



Meeting: Highland Health & Social Care Committee

Meeting date: October 2024

Title: Mental Health Services

Responsible Executive/Non-Executive: Pamela Stott, Chief Officer

Report Author: Arlene Johnstone, Head of Mental Health, Learning Disability and DARS

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well		Nurture Well		Plan Well	
Care Well	Live Well	x	Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

2 Report summary

2.1 Situation

This paper follows on from previous Mental Health reports presented to the Highland Health and Social Care Committee. The most recent paper presented our Mental Health & Learning Disability Services Strategy, and we have continued to develop this and created a workplan (or Plan on a Page) that details our plans for the future (see Appendix 2).

As described in previous papers we continue to experience risks, particularly in relation to increasing demand and recruitment.

During 2024 we have focused on the foundations of our services and are near to completing a significant workstream that aligns the many workforce and data systems in NHSH to our current service design and organisation. This will enable us to report more accurately on projections and inform the work on Integrated Service Planning.

The committee is asked to:

- Note the ongoing work in relation to the delivery of the North Highland Mental Health & Learning Disability Services Strategy and Integrated Service Planning.
- Continue to support the ongoing developments in the delivery of mental health care as described in the “Plan on a Page”.
- Note the risks and associated impacts in relation to New Craigs bed occupancy, Consultant Psychiatry recruitment and supplementary staffing usage.

2.3 Assessment

STRATEGY DEVELOPMENTS & ACTION PLANS

2.3.1 In 2023 the Scottish Government published their strategy to improve mental health for everyone in Scotland: **Mental Health & Wellbeing Strategy 2023** ([Scotland's Mental Health and Wellbeing: Strategy \(www.gov.scot\)](http://www.gov.scot)). They set out a clear vision to improve overall mental wellbeing and reduce health inequalities in Scottish citizens. To achieve the outcomes, they have committed to **promoting** positive mental health and wellbeing, improving understanding and tackling stigma. **Prevent** mental health issues occurring or escalating and **provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

The role as a **provider** of Mental Health Services within the HHSCC partnership is the area of the strategy that our secondary mental health services are responsible for delivering.

2.3.2 The Scottish Government has now followed up their strategy with sets of standards to progress the outcomes described in the strategy. **The Core**

Mental Health Quality Standards ([Core Mental Health Quality Standards \(www.gov.scot\)](http://www.gov.scot)) were published in September 2023. These standards specifically relate to secondary mental health care services, including community mental health teams (CMHT’s) and adult in-patient mental health wards.

The aims of the standards for adult secondary services are:

- To let individuals, their families and carers know what they can expect from a secondary mental health service.
- To ensure that mental health services are trauma-informed and person-centred
- To improve the experience and outcomes for people using these services
- To make sure everyone who needs care receives a high standard of service, wherever they live in Scotland
- To support services to improve the care they provide
- To enable services to measure the quality of their care

NHS Highland’s Mental Health Service has been working with the Scottish Government and Health Improvement Scotland as a pilot site for the self-assessment tool. The Community Mental Health Teams are currently creating CMHT Guidelines, and the Core Mental Health standards are a integral framework for this work.

2.3.3 The North Highland Mental Health & Learning Disability Service Strategy was agreed at the end of 2024 but delays have been experienced in creating a final published version and an easy read version. These have now been resolved and it is anticipated that there will be a formal launch of the strategy in December 2024.

Work to deliver the strategy has, however, been ongoing and the Strategic Partnership forum has met on 4 different occasions to discuss next steps, improvement ideas and performance measures. It is positive to see that the 5 commitments in the Highland strategy align with the Core Mental Health Standards.

A strong working relationship with Spirit Advocacy has evolved and a partnership approach to ensuring involvement of people with lived experience in the delivery of the 5 commitments (Figure 1) as described in the strategy is well underway (a larger version of the pictures below is in Appendix 1).



Compassionately
by creating relationships based on empathy, respect and dignity

Consistently
by providing high quality services in a fair and equitable way

Collaboratively
by working meaningfully with everyone involved in care equally



Figure 1: 5 Commitments, MH&LD Strategy

2.3.4 Service Delivery and Transformation Plans

The North Highland Mental Health & Learning Disability Strategy is a service design strategy that is relevant to all 5 services within the Mental Health & Learning Disability division. To provide context for key service transformations, strategic targets and to demonstrate the wide range of work streams currently underway the “Page on a Plan” was created (Figure 2). (A larger version is provided in Appendix 2).

MENTAL HEALTH & LEARNING DISABILITY SERVICES PLAN ON A PAGE 2024-2025						
AMBITION - IN PARTNERSHIP : Create value by working collaboratively to transform the way we deliver health and care						
NATIONAL STRATEGIC DRIVERS						
Mental Health & Wellbeing Strategy 2023 Dementia Strategy: Everyone's Story 2023	Core Mental Health Standards 2024 Coming Home Implementation Report 2022	National Drugs Mission Plan: 2022	Creating Hope Together: suicide prevention strategy 2022			
Mental Health & Learning Disability Service STRATEGY - TOGETHER STRONGER COMMITMENTS						
1. Our services will be easy to find and contact	2. Our services will be clear about what you can expect from us, and we will be clear about what we expect from you	3. Our services will work together with you	4. Our services will enable our staff to provide safe, high-quality care and support	5. Our services will evolve in response to changing need and we will explain why decisions are made		
PLANNING FOR SUCCESS - STRATEGIC TARGETS						
Ensure 7 day access to services across MH & LD services	Increase access to unscheduled / crisis support	Increase availability and choice of community social care support options in Highland	Ensure all interventions, care and support are delivered through a trauma informed lens	Establish accurate recording systems to support performance	Decrease numbers of times OPEL status is at levels 3 +	Follow up EVERY patient on discharge within 72 hrs.
Area	What do we want to do?	What priority 1 actions will we take?			How will we know we have achieved?	
Unscheduled Care	Respond quickly to support our population across our system who are vulnerable or in crisis	Admission and discharge patient pathways / criteria // To review bed configuration // Alternative options for in-patient care / care for individuals with complex needs where community options are not available // Review all patients over 100 days // commission community-based solutions for complex needs // Prioritise activity to prevent admission and enable discharge // Prioritise caseloads towards crisis and critical support			Reduced Delayed Discharges Reduction in incidents of self-harm within 7 days of discharge People are discharged from services	
Models of Practice	Provide evidence-based care and support models to people as close to home as possible.	Implement 7 day working // Review & Implement CMHT Guidelines // Review role of Consultant Psychiatrist to ensure sustainability // Role out refreshed Psychiatric Emergency Plan // Implement support and stabilisation plan in partnership with support providers // Roll out Learning Disability Health Checks // Roll out Dynamic Support Register // Trauma Informed Approaches			Contact with community teams will be available 7 days. Partners aware of PEP Reduced OOA placements	
Strategy & Standards	Ensure influence of strategic drivers and implement national standards	Continue to implement MH & LD Strategy // Core Mental Health Standards // MAT Standards // PT Specification			Achieved all national targets	
Quality of Care	Provide exceptional care and support to citizens	Clinical & Care Governance review // Learning from incidents and events			MWC feedback	
Finance	Ensure financial balance	Supplementary Staffing // Medical Locums // FME Rota // SAS agreement re patient transport // SLA's			Achieve financial balance	
Information, Intelligence & Infrastructure	Ensure all activity is planned and undertaken within organised administrative systems	Operational Structure // Electronic Patient Record // IPQR Measures // ISP // PFI hand back // Partnership working with Third Sector – e.g. Spirit Advocacy			Single Operational structure Clear agreed measures used consistently	

Figure 2: Plan on a Page 2024-2025

2.3.5 Integrated Service Planning

It has been agreed that Mental Health & Learning Disability Services will create Integrated Service Plans to inform future decision making and provide consistent assurance of performance. To create these plans we have spent significant time working on the foundations of service systems and realigning systems to reflect our current services. Completed steps include:

- Clarifying the service structure
- Aligning EeSS with staff line management structures
- Re-aligning budgets (reduction from 110 budget codes)

The next steps are to ensure TRAK systems align to enable performance monitoring.

Community Older Adult, General Adult and Learning Disability services have been participating in the work by the external consultancy firm, Meridian to create more time to care through a consistent agreed approach to planning activities. This work will inform our Integrated Service Plans.

2.3.6 Finances

The up-to-date finance report is available in other papers. Work is ongoing within Mental Health service to achieve financial balance. Significant areas of concern relate to increasing costs of medication and use of supplementary staffing.

The SG have revised their process of funding allocations and the different funding streams are now “bundled” into one allocation: Enhanced Mental Health Outcomes. It is now our responsibility to agree the distribution of this allocation to meet the SG expected outcomes (that align to previous distributed funding streams).

Nursing supplementary staffing is mostly confined to New Craigs and a number of actions have been taken to reduce the costs associated with use of bank and agency staff:

- Participated in International Nurse Recruitment
- Co-ordinated Newly Qualified Nurse Scheme to ensure vacancies filled
- Recurrent advert to promote and increase availability of MH nurses on Staff bank
- Monthly roster Confirm and Support meetings
- Daily staffing scrutiny and use of MHLD Real Time Staffing Tool
- Implementation of Increased Observation Policy

This workstream is on target to achieve the cost reduction agreed.

The use of Medical Locums has been reported as a risk for a number of years within MH services. Recent actions to reduce both costs and governance risks include:

- Weekly Locum huddle established for scrutiny and oversight
- SLWG Locum Governance & Assurance established
- Medical Staffing plans under review
- Review of role of Consultant Psychiatrist

The graph below (Figure 3) shows the positive impact of the work that has been undertaken (in comparison to last years spend).

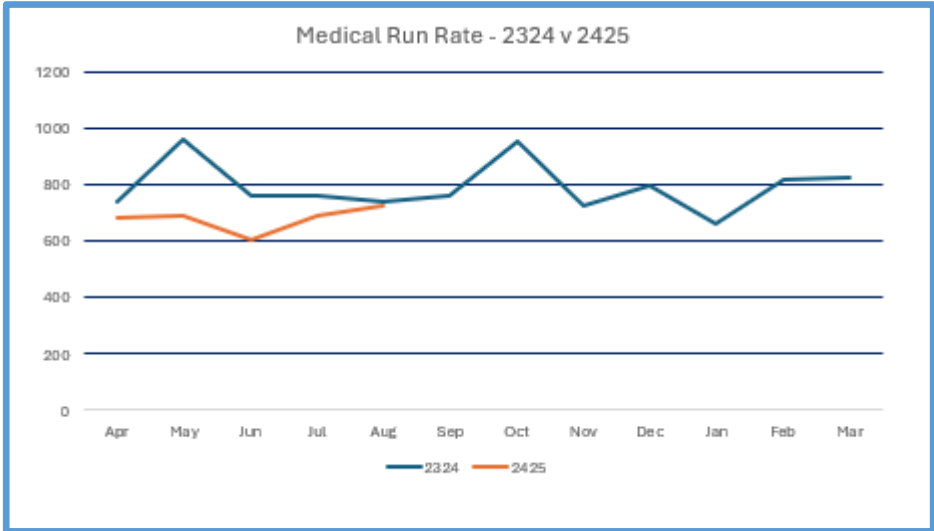


Figure 3: Medical Staffing Spend 23/24 & 24/25

2.3.7 People

The total number of staff employed within Mental Health services has shown a steady increase over recent years due to specific funding streams from Scottish Government (e.g, Action 15, Primary Care, Peri-natal service, Mental Health Outcome funding). Further growth is not anticipated due to the reduction in this year's funding allocation.

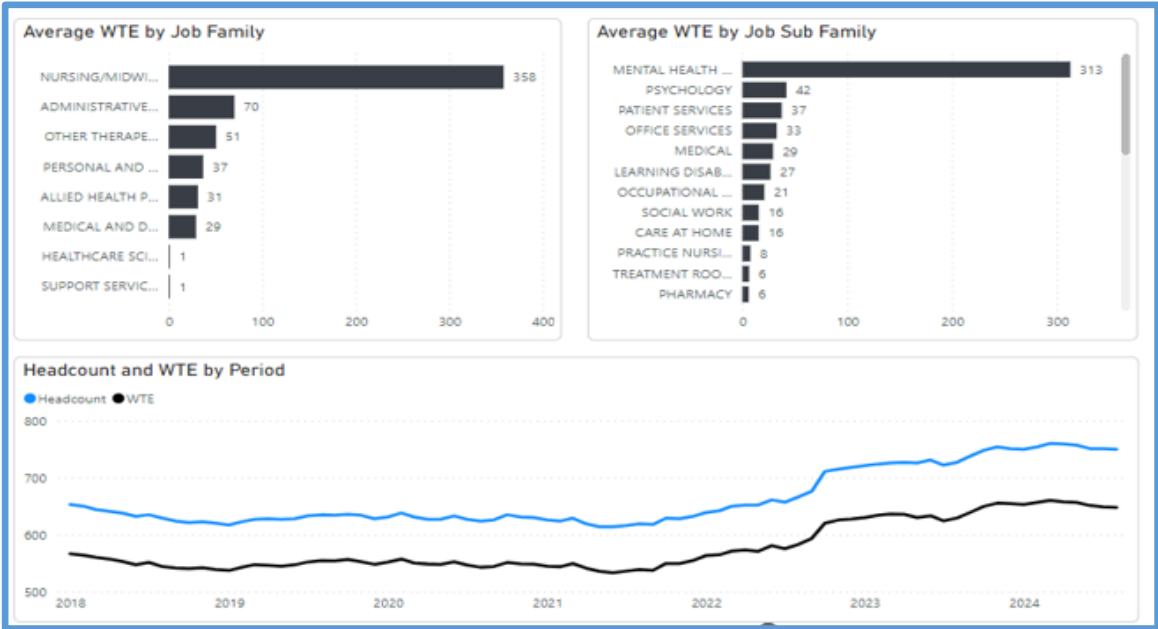
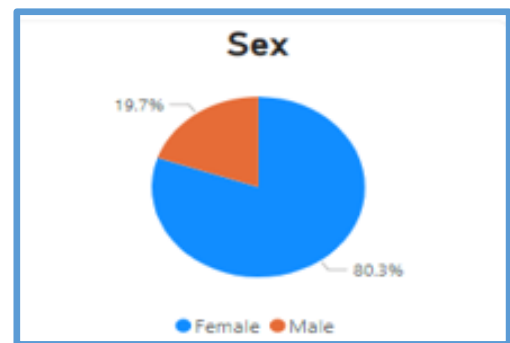
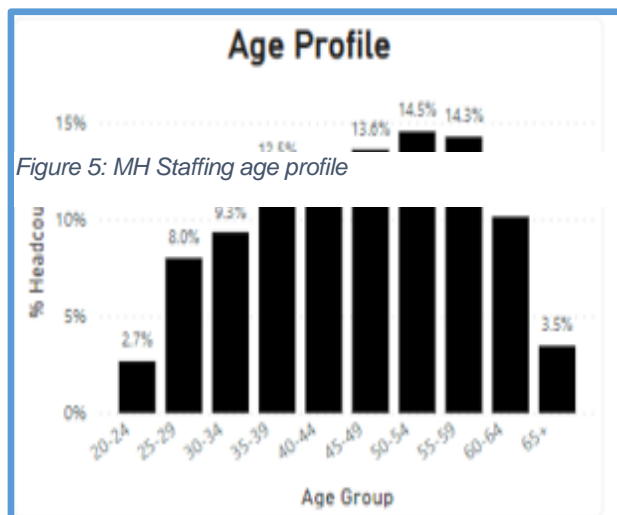


Figure 4: Mental Health Staffing



SERVICE DEVELOPMENTS & KEY ACTIONS

2.3.8 Psychiatric Emergency Plan / Escorts / Ligature Reduction Work

- The Psychiatric Emergency Plan is now complete and awaiting sign off from COG, it has however been shared widely with partners and has regular review.
- SAS support during transfers of care is agreed and the contractual aspects are complete. A new lease vehicle for transfers of care is underway, this vehicle will be an “everyday” vehicle thus reducing stigma during transfer.
- Significant work in relation to reducing risks from ligatures has been achieved during 2024. A new Ligature Reduction management cycle, including assessment, clinical tools and training is in its final stage of testing and will be presented to Health & Safety Committee for ratification in the next few months.

2.3.9 New Craigs

- Two previous HSE inspections instructed improvement works in relation to the design of the dementia unit (Ruthven) and potential ligature points in the adult acute admission ward (Morar).
Work in the Dementia Unit (Ruthven) is now complete, and patients will move back into the ward on the 31st October 2024.
An extension for work in the Acute Admission Unit (Morar) has been requested from HSE and work will commence in November 2024,
- 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 appointed a Project Manager to oversee the ending of the contract. A New Craigs Master Plan to inform the future use of the site is complete and staff Listening Exercises have

been undertaken. The completion of the PFI work will enable access to another building on the campus. It is intended that a new outpatient dept will be created and desk-based work will shift to the newly acquired building.

- Improvements to manage flow are underway. These include the use of the Real Time Staffing Tool (RTS), implementation of Planned Dates of Discharge (PDD) and the operational role out of Operational Pressures Escalation Levels (OPEL). All of these tools assist with the management of flow, providing consistent data to enable decision-making.
- Bed capacity within New Craigs continues to be a risk. Guidance from the Royal College of Psychiatrists advises that occupancy within an Acute Mental Health hospital should ideally be 80%. New Craigs has consistently operated at 100% (Figure 6, below).

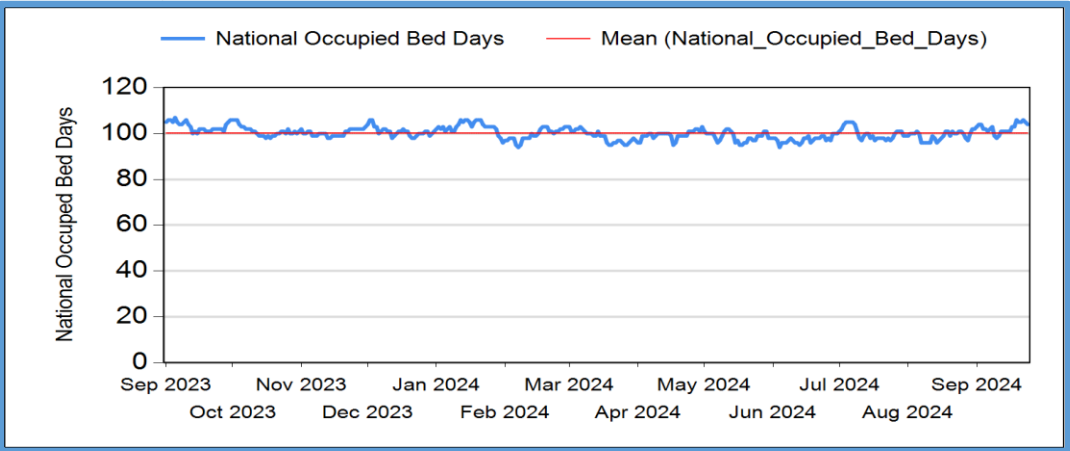


Figure 6: Daily Occupied Bed Statistics

- Length of stay data indicates a shorter length of stay compared to other regions of Scotland with the exception of those 85+, this is linked to the lack of capacity in Highland Care Homes.

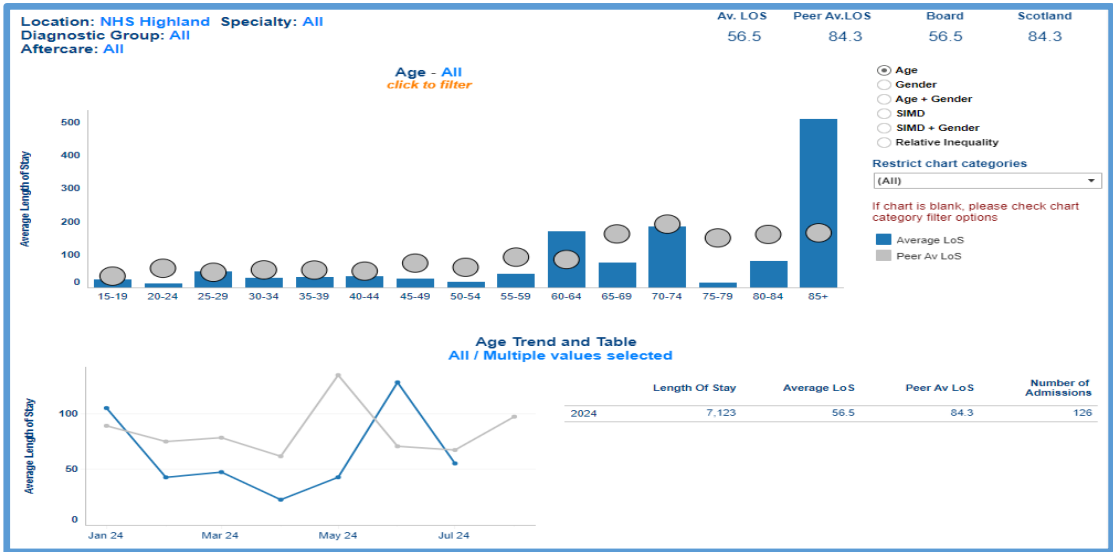


Figure 7: Length of Stay Data: New Craigs

2.3.10 Electronic Patient Record. As highlighted in the previous report, NHS Highland Mental Health services continue to rely on paper records. We have now agreed MORSE to be the EPR for all community-based services. A pilot is currently underway in Caithness CMHT and a roll out plan being developed for the rest of Highland.

2.3.11 Operational and Professional Structures in Mental Health Services. The planned shift to a single operational structure has not yet been achieved. This work is ongoing and will dovetail with other operational structural work within the HHSCP.

2.3.12 Commissioned Community Support:
We have completed the work with **Centred** to review and renew their contract in the Recovery Centre (a care home model). This has resulted in a shift from a block contract to a partial block and spot purchase agreement. The “block beds” will provide “step up / step down” care for individuals to prevent admission to New Craigs and enable rapid discharge.

A new contract with **Gateway** to provide support to individuals in a tenancy model in Inverness has also been established. This model enables people to live and be supported in a housing model whilst their recovery is ongoing.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

There are significant developments across Mental Health services that will be underpinned by both national and local strategy.

Moderate assurance is provided that these developments are progressing as required, however the risks relating to recruitment are significant and will impact on our ability to both transform and to deliver mental health interventions to the people of Highland.

3 Impact Analysis

3.1 Quality/ Patient Care

- ✓ The inclusion of people with lived experience in the strategy development has been very warmly welcomed by stakeholders.

- ✘ The changing Locum consultant psychiatry workforce leads to a poor patient experience and inability to build relationships.

3.2 Workforce

- ✓ Recruitment of student nurses and international nurses
- ✘ High demand impacts on staff experience and resilience

3.3 Financial

- ✓ Recruitment of student nurses and international nurses
- ✘ Locum Consultant Psychiatrists costings
- ✘ Instability from SG funding allocations

3.4 Risk Assessment/Management

All Mental Health Risks are included on the Communities Risk Register.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

3.7 Other impacts

3.8 Communication, involvement, engagement and consultation

3.9 Route to the Meeting

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

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APPENDIX 1:

Five Commitments: Mental Health & Learning Disability Strategy



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MENTAL HEALTH & LEARNING DISABILITY SERVICES PLAN ON A PAGE 2024 -2025

AMBITION - IN PARTNERSHIP : Create value by working collaboratively to transform the way we deliver health and care

NATIONAL STRATEGIC DRIVERS

Mental Health & Wellbeing Strategy 2023
Dementia Strategy: Everyone's Story 2023

Core Mental Health Standards 2024
Coming Home Implementation Report 2022

National Drugs Mission Plan: 2022

Creating Hope Together: suicide prevention strategy 2022

Mental Health & Learning Disability Service STRATEGY - TOGETHER STRONGER COMMITMENTS

1. Our services will be easy to find and contact

2. Our services will be clear about what you can expect from us, and we will be clear about what we expect from you

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PLANNING FOR SUCCESS - STRATEGIC TARGETS

Ensure 7 day access to services across MH & LD services

Increase access to unscheduled / crisis support

Increase availability and choice of community social care support options in Highland

Ensure all interventions, care and support are delivered through a trauma informed lens

Establish accurate recording systems to support performance

Decrease numbers of times OPEL status is at levels 3 +

Follow up **EVERY** patient on discharge within 72 hrs.

Area	What do we want to do?	What priority 1 actions will we take?	How will we know we have achieved?
Unscheduled Care	Respond quickly to support our population across our system who are vulnerable or in crisis	Admission and discharge patient pathways / criteria // To review bed configuration // Alternative options for in-patient care / care for individuals with complex needs where community options are not available // Review all patients over 100 days // commission community-based solutions for complex needs // Prioritise activity to prevent admission and enable discharge // Prioritise caseloads towards crisis and critical support	Reduced Delayed Discharges Reduction in incidents of self-harm within 7 days of discharge People are discharged from services
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