



ANGUS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD – 24 AUGUST 2022
ANGUS MENTAL HEALTH AND WELLBEING UPDATE
GAIL SMITH, CHIEF OFFICER

ABSTRACT

The purpose of this report is to provide Angus Integration Joint Board (IJB) with an update in relation to Mental Health and Wellbeing provision in Angus.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:-

- (i) Request the Chief Officer to bring full update to Feb 2023 IJB;
- (ii) Notes the financial framework to support Living Life Well Strategy remains outstanding;
- (iii) Accepts the risks detailed in the paper;
- (iv) Approves the proposals for Mental Health in Primary Care funding.

2. BACKGROUND

Since the formation of Angus Health and Social Care Partnership (AHSCP), local mental health services have made a significant shift to planning, providing and supporting wellbeing services and initiatives to compliment secondary care treatment and protection services. This is essential in order to build community resilience, promote early intervention, self-management, empower local populations to recognise and support individuals, or groups, with health and wellbeing needs; and to break down barriers and challenge stigma.

The Angus Mental Health and Wellbeing Network (AMHWN) was established in 2019; and the AMHAWN Strategic Oversight Group in 2022. The network and oversight group comprises of statutory and third sector providers, service users and carer representatives from the whole mental health spectrum, including children, adult and older people. Its vision for Angus is to support:

- All agencies working together to promote prevention and early intervention opportunities and activities
- Service improvements
- Effective links with other strategic planning groups including the Angus HSCP Strategic Planning Group and the Tayside Mental Health and Wellbeing Strategy Board

The aim is to achieve the best outcome possible for the citizens of Angus in relation to all aspects of mental health and wellbeing, including suicide prevention.

The Angus Mental Health and Wellbeing Network Strategic Oversight Group are responsible for setting the strategic direction for mental health, wellbeing, and suicide prevention across Angus, in line with AHSCP's Strategic Commissioning Plan, the National Mental Health Strategy 2017 – 2027, the National Suicide Prevention Action Plan - August 2018, as well as

the whole system approach to mental health and wellbeing being developed across Tayside. This group will drive forward change and monitor improvement in mental health.

Work has continued through AMHWN to progress local developments to meet the needs of the Angus population as well as ensure critical links are maintained across the whole system to support the delivery of Listen, Learn, Change (LLC).

3. CURRENT POSITION

Within Angus a number of areas of work have progressed to enhance service provision, and the service continues to work in partnership with all key stakeholders including service users and carers to inform developments, and overarching plans and timescales are detailed on the Living Life Well Plan.

Living Life Well Plan

The living Life Well Implementation Plan for Angus was approved at June IJB (Report 37/22) and for each action there will be a more detailed action plan underpinning the action, to meet the high level strategic outcomes detailed on the plan. These plans and Key Quality Indicators will be developed for each recommendation if these are not yet in place, through the identified responsible group and progress will be monitored through the Angus Mental Health and Wellbeing Strategic Oversight Group.

7 Day Extended Community Mental Health Service

The 7-day extended community mental health service was established in May 2021 in the North of Angus, and in South Angus in September 2021. There have been 254 contacts with services provided to 101 individuals in this time period. On average 3.4 people are referred each weekend, and the highest number of people referred in one weekend was 9 people. There has been a 94% attendance rate overall.

Benefits

The evaluation highlighted benefits of the weekend service for service users are:

- prevention of admission
- maintenance of contact and care
- reduced isolation
- early supported discharge, and crisis support

The service has benefited from improved partnership working; enabling shared learning and joined up working.

Comments from Staff Survey

“... supported patients to remain in the community who may have otherwise required OOH admissions to hospital, relieving potential strain on hospital beds for those admissions that cannot be avoided”

“Patients who need it can be followed up, [so] there’s not a big gap in care over the w/end or public holidays ...”

“..... service users can gain face to face support without travelling to Dundee”

“Working with colleagues from other teams and being able to not only draw on their experience and share our own but also to build better working relationships between each of the teams”

Challenges

The main challenges of the weekend service are the impact the weekend service has on staff availability in the Monday to Friday service, and the need for clearer criteria and shared understanding of the service to reduce inappropriate referrals and improve service provision.

Comments from Staff Survey

"The impact on the Mon-Fri service, duty in particular, workers own caseloads and the demands of managing these", "... covering duty, assessments and releasing staff to run groups ..."

"... I am aware my own caseload sits lower than it did previously, however this is where I feel it needs to sit in order to manage current workload"

Service User Feedback

Feedback was collated from service users who were referred to the 7-day service in June and July 2022. 11 service users were referred during this time period. 4 service users were unreachable by telephone, and it was not appropriate to gather feedback from 2 service users due to their current mental health. Five individuals were asked 8 set questions over the telephone.

- All "agreed" or "strongly agreed" that the worker had listened to them and felt supported by the worker
- All felt that the worker involved the individual in making choices about their treatment and care, and had confidence in the worker's skills "at all times" or "most of the time"

Comments from Service User Feedback

"Perfect. Just what needed at the time"

"Staff really flexible about time of appointment and support provided. I really felt listened to and felt the worker heard what I was saying. They also helped me plan ahead with next steps. I've been referred a couple of times and the service has been great both times"

"I felt really listened to as I was struggling to communicate what the issue was. Staff were really patient with me to make sure I was heard"

Further work is needed to ensure more regular patient feedback is gathered, and this is one of the recommendations of the 7 day service evaluation.

Draft recommendations are currently being consulted on with community teams, and short life working groups will progress the recommendations, with support from the Mental Health and Wellbeing Development Officer. Key quality indicators will continue to be monitored through the Mental Health Clinical Care and Professional Governance meeting.

Primary Care Mental Health and Wellbeing

A new Mental Health and Wellbeing in Primary Care Local Planning Group has been developed, and has responsibility for developing and implementing Mental Health and Wellbeing Primary Care Services (MHWPCS) in line with Scottish Government guidance. New services will be developed in stages and will be fully operational by 31 March 2026, and will build on the improvements already embedded through Action 15 and Primary Care Improvement Plan (PCIP) funding. There is an allocated incremental budget to support these developments;

2022 / 23 - £207,838.55

2023 / 24 - £415,028.95

2024 / 25 - £836,971.46

A Lead Officer for Mental Health and Wellbeing has been recruited to develop and implement these plans, provide an additional planning and governance role for mental health, and an administrative co-ordinator will be recruited to support the roll out of the Enhanced Community Support (ECS) model in Angus. Planning will be consistent with Tayside Living Life Well Strategic Plan and local implementation plans for mental health and wellbeing. Initial plans are currently with Scottish Government for comment. The plan will be delivered in two stages.

Initial plans are as follows but consultation with stakeholders will be required to further develop plans.

Stage 1

Roll out of the ECS model, which has been tested and evaluated in the North East GP Cluster Group. This initiative has won an award, been recognised nationally and is being adopted by other health boards and noted by the Independent Assurance Oversight Group as a piece of work of national significance. The ECS model for mental health brings together mental health and wellbeing services, substance services and primary care within a hub based in primary care and provides one referral route and no rejected referrals, a no wrong door approach.

The ECS model will be extended to the remaining three GP cluster groups. Primary care premises are being reviewed to ascertain order of roll out of the model. It is expected that one cluster will be added every six months to enable time for planning and preparation. Difficulties are foreseen with availability of space in primary care, and this may require a change to how the model is delivered in some cluster groups.

Stage 2

Develop a crisis centre which will be open 24/7 and offers a compassionate response to distress in a calm, homely environment which offers a place of safety and is trauma informed. Access will be through self referral or referral by other agencies such as GP's, police, ambulance, or statutory services. The centre will have access to overnight accommodation. Access will be supported for people who live across Angus with transport arrangements in place to facilitate this. The Distress Brief Intervention workers based in the centre will also have scope for travel across Angus to meet need. The centre will meet the needs of people in distress who require a compassionate response and intensive support but who do not require GP or secondary care intervention; and are currently accessing these supports due to a gap in the current pathway of care and response to distress. Technology will be utilised to support access to a professional mental health assessment out of hours when required. In hours there will be excellent links and joint working with the ECS hub and community assets.

The service will also develop mental health and wellbeing services in the localities, in community buildings which are co-located with a range of other services, to promote access to community assets, promote social prescribing, improve pathways of support, and remove demand for some lower-level mental health and wellbeing intervention from GP Practices. This will provide a person-centred flexible service which will give people choice and the ability to access mental health and wellbeing support in a GP practice, or from a community building. This will support the development of new, innovative roles in the community. Further scoping and consultation is required to ascertain the roles which will be progressed but these will be new roles which add value and could be roles such as trauma counsellors, keep well nurses, or exercise coaches.

Distress Brief Intervention

Distress Brief Intervention (DBI) support commenced April 2022. DBI provides a compassionate response to people in distress within 24 hours, and for up to 2 weeks and is being delivered by Penumbra from their Arbroath Office. Referrers will be police service, ambulance service, GPs and Emergency Departments; and referral pathways will commence in stages in conjunction with referrers. All Angus DBI staff have been recruited and have undergone their Level 2 DBI training, which is required to deliver DBI. Twelve Police Officers have been trained in DBI level 1 in Angus, with more training planned as Officers are identified; Referrers are required to have completed DBI level 1 prior to referring to the service. There have been approximately two referrals per week for DBI in Angus, the highest in Tayside. Good news stories are being developed to promote the service, and help understanding of the full benefits of using DBI. Early introduction to DBI would be beneficial for Police Officers and Penumbra and the police are taking this forward. The next stage is extending the referral route to GPs and discussions will commence with the mental health and wellbeing lead GPs, as the next step.

Adult Mental Health Discharge sub team.

Angus have developed a new adult mental health discharge sub team including a social worker who is in post, and 2 health care support workers currently being recruited, to improve the pathway in and out of hospital. This team aims to provide an early assessment of need, and interventions to reduce delayed discharges, shorten the number of bed days, reduce readmission rates and facilitate early supported discharge. When the 2 health care support workers are in post this will enable this to extend to supporting prevention of admission and a

better pathway into hospital. Delayed discharge was previously noted as a risk for adult mental health, and this is currently zero, with no delayed discharges.

NHS Tayside and the three HSCPs, through recommendation 21 of Listen Learn Change, are developing referral and discharge pathways and consistent practices across Tayside, with shared referral forms, checklists and good practice standards. The setting of a planned date of discharge on admission will improve planning; and shadowing, multi-disciplinary huddles, and the use of technology will improve understanding of capacity, demand, and roles and responsibilities across the pathway.

Healthcare Improvement Scotland (HIS) recommendations for Tayside Mental Health Services

HIS carried out a review of Adult Community Mental Health Services across Tayside from January to March 2020. It looked at community services with a particular focus on Community Mental Health Teams, the Crisis Resolution and Home Treatment Team (CRHTT) based in Dundee, and the Home Treatment Team (HTT) in Perth & Kinross. HIS provided Tayside Mental Health Services with 15 recommendations.

The HIS review coincided and overlapped with the final report of the Independent Inquiry into Mental Health Services in Tayside which was published by Dr David Strang in February 2020, and HIS findings are reflected in the 51 recommendations of the Independent Inquiry's report; taken forward in the Listen Learn Change Action Plan.

The report presented to Angus IJB in July 2021 confirmed the service had met 7 HIS recommendations, with the further 8 in progress. The service has now met 14 of the 15 recommendations. The outstanding Recommendation 7 - Review its use of Egton Medical Information System (EMIS) to make sure it is utilised to its full capability is not possible. The current EMIS electronic recording system is being re-contracted so there will be no changes to the system at present.

Listen Learn Change (LLC) Action Plan

All Health and Social Care Partnerships are invited to a weekly LLC meeting to review the Listen Learn change recommendations and review the evidence available to demonstrate progress or achievement.

The current status of recommendations is;

- 28 complete
- 21 incomplete

The Scottish Government tasked an oversight group to review the status of all of the LLC recommendations, and there has been no recent review of status for the recommendations. Regular meetings continue with the oversight group, and there was a visit undertaken in Angus on 15 June 2022, when the group met with a number of staff to discuss the recommendations. Feedback to date from the visit was positive regarding the work underway in Angus and the contribution Angus are making to the regional progress.

Themed workplan visits regarding patient safety, workforce, culture and engagement and integration schemes have now been completed by the Independent Assurance and Oversight Group (IAOG). A further update position in relation to the 49 recommendations is to be completed and submitted to the IAOG by the end of September 2022 with a view to final report from the IAOG being available October / November 2022.

A Tayside Listen Learn Change (LLC) Chief Officers (CO) Scrutiny & Assurance Group meeting has been set up to provide regular updates and the updated position regarding the 49 recommendations will be signed off via this group and Tayside Executive Partners.

4. PROPOSALS

Angus IJB note that progress continues to be made in relation to meeting the Mental Health and Wellbeing needs of the Angus population.

5. FINANCIAL IMPLICATIONS

Tayside Mental Health Strategic Financial Plan

As noted previously Finance Teams across NHS Tayside and the 3 IJBs have started to progress work with Mental Health operational leads to develop high level strategic financial plans for Mental Health Services. These plans will be expected to provide a description of current financial resources in the system, current commitments and map out further potential investment priorities identified to deliver the Mental Health & Wellbeing Strategy. Furthermore, the plans will describe any shift of resources within the system, note any financial deficits and highlight any specific needs that require to be addressed as part of the Mental Health Strategy. An outstanding action since December 2020, this reflects both the complexity of resolving this issue but also the multiple competing pressures within the overall system. It now seems likely that an emerging high-level strategic financial plan for Tayside Mental Health Services will be for financial year 2022 / 23 and beyond. This time delay has not necessarily stopped other facets of the broader Mental Health Strategy progressing and local financial frameworks continue to be updated.

Angus Mental Health & Wellbeing Financial Plans

As is noted in this report a number of local developments have financial implications. Funding streams are evolving and individual developments are being supported by specific local financial plans reliant, generally on existing local funding or funds provided nationally (e.g. Action 15).

6. RISK

- Decision regarding In Patient Mental Health facility remains outstanding.
 - Mulberry Unit
NHS Tayside are continuing to progress the options appraisal for Mental Health In-patients and a decision is awaited from the Mental Health Strategic Leadership Group.
- Multiple recording systems and duplicated reporting.
 - Community Mental Health Teams (CMHT) have a number of required IT systems - EMIS, CF6, Eclipse, Trakcare, Clinical Portal etc that staff have to complete to ensure appropriate information is listed. Risks remain around having clear information guidance in respect to integrated partnership working. NHS Tayside are replacing EMIS, the main recording system for teams, and the need for a system that interacts with Eclipse has been highlighted. Angus Integrated Drug and Alcohol Recovery Service (AIDARS) are undertaking a test of change for some staff to reduce the number of systems used, learning will be taken from this.

There are nine strategic risks agreed across Tayside for mental health, these were reviewed and discussed quarterly at the Tayside Integrated Leadership Group, as well as within the AHSCP Clinical Care and Professional Governance Group (CCCPG). A new process is being planned, to monitor and manage these risks as a partnership.

7. OTHER IMPLICATIONS (IF APPLICABLE)

N/A

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is required and is included in Appendix 1.

9. DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in Section 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Angus Council and NHS Tayside.

Direction Required to Angus Council, NHS Tayside or Both	Direction to:	
	No Direction Required	
	Angus Council	
	NHS Tayside	X
	Angus Council and NHS Tayside	

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List of Appendices:
Appendix 1 EQIA
Appendix 2 Direction