in the Strategic Plan are as follows: 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 of service delivery; 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 resources. HSCM have made a lot of progress on local service integration, commissioning and reducing reliance on inpatient beds. The key stakeholder interest for Moray are continued access to and redesign specialist MHL D services – MH and LD specialist beds, eating disorder, rehabilitation, forensic, Child and Adolescent Mental Health services (CAMHS) and engagement in Regional service planning and development. A process has been undertaken to ensure peers and those with lived and living experience are involved in developing and driving forward the transformational change plans.
- 4.22 Scottish Government funding to support mental health transformation: There are a number of funding streams underway to support mental health service transformation such as the Mental Health Recovery and Renewal Fund; National Drugs Mission Funding; forthcoming and anticipated Mental Health in Primary Care Funding; and various funding streams to support drug residential treatment; medically assisted treatment and opiate substitution therapies; recovery work; trauma informed workforce; and the recently announced Communities Mental Health and Wellbeing Fund.
- 4.22 Health and Social Care Moray has a number of active stakeholder groups through which service investment, alignment and transformation is planned, agreed and taken forward: Moray Mental Health and Wellbeing Partnership (Making Recovery Real Moray), Moray Alcohol and Drugs Partnership, Moray Primary Care Improvement Group, and Grampian wide MHL D Transformation Board. Multi-agency representation is explicit on all these stakeholder groups including peers, lived and living experience.
- 4.23 Upstream Intervention and Prevention: Children's and Young People's Mental Health. Integrated adult mental health services are engaged in alignment towards the Children's and Young Peoples mental health service for ages 5-24 years (26 years in the case of those who are care experienced). Processes have been established for established for families who require a family service offer through Multi Agency Support Hub (MASH) and active work is underway to ensure that parents who have mental health and or drug / alcohol needs are supported within a family approach. It is anticipated that over time there will be less transition to adult mental health services as a result of direct intervention to young people's mental health at Tier 2.

Service Risks and Mitigation Planning

Workforce Risks

- 4.24 **Mental Health Officers (MHOs)**: There are significant workforce and service pressures as a result of attrition of MHOs to promoted posts and resignations from the MHO rota. There are also concerns about the self-expressed health and wellbeing of MHOs and consequently the ability of the MHO service to continue to fulfil statutory duties. Adult with Incapacity work is under significant pressure.
- 4.25 In 2018 local MHO planning recommended that 2 MHO candidates are trained every year to replace MHOs who leave or are promoted. Since then there has been only been in year 2018-2019 that Moray has achieved that number and with no MHOs qualifying since 2019. There will be two MHOs qualifying in 2022, one of these being an out of hours social worker. In that period 4 daytime MHOs are no longer on the Mental Health Act rota, 3 due to promotion and one leaving the service. This workforce plan is being reviewed on an ongoing basis.
- 4.26 MHO pressures are a nationwide problem and there are indications that the Scottish Government are considering solutions that will involve additional money coming to local authorities to support the recruitment and retention of MHOs. Consideration of how this money could be spent is difficult without knowing how much that might be and whether it will be ring fenced.
- 4.27 Meanwhile, in order to manage the pressures there are some options that operate throughout Scotland that could be adopted in Moray to increase the number of people being attracted to MHO work and to encourage the retention of MHOs should the government funds be forthcoming. Other models operating in other parts of Scotland may be considered as a longer term solution.
- 4.28 This work is ongoing to mitigate against the risks that Moray cannot fulfil its statutory duties in relation to a number of statutory requirement such as the Mental Health Care and Treatment (Scotland) Act; Adults with Incapacity Act etc.
- 4.29 **Consultant Psychiatrists**: There is ongoing recruitment pressures for NHS Consultant Psychiatrist Posts – there are shortages in some specialties e.g. Older Adult Consultant Psychiatrists; and a market where there is high dependency on costly agency locums, which puts budgets under financial pressures and creates inconsistency in care provision, therapeutic relationships, multidisciplinary team development and low threshold for managing risks.
- 4.30 **Wider workforce risks**: Difficult to recruit to posts also include Specialty Doctors, Mental Health Nurses; Psychologists; and at times Junior Doctors in Training. Workforce challenges in Child and Adolescent Mental Health Services (CAMHs) are having a direct impact upon adult mental health

provision at present. There has been some attrition of staff from 3rd Sector contracts due for review: Drug and Alcohol Recovery; and Mental Health and Wellbeing Service. It is anticipated that moving towards collaborative commission with the 3rd Sector in the future will mitigate against staff attrition as contracts near termination.

Finance Risks

- 4.31 Reliance on Agency Locum Medical Staff: Agency Medical Locum use at present is causing financial pressure for Health and Social Care Moray. Mental Health Services currently have 2 agency locum Consultant Psychiatrists which are at significant cost – at 4 times more than staffing budgets allow: there is one Consultant Locum in Adult Mental Health and one Consultant Locum in Older Adult Mental Health.
- 4.32 Service redesign is being actively undertaken with role redesign and new roles. The Adult Mental Health agency locum will terminate in mid-December 2021 and there has been local engagement and innovation with a local GP practice to introduce a mental health nurse practitioner role within the practice and to reconfigure the existing Consultant Psychiatrist workforce to supervise and support this post going forward.
- 4.33 The Older Adult agency locum is being extended by 3 months to manage winter surge and winter pressures and support the transition period of service and role redesign. This post will also terminate by 31st March 2021.

Property Risks

- 4.34 Ligature Reduction: A number of initial ligature point reduction work has taken place at Ward 4, Dr Gray's Hospital. More intensive work to achieve ligature point compliance has been identified and a design team is currently being appointed to plan and undertake this work from April 2022. There will be some disruption to service delivery but it is anticipated that this will be minimal in terms of access to in patient care services. Learning from initial ligature point reduction work it is likely that 2 beds will be reduced for the period of the improvement works that are likely to take 12-18 months to complete.
- 4.35 Access to Drug and Alcohol Recovery Specialist Services: Moray Integrated Drug and Alcohol Service has commenced delivery on the Medically Assisted Treatment standards (MAT Standards) but are unable to achieve all areas due to lack of clinical space to deliver standards requirements. This is currently identified as a risk on the HSCM Risk Register and there are ongoing discussions to provide alternative or reconfigured clinical space to allow same day access and prescribing in line with national care and treatment standards. There are significant and ongoing drug and alcohol related deaths and harms.
- 4.36 Access to Information and Communications Technology (ICT): there are ongoing problems in accessing ICT for existing and new staff. We are in a period of service improvement and redesign and access to ICT is essential to the smooth running of services and the set up of new services. For example, we have new mental health and wellbeing practitioner roles commencing in GP surgeries in December and new ICT has been requested but not received. No timescales can be identified for the receipt of ICT.

5. SUMMARY OF IMPLICATIONS

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**

- 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).
- Recovery Orientated Systems of Care (ROSC)
- Draft Moray Alcohol and Drugs Partnership ADP self-assessment against COSLA Recommendations linked to the Partnership Delivery Framework for Alcohol and Drug Partnerships and Scottish Government Priorities. Due between October and December 2021. A template from the Scottish Government is pending.
- Rights, respect and recovery: alcohol and drug treatment strategy. 2018
- Medically Assisted Treatment (MAT) Standards 2021
- Transforming Nursing, Midwifery and Health Professionals' (NMaHP) roles: pushing the boundaries to meet the health and social care needs in Scotland, 2017
- A range of underpinning Mental Welfare for Scotland reports, guidance and legislation.

(c) **Financial implications**

As outlined at 4.31 to 4.33 of this report.

(d) **Risk Implications and Mitigation**

As outlined fully at Section 4.3 of this report

(e) **Staffing Implications**

As outlined at Section 4.3.1 – 4.3.4 of this report.

Staff Side, Unions and Human Resources are working across organisations to support staff to deliver services in a change environment in response to the ongoing COVID-19 pandemic.

A robust plan is in place to mitigate against staff absence to cover modelled on 30% 50% and 80% staff absence. This has not required to be implemented during the acute phase of the COVID-19 pandemic, although there has been

some significant absence due to positive COVID-19 testing and staff isolation requirements.

(f) Property

As outlined at Section 4.3.7 – 4.3.10 of this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because this is a progress report. Integrated mental health service and drug and alcohol recovery services continue to deliver and there are plans in place to mitigate against identified risks.

(h) Consultations

Moray Mental Health Leadership Team

HSCM Home First Group – specific to remobilisation plans.

Making Recovery Real Moray Group (includes peers and 3rd Sector Organisations)

NHS Grampian Mental Health and Learning Disability Transformation Board, on behalf of Chief Officers.

6. CONCLUSION

- 6.1. Mental health services are remobilised and stabilised following the COVID-19 pandemic operational measures.**
- 6.2. Mental health services are meeting performance standards.**
- 6.3. A number of funded work streams underpin the planning and service improvement plans required to deliver transformation and recovery focussed services, including collaborative commissioning and input of lived and living experience.**
- 6.4. Plans are in place to mitigate against identified risks to service delivery.**

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Background Papers:

Ref: