

## HIGHLAND MENTAL HEALTH SERVICES

**Report by Arlene Johnstone, Interim Head of Mental Health, Learning Disabilities & Drug and Alcohol Recovery Services & Dr Neil McNamara, Clinical Director on behalf of Louise Bussell, Chief Officer, Highland Health and Social Care Partnership**

**The Committee is asked to:**

- Note the ongoing work to progress a Highland Mental Health & Learning Disability Services Strategy that will set the vision for service development and commissioning plans to ensure that the needs of Highland citizens are met.
- Recognise and support the actions required to ensure improvement and transformation continue in specific areas of secondary (ie care provided to individuals with acute or chronic mental illness by mental health professionals in hospital or community services) mental health service delivery.

### 1. INTRODUCTION

- 1.1 This paper follows on from the previous Mental Health report presented to the Highland Health and Social Care Committee on the 2 December 2020 (attached as Appendix 1). The previous paper highlighted key service constraints including recruitment of Nursing Staff & Consultant Psychiatrists and set out plans for strategic developments within Mental Health services, this paper provides an update and assurance on the key actions and strategic direction.

The paper highlights the areas of progress, intentions for future months and the constraints experienced.

- 1.2 The impact of covid on all Mental Health services has been significant, and in response to Scottish Government instruction and guidance it is a rapidly changing landscape providing both positive and negative impacts on individuals who require access to secondary mental health services:
- The rapid service re-organisation of unscheduled and emergency care led to the development of the Mental Health Assessment Unit that provides 24hr, 7 day a week mental health assessment and interventions and works closely alongside partners in the Scottish Ambulance Service, Police Scotland & NHS 24.

- Access to a shared platform for group work was not enabled, by NHS Scotland, until December 2021 and therefore therapeutic group work of a confidential nature was not available throughout 2021.

1.3 As highlighted in the previous paper, recruitment and retention of nursing staff and Consultant Psychiatrists has continued to be exceptionally difficult. The inability to recruit to and maintain a stable workforce has led to an increase in temporary and unfamiliar staffing (bank, agency and locum staffing) leading to temporary pauses in bed availability, temporary pauses in dementia diagnosis and an inevitable impact on patient care within New Craigs.

## 2. STRATEGY DEVELOPMENTS & ACTION PLANS

2.1 A framework of strategy and action plans is being developed to support the mental wellbeing of Highland citizens and ensure the provision of the *right care, at the right time and in the right place*.

<b><i>All Highland, Across the Lifespan, Mental Health &amp; Wellbeing Strategy</i></b>	
Responsible:	Chief Exec NHS, Chief Exec Highland Council & Police Scotland (Highland Planning Partnership Group)
<b><i>North Highland Mental Health &amp; Learning Disability Service Strategy</i></b>	
Responsible:	Louise Bussell: Chief Officer NHS, Dr Tara French: Head of Strategy NHS
<b><i>Mental Health &amp; Learning Disability Improvement &amp; Transformation Plans</i></b>	
Responsible:	Arlene Johnstone, Head of Mental Health, Learning Disability & Drug & Alcohol Recovery Services.

2.2 ***All Highland, Across the Lifespan, Mental Health & Wellbeing Strategy***  
The Highland Community Planning Partnership has agreed to progress an all Highland, all age strategy to ensure a whole systems approach to improving the mental health and wellbeing of all Highland citizens.

Work is ongoing to explore options for commissioning an agency to lead the consultation process and work alongside a wide range of organisations and members of the public to co-create a strategy.

2.3 Dr Tara French, Head of Strategy & Transformation, NHS, is developing a ***North Highland Mental Health & Learning Disability Service Strategy***. This strategy intends to set out the details of the delivery of Secondary Mental Health Care, commissioning intentions and to support the Highland wide strategic developments.

A core strategy group has been established and meets weekly to plan engagements and progress the workstreams required. Consultation with staff is underway.

We have met with The Scottish Recovery Network and Highland Users Group (HUG) and they have agreed to lead “Conversation Cafés” with service users and supported people to ensure they are key contributors to the strategy.

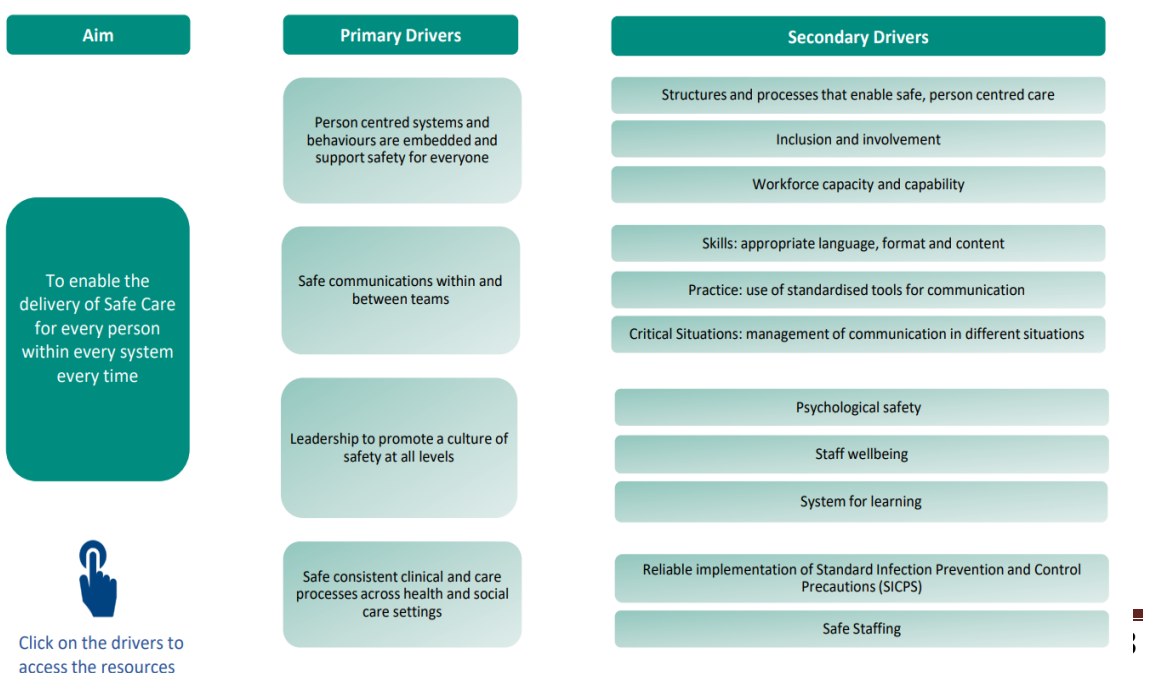
It is anticipated that the strategy will be in draft form, for further consultation, by April 2022.

2.4 Recent pressures and significant events within Mental Health services, including New Craigs hospital, required a significant shift from our current recovery and remobilisation plan to a **Mental Health Improvement & Transformation Plan**. These pressures include:

- Significant Adverse Events leading to 2 HSE Investigations, both relating to falls resulting in harm on Ruthven Ward, New Craigs
- Bed capacity on average 100% in previous 6 months
- New Craigs Nursing staffing vacancies currently 15%
- Increasing need for highly specialist support solutions for people with learning disability leading to out of area requests for 6 people in 2021
- Older Adult Consultant Psychiatry vacancies leading to temporary pause of dementia diagnosis
- Significant investment from Scottish Government to impact Psychological Services wait times is positive

Action plans are based upon the principles of Essentials of Safe Care (<https://ihub.scot/improvement-programmes/scottish-patient-safety-programme-spsp/essentials-of-safe-care/>) and create a consistent framework for improvement that can be realised in all Mental Health & Learning Disability settings (in-patient and community).

The image below shows the headings of the Primary & Secondary Drivers used in the Action Plans (these are dynamic, regularly updated documents but are available on request).



<b><i>Mental Health &amp; Learning Disability Improvement &amp; Transformation Plan</i></b>
All Mental Health & Learning Disability services Each service also has a specific plan: <i>Learning Disability, Drug &amp; Alcohol Recovery Services, Older Adults, General Adults &amp; Specialisms</i>
<b><i>New Craigs Action Plan</i></b>
New Craigs In-Patient Wards Each ward area also has a specific plan: <i>Dementia, Older Adult, IPCU (Intensive Psychiatric Care Unit), General Adult, Rehabilitation, Learning Disability</i>

The Action Plans detail the specific actions required to progress key service developments as previously discussed and agreed and to progress necessary actions in response to specific service pressures.

### **3. SERVICE DEVELOPMENTS & KEY ACTIONS**

#### **3.1 Emergency & Unscheduled Care**

- 3.1.1 The **Mental Health Assessment Unit** is now operational and provides 24 hour access to emergency mental health assessment. The Unit works closely with the SAS (Scottish Ambulance Service), Police and NHS24. A paramedic is based within the team. We are working alongside the Scottish Government to further develop and operationalise pathways and processes. This is reported by colleagues as a positive development enabling stronger partnership working and a quicker response to urgent assessments (particularly out of hours).
- 3.1.2 **Emergency & Unscheduled Care Practitioners** are employed in Lochaber, Skye & Caithness. It is recognised that further evaluation of the role and support for further development is required to ensure equity of access across Highland.
- 3.1.3 **Distress Brief Intervention (DBI)** continues to be delivered by Support In Mind in Inverness. Work to ensure equity of access across Highland has been delayed but will recommence in Spring 2022.
- 3.1.4 **Psychiatric Emergency Plan / Places of Safety / Escorts.** Support has been provided by NHS Highland to further develop plans to ensure that our Psychiatric Emergency Plan is up to date and a pathway to access escorts as required is in place. This work is recognised as a critical risk within the service and is being prioritised within work plans.
- 3.1.5 The Scottish Government has plans for further developments of all Emergency & Unscheduled Care and NHS Highland is considering a Mental Health

Unscheduled Care Lead to ensure inclusion in Scottish Government developments, rapid actions and strong leadership across all Highland Mental Health Emergency & Unscheduled Care Developments.

## 3.2 Community Mental Health Services

3.2.1 **Review of Consultant Psychiatrist Job Plans to address shortages.** The situation regarding recruitment of available Consultant Psychiatrists, as described in the previous paper, remains the same and we continue to rely on locums to fill gaps (including an innovative trial of a consultant based in another country and completing tasks virtually). Further support has been provided to Mental Health services and a new medical colleague has joined us as a Senior Clinical Leadership Advisor. He will work with the Clinical Director to review Job Plans in early 2022.

3.2.2 **Review of Operational and Professional Structures in Community Mental Health & Learning Disability Teams.** A consultation exercise occurred online in November 2021 to explore the current operational and professional supporting structures across all of North Highland. The “old operating” models of S&M and N&W have created two structures that lead to confusion regarding roles and responsibilities. It was intended that an options paper would be available in December 2021 but that has been delayed by our Covid response and therefore will likely be available in Spring 2022.

3.2.3 **Primary Care Mental Health Service.** Agreement was reached in June 2021 for the development of a Primary Care Mental Health Service. A Primary Care Lead has been appointed and recruitment is ongoing for Band 6 & Band 3 workers. Workers will be based in GP practices and work alongside GP’s to provide immediate contact with MH professionals. It is anticipated that further funding will be made available by the Scottish Government in 2022 to enable access to Psychological Therapies directly in GP practices.

3.2.4 **Dementia Post Diagnostic Support.** Further funding from the Scottish Government has recently been made available and our intention is to commission Alzheimer’s Scotland to expand their current service of one year post diagnosis support to ensure equity of access across Highland.

## 3.3 Specialist Service Provision

3.3.1 **Drug and Alcohol Recovery (DAR) Services Partnership Developments.** The DAR service has benefitted from significant investment from both the Alcohol and Drug Partnership and Scottish Government. It would be of benefit to the HSSCC to receive a paper from the service specifically summarising the range of developments, the implications of the introduction of the new MAT (Medication Assisted Treatment) standards and the intent of the recent investments.

3.3.2 **Learning Disability Services.** A paper will be tabled in March 2022 detailing developments in Day Services, additional funding to prevent out of area placements and in-patient provision.

3.3.3 **Eating Disorder Services.** A significant rise in referrals to Eating Disorder services has been seen across Scotland. The Scottish Government has provided additional investment and the team are currently recruiting for additional dietetic support, nursing staff and healthcare support workers to provide intensive support.

### 3.4 **Psychological Services**

3.4.1 It is anticipated that there will be significant investment from the Scottish Government to tackle waiting times and ensure easier access to psychological services as required. The Clinical Director of Psychological Services has been working alongside the Scottish Government to develop a plan and this will be shared when approved.

### 3.5 **In-Patient Services**

3.5.1 As discussed in 2.4 an Action Plan based on the Essential of Safe Care has been developed to improve the quality of experience of patients within New Craigs. Focus in recent months has been on the roles of nursing and care staff (shifting the balance from Nursing staff to Healthcare support workers), transferring rota management to a central source (to better enable cross cover and create additional time for patient care for senior nursing staff) and the development of standard working practices across the New Craigs site.

3.5.2 There is continuing discussions with the communities of Sutherland regarding the delivery of care to individuals with dementia. We will be utilising an independent clinical facilitator to support this forward planning and will include consideration of the future of the in-patient beds at Migdale hospital as well as the home first approach for patients in their own localities and in their own homes. This work is ongoing and will include local councillors and wider stakeholders.

3.5.3 **Review of Mental Health In-Patient requirements.** There is an ongoing national conversation about the need /demand for in-patient beds vs the availability of nursing staff to provide safe care. NHS Highland in-patient services are currently maintaining a Covid Red area which has meant less bed availability, however (as at Dec 21) there was a shortage of 21 Band 5 Nursing Staff. The service has adapted and increased the numbers of Band 3 Healthcare Support Workers but this significant shortage of registered nursing staff impacts ability to “re-open” beds or further develop in-patient services.

3.5.4 **Estates.** The workstreams: Bed Configuration, Clinical & Office Space, Ligature reduction, Site Security and Use of Greenspace have continued throughout 2021 and all are at different stages of completion. The New Craigs site is a PFI

with a contract until 2025. NHS Highland Estates are fully sited on the end of the current contract and have included the Mental Health Management team in planning.

3.5.5 **Flow.** A Flow Co-ordinator was appointed in early 2021 to support the discharge and transfer of patients from New Craigs. We also appointed a Complex Case Planning Manager for Mental Health to commission bespoke housing and support solutions for those individuals with complex needs that do not “fit” easily into the current available support solutions. Further work will be completed in 2022 to ensure consistent agreed pathways of admission and discharge.

### 3.6 Corporate support and governance issues

3.6.1 **Electronic Patient Record.** As highlighted in the previous report, NHS Highland Mental Health services continue to rely on paper records. There has been no progress since the previous report and our recommendation remains the same: *“the recommendations of the Helicopter Overview should be implemented without further delay”*.

3.6.2 **Recruitment, retention and staff development.** Throughout this report we have highlighted the difficulties with recruitment and retention, particularly within nursing staff. Developments and investment in one part of the service (eg Primary Care) often have unintentional consequences in other parts of the service since staff move to different roles. We are pleased that NHS Highland is committed to a Mental Health focused recruitment campaign and look forward to working with our People partners to progress this at pace.

Appendix 1:

Health & Social Care Committee Paper – December 2020



Item 3.4 - NHSH  
Adult Mental Health I

