NHS Highland

Meeting	**Highland Health & Social Care Committee**
Meeting date:	**2 December 2020**
Title:	**NHS Highland Adult Mental Health Interim Strategy 2020 – 2021**
Responsible Executive/	**Louise Bussell, Chief Officer**
Non-Executive:	
Report Author:	**Dr Neil McNamara, Clinical Director**
	Fiona Davies, Interim Head of Service

1. INTRODUCTION:

This document supersedes the previous Annual Operating Plan and develops further the mental health service remobilisation plan which has been drafted during the course of the 2020 SARS-Cov-2 pandemic. It describes service operating constraints and necessary actions in the immediate future. It precedes a wider strategic review which we propose is required for the period 2022-2027.

2. NATIONAL POLICY AND GUIDANCE CONTEXT:

In a much changed landscape of mental health service delivery we have identified 3 key contemporary documents which it is important to acknowledge and which provide a set of principles to guide operational decisions.

2.1 Letter to HSCP Chief Officers and NHS/ LA Chief Executives dated 22nd October 2020 from Delayed Discharge Expert Support Group regarding embedding a "Home First" approach

This urges the above named parties to make progress with a number of standards to support effective care planning and discharge "without delay". It asserts that people in general recover better and faster from illness at home and that significant shifts in culture and practice are required to enable this approach to become the aspirational default position. It is noted that areas which have had success in this regard have explicit systems in place (either senior individuals or teams) working across integrated services and acute hospitals, empowered with:

"sufficient authority, knowledge and experience to challenge poor discharge decision making and processes, including the management of risks. They should be able to cut through bureaucratic red tape and ensure there are no valid impediments to

timely discharge home. In addition, they should ensure longer-term sustainability and that delayed discharge be seen as a collective responsibility rather than one person's or one team's."

2.2 "Mental Health – Scotland's Transition and Recovery"

This describes in detail the Scottish Government's proposed response to the impact of Covid 19 on population mental health. As per the existing 2017 – 2027 Mental Health Strategy, it emphasises the importance of building resilience and ensuring that people receive the right support at the right time in the right setting. It speaks of a necessary "renewal" of mental health services with particular attention paid to the pervasive effects of trauma, socio-economic adversity and loneliness, as well as the value of distress interventions, a co-ordinated approach to suicide prevention and a universally trauma informed workforce.

2.3 "Trust and Respect – Final Report of the Independent Inquiry into Mental Health Services in Tayside"

Following widespread concerns raised in the Scottish Parliament in May 2018 about the provision of mental health services in Tayside, an Independent Inquiry was commissioned to examine the accessibility, safety, quality and standards of care provided.

The report identifies significant failings in 5 thematic areas: strategic service design, clarity of governance and leadership responsibility, engaging with people, developing a learning culture and transparent communication with stakeholders.

Within NHS Highland, all 5 themes above are highly pertinent to the challenges that we also currently face in mental health service delivery. That is not to say that there has not been progress, particularly with regard to clinical governance, within the limitations of current structures. However, there are persistent legitimate concerns that the NHS Highland community service model – where vital specialist secondary care community mental health services are under the operational management of numerous generic local district teams – uncomfortably replicates the problems identified in Tayside. Most importantly, this arguably introduces significant unnecessary risks in both accountability and our ability to plan strategically.

The following key extracts from the Tayside report emphasise this issue:

"…The most striking failure of governance of mental health services in Tayside is the lack of a mental health strategy. In the light of the reduction in the availability of consultant psychiatrists and the requirements for providing care and treatment for patients with mental ill health in the community, there is a pressing need for a significant redesign of how mental health treatment and services are to be delivered in the 21st century. There needs to be a strategy to deliver a whole system, end-to-end, multi-disciplinary, radical transformational redesign of mental health services…

…In recent years (and probably for many years prior), too much focus has been placed on short-term issues, to the detriment of long-term strategic planning. Whilst of course there will always be a need to address short-term and urgent issues as they arise, this should not mean that the necessary focus on long-term and strategic issues is neglected. Additionally, there has been too much focus on inpatient services to the detriment of wider community mental health services, where the vast majority of patients are treated…

…Integration arrangements are intended to encourage positive joint working, shared commitments and a common understanding and approach to tackling challenges. In practice, it is apparent that these differing arrangements add complexity to the governance mechanisms and do not aid clear lines of accountability and responsibility, resulting in a fragmentation of services and accountability...

…The responsibility for managing risks is an important element of improving the services. It requires an unambiguous clarity of responsibility. In Tayside there is uncertainty about the processes for risk management and the risks do not sit with people who are able to respond effectively to them…"

3. IMPLICATIONS FOR LOCAL STRATEGIC DIRECTION:

It is some years since a Mental Health Strategy review for Highland was last undertaken. It is essential that any comprehensive strategy should reflect all ages and stages of life and reflect an approach to mental health which meets local needs across our population and geography. Such a strategy would need to be co-produced with those who use services as well as those who care and support them. We recognise that the engagement of these groups is vital to the successful and meaningful production of such an ambitious piece of work.

With this in mind, it is important to emphasise that this document reflects for now the *interim* strategic direction that we are taking to modernise and improve the adult mental health services currently delivered within NHS Highland.

The reality of our current service delivery illustrates starkly those areas that need focussed work to align with the expectations of the Home First approach and the service and governance clarity recommended by the Tayside report. Our challenges are in no small part caused by national shortages of key workforce groups in mental health, particularly consultant psychiatrists and registered mental health nurses. Further challenges arise out of our current operational arrangements which mean within our community services a weekday daytime service only is offered, with no local specialist response to urgent situations out of hours. The shortage of hospital based staff has resulted in sequential pragmatic emergency bed closures, meaning that community investment to support alternatives to admission have not developed in parallel. Mental health patients have experienced significant delays in leaving hospital if additional social care input has been required, with limited options for specialist social care co-ordination and follow up/placement.

Drawing together these strands with the principles emerging out of the documents highlighted in section 2 above, it is clear that there are a number of actions which

need to be taken immediately to ensure safe and effective service delivery and prepare the ground for a future comprehensive review.

4. IMMEDIATE SERVICE STRATEGY, KEY ACTIONS:

4.1 Emergency & Unscheduled Care

We recognise that this is a particular area in which improvements can be made in terms of safe services and equity of access as follows.

4.1.1 Mental Health Assessment Unit

As part of the response to Covid expected by the Scottish Government and in order to reduce unnecessary footfall in A&E, we have been directed to develop a Mental Health Assessment Unit located in our major urban centre (Inverness) which can undertake emergency assessments in an alternative setting whenever it is safe and appropriate to do so. Plans are in place to create this facility in at New Craigs hospital, commencing operation from November 2020. Patients will be referred from police, ambulance, A&E, primary care and the new flow hub. This will provide a 24/7 assessment and advice service, offering face-to-face contact where practical but also remote access via Near Me to remote and rural areas across Highland as required. Lessons learned through evaluation may inform future development of remote access models across the service.

4.1.2 Emergency & Unscheduled Care Practitioners

Recent innovative use of Action 15 funding has seen the creation of Emergency and Unscheduled Care Practitioner posts in Lochaber (x2), Skye (x1) and Caithness (x1) – creating additional capacity for rapid assessment of patients referred from primary care, RGH A&Es and police custody. This has proven successful and it is clear that the model should be expanded to cover all areas across the North & West with sufficient resources to allow 7 day a week working. A pilot is underway in Lochaber to inform the necessary staffing and operating procedures required for this roll-out.

4.1.3 Distress Brief Intervention (DBI)

The DBI model – based on offering immediate access to 14 days of crisis resolution for those presenting with mild to moderate psychosocial difficulties - has been established in the Inverness area with Support in Mind as our partner provider. We have committed to developing an implementation plan with Support in Mind, Scottish Government and other stakeholders to enable availability of this resource across Highland by September 2021.

4.1.4 Psychiatric Emergency Plan/ places of safety

Given the above developments, and prior identified deficiencies in clarity of pathways/ equity of access, there is a requirement to update our Psychiatric Emergency Plan – utilising the framework laid out in the Mental Welfare Commission for Scotland report “A review of Psychiatric Emergency Plans in Scotland” published

in June 2020. In particular there is an urgent need to optimise place of safety arrangements in remote and rural areas.

4.2 Community Mental Health Services

4.2.1 Review of consultant psychiatrist job plans to address shortages

It can be seen from the Tayside report that across Scotland there is a widespread shortage of suitably qualified and experienced consultant psychiatrists which has been recognised for some time. Local experience confirms that since early 2020 we have had particular difficulty recruiting both locum and substantive candidates to apply for vacant posts. Our current functionalised general adult service model requires 8 x community based consultant psychiatrists to work closely with 8 x analogous community mental health teams and associated GPs. We currently have 2 persistent vacancies in this model – cutting right across the north of our geography from Caithness to East Ross – and we anticipate that by early 2021 this number of vacancies will have risen to 4 (50% of posts). This is a similar magnitude of shortfall to that experienced by other boards, including e.g. Grampian, Tayside and Fife. It is a picture also reflected in our own older adult services. This is not sustainable or safe. There is an urgent requirement for a strategic review of general adult and older adult community mental health service delivery and a rapid re-organisation of consultant job plans to allow a focus on cases meeting a higher threshold of severity, complexity and risk over a wider geography than is currently the case.

4.2.2 Associated review of community mental health team composition/staff roles and responsibilities

Following on from the above, where it is identified that money previously allocated to consultant staffing cannot be spent due to recruitment shortages, consideration should be given to investment in enhanced roles for a range of other staff including e.g. Advanced Nurse Practitioners, Consultant Nurses and expansion generally in non-medical prescribing.

Our completed roll-out of PMS activity recording should allow CMHTs to be considered as cohesive entities, including operationalisation of psychiatry, psychology and pharmacy as embedded members of the team rather than separate service lines.

4.2.3 Primary Care mental health services

Recent negotiations have seen agreement reached regarding initiation of tests of change in the delivery of primary care mental health services. Work to identify pilot areas and evaluate models will be commencing early in 2021 in close collaboration with GP colleagues.

4.2.4 Early Intervention in Psychosis (EIP)

The principle which underpins all of the above service change is that of ensuring that the right patient is seen by the right person at the right time. The provision of high quality care to people experiencing psychosis – both at first presentation and

throughout the life cycle – is part of the core business of specialist secondary care mental health services. The principle of early intervention to improve outcomes and reduce long term morbidity is in keeping with all contemporary mental health strategy. Healthcare Improvement Scotland require all NHS boards in Scotland to undertake a needs assessment of scope to deliver evidence based interventions in line with recognised EIP models by the end of this year.

4.2.5 "Stress & Distress" Care Home Liaison Service

Published evidence confirms that a consistent approach to psychosocial interventions for those experiencing agitation in the context of dementia results in improved quality of life, reduced antipsychotic prescribing and reduced overall care costs. A multidisciplinary Care Home Liaison Service has recently been created to support care homes and CMHTs across Highland to implement such approaches in fidelity to the Newcastle model. As part of the review of community provision under 4.2.1 and 4.2.2 above it may be necessary to expand this service further. As well as increasing the likelihood of positive outcomes as per the evidence base the purpose of this strategic intervention would be to maintain patients as far as possible in a domestic setting and reduce as far as possible the demand on necessarily limited in-patient provision (dementia assessment beds).

4.3 Specialist service provision

4.3.1 Summary position

We have well developed specialist provision in the following areas:

- Eating Disorders
- Personality Disorders
- Rehabilitation (most commonly from psychotic disorders, including in-patient and supported accommodation pathways)
- Acute hospital liaison
- Learning Disability (in-patient assessment & treatment unit and community services)
- Forensic services for mentally disordered offenders (in-patient and community pathways)
- Drug & Alcohol Recovery Services
- Mental health services as part of the care and support provided to those in prison and custody

Of note, over recent years significant investment has been targeted at the development of psychotherapeutic interventions for personality disorder and in training staff across Highland in the delivery of relevant/ transferrable group and individual skills. The maintenance of a skilled workforce and the building of population resilience with a shared language for self-management remains part of our overall strategy.

All specialist services highlighted above are essential minimum requirements for a board with the population and geography of NHS Highland and will continue.

Equally, all will also share their part in the comprehensive review of interconnected strategy which is proposed for next year.

The following innovations below are highlighted as being of particular significance.

4.3.2 DARS partnership developments

The Drug & Alcohol Recovery Service are committed to the ongoing partnership work required to reduce drug related deaths in line with the national Drug Related Death Taskforce recommendations and associated work, this includes strengthening prevention work, extending the overdose awareness & Naloxone programme and the local DRD review group.

A pilot of a Harm Reduction Response Unit is planned in partnership with SAS, Police Scotland and DARS. Based in an emergency response vehicle over weekend evenings, the aim is to improve access to the appropriate support and reduce inappropriate presentations for Mental Health Assessment.

4.3.2 CMO Taskforce

The CMO Taskforce priority for developing more robust Sexual Assault & Rape Services to improve individual support and recovery as well as implement the self-referral processes in 2021 is a focussed element of the strategy with a review of current provision and implementation of a responsive model of care following the transfer of the examination suite to NHSH responsibility.

4.4 Psychological Services

Much work has been done to modernise and expand Psychological Services over the last 3 years. We do not have scope within this short, forward facing, interim strategy to detail changes which have already been made. The following items give an indication of some likely areas of development in the immediate future.

4.4.1 Waiting times

As required by Scottish Government reporting targets, Psychological Services have been focussed on the reduction of waiting lists which pre dated the COVID 19 pandemic. Unfortunately the pandemic has set back early progress in this area and work will remain necessarily focussed on the management and reduction of waiting lists for the foreseeable future.

4.4.2 MDT working

Whilst we understand why waiting times require such specific governmental focus, we propose that part of the solution in fact involves Psychological Services staff working as embedded members of multidisciplinary community mental health teams rather than as a separate service – in keeping with the approach described in 4.2.2 above. It is anticipated that this should assist with triaging, signposting, training, supervision and more accessible differentiated delivery of evidence based psychosocial interventions.

4.4.3 Silver Cloud computerised CBT

In terms of differentiated delivery, there has been some success with the implementation of Silver Cloud: a multi-programme online Cognitive Behavioural Therapy (CBT) platform aimed at mild to moderate anxiety and depression. There are additional modules for patients with comorbid long term health conditions, including a programme for Covid-19 related health and social anxiety. Referrals are received direct from primary care and co-ordinated by Psychological Services staff. Early uptake has exceeded expectations and it is likely that additional resource will be required to enable the further planned roll-out of this initiative.

4.5 In-patient Services

4.5.1 Review of Mental Health In-Patient requirements

In-patient services have been historically provided at 2 sites – the vast majority of resource being based at New Craigs Hospital Inverness with a small number of beds for older adults allocated at Strathy Ward, Migdale Hospital.

Whilst Strathy Ward as an environment was indeed purpose built as a dementia assessment ward, the sustainability of attracting and retaining the requisite specialist mental health nursing staff to Migdale Hospital has become increasingly challenging. As a result mental health services are reviewing the best model for delivering older adult mental health services in in-patient and community settings giving due consideration to the model that provides the greatest safe, sustainable and high quality services for this population.

4.5.2 Estates project

New Craigs will continue to provide adult acute admission, intensive psychiatric care (IPCU), rehabilitation, alcohol detox, functional elderly, dementia assessment & treatment and learning disability assessment & treatment beds. Given the complexity of issues around clinical demand, patient flow and provision of a safe environment which meets required standards, a project is in progress to review all aspects of the mental health estate and provide further recommendations to the relevant programme board. Identified workstreams include: bed configuration, use of clinical and office space, ligature reduction, site security and use of greenspace. The project is expected to produce preliminary recommendations by the end of 2020.

4.5.3 Home First co-ordinators

We agree that whilst the Home First approach appears derived primarily to address deficiencies identified in physical health care settings, the underlying principles are also highly relevant to mental health settings and should be applied accordingly. Negotiations are ongoing to secure funding for posts which will act essentially as “Home First co-ordinators” – promoting a progressive approach to discharge planning, removing barriers and reducing lengths of stay by fostering linkages

between health and social care providers. This investment is of the highest priority to address issues with delayed discharges and offset the risks associated with constraints in bed availability which are beyond our control.

4.6 Corporate support and governance issues

4.6.1 Electronic patient record (EPR)

We are not aware of any other mainland board in 2020 which is still so heavily reliant on paper records in mental health services. Numerous Datix reports and adverse event reviews have identified timely communication of accurate patient information as a fundamental requisite for safe and effective patient care. We are of the view that dispersed paper records are a potential barrier to such communication and that a functional EPR, properly implemented, would be a significant step in improving standards. Fortunately, a paper "Helicopter Overview Mental Health Services – Digital eHealth Perspective" published in January 2020 confirms that we have much of the component infrastructure required to create an EPR. These same components have been used successfully by other boards (e.g. Dumfries & Galloway). We submit that the recommendations of the Helicopter Overview should be implemented without further delay.

4.6.2 Public Health/ Planning & Performance support

Our colleagues in these corporate support departments have to date been very approachable and keen to assist us in trying to understand the likely demands on our service in order to plan for the future. However, this resource has to date been constrained. We request that the enormous complexity of data required to make informed strategic changes to mental health services is afforded the appropriate level of priority in order to support the comprehensive review proposed for 2021.

4.6.3 Recruitment, retention and staff development

Whilst the actions outlined in section 4.2 above are essential in terms of ensuring the long term sustainability of the service, nonetheless equal effort should also be made to optimise our approach to staff recruitment and retention. This will require close collaboration with HR and medical staffing colleagues in terms of e.g. our strategy for advertising posts and targeting populations who may be drawn to working in the Highlands. Fundamentally, we also recognise that to attract and nurture staff of the highest quality, it is important for us to provide scope for development opportunities. The Education, Development and Training subgroup of our Mental Health Clinical Governance group has been commissioned to draft a work plan in pursuit of these objectives by April 2021.

4.6.3 Service user and carer involvement

It is hoped that it is clear we seek prominent service user and carer involvement in the development of our strategy for the future. As above, we have set up an explicit Service User and Carer Experience subgroup again as part of our Mental Health Clinical Governance framework. Issues for future consideration include the potential for development of a Recovery College and peer worker roles.

4.7 Child and adolescent mental health services (CAMHS)

At present CAMHS sit outside the remit of this pragmatic interim document. However, in keeping with the principle of early intervention, the desire to develop a cohesive strategy to mental health across the lifespan and the need to optimise interface between services, it is anticipated that CAMHS will form an important component of the large scale strategic review proposed for next year.

6. Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group – 23 November 2020