



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	1 <sup>st</sup> December 2020
<b>Report Title</b>	Update Report - Grampian-wide Mental Health and Learning Disability Services
<b>Report Number</b>	HSCP20.065
<b>Lead Officer</b>	<i>Sandra MacLeod, Chief Officer</i>
<b>Report Author Details</b>	<i>Name: Kay Dunn Job Title: Lead Planning Manager (Grampian-wide MHL D Review) Email Address: <a href="mailto:kay.dunn1@nhs.scot">kay.dunn1@nhs.scot</a> Phone Number: 01224 557840</i>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	None

### 1. Purpose of the Report

- 1.1. The purpose of the report is to update on the progress made to develop a Transformation Programme to deliver the strategic intent set out in the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHL D) 2020-2025 and first benchmark report against the Quality Assurance and Performance Management Framework.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board (IJB):

- a) Note the progress made in developing a Draft Grampian-wide Transformation Programme for Mental Health and Learning Disability (MHL D) 2020-2023 and instruct the Chief Officer to bring a final version to the IJB following consultation with key stakeholders to be considered for approval in April 2021.
- b) Note the progress made on developing a benchmark report for the Grampian-wide Mental Health and Learning Disability Services and



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agree a timeline of 1<sup>st</sup> of April 2021 to fully embed as a Performance Score Card in the Aberdeen City HSCP Tableau Dashboard.

- c) Note that there will be an IJB workshop in early 2021 on Grampian-wide Mental Health and Learning Disability Services hosted by Aberdeen City IJB.

### 3. Summary of Key Information

#### 3.1. Transition to Hosted Service

In October 2019, the Transition Steering Group (Grampian-wide MHL) was established to manage the successful transition of Inpatient, Specialist and CAHMS Services from NHS Grampian (NHSG) to Aberdeen City Integrated Joint Board (IJB) to host on behalf of Aberdeenshire and Moray IJBs. Following the successful transfer of hosted services on 1st April 2020, the Transition Steering Group (Grampian-wide MHL) was disbanded. The successful transfer to host arrangements took place on the 1st of April 2020 with no determinant or change to the terms and conditions of staff employed by Councils or NHS Grampian (NHSG).

#### 3.2. Establishment of the Transformation Programme Board

In December 2019, the Transformation Board (Grampian-wide MHL) was established to oversee the successful implementation of the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHL) 2020-2025. Significant progress was made between January 2020 and March 2020 to finalise the Strategic Framework, develop the associated Programme Management Documentation and undertake initial consultation with Senior Managers on a Draft Transformation Programme Plan and Quality Assurance and Performance Management (QAPM) Framework.

In February 2020, a Systems-wide Leadership Workshop took place to solidify the culture and whole system leadership approach of the Transformation Board moving forward.

Work had been scheduled at the end of March 2020 to establish the Work Stream Groups to take forward engagement and consultation with staff, key stakeholders, service users, those with lived experience and carers before a final Draft Transformation Programme be submitted to the respective IJBs and NHSG Boards for approval.



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### 3.3. Approval of the Grampian-wide Strategic Framework for MHLD

In March 2020, Aberdeen City IJB and Moray IJB approved the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) in advance of emergency measure commencing in response to the pandemic. However, Aberdeenshire IJB had been scheduled to consider the report later in April 2020 and due to the move to urgent business only, approval was delayed. The Aberdeenshire IJB approved the final Framework in early November 2020. An update report will be now submitted to the NHSG Board in January 2021.

### 3.4. Responding to the Coronavirus Pandemic (COVID-19)

In March 2020 under Operation Rainbow, Control Rooms were established for Aberdeen City, Aberdeenshire and Moray HSCPs as well as a Control Room for Grampian-wide MHLD. The Control Rooms managed the implementation of Emergency Measures in line with Business Continuity Planning to reduce face to face contact, move routine appointments to virtual (Near Me) and protect the operation of critical services (e.g. inpatient services). Projects were established to mobilise at pace a Mental Health Hub for Unscheduled Care (Kildrummy Hub) and a Grampian Psychological Resilience Hub for both staff and the public who were experiencing distress arising from their experience of COVID-19.

In early June 2020 under Operation Home First, a Strategic Huddle for Grampian-wide MHLD was established to remobilise services and embed the changes to service delivery that were necessary to ensure a sustained and protracted response to COVID-19 during the winter period. These included:

Near Me / Microsoft Teams (MST)

In March 2020, an audit was undertaken across HSCPs to determine the volume of ICT equipment that would be required for managers to operate meetings virtually using MST and for operational staff to deliver remote services using Near Me. Usage of Near Me was initially inconsistent and there were ongoing concerns relating to the efficacy of the tool to assess people experiencing mental health problems. Further guidance notes were issued and risk assessment forms developed to support the implementation Near Me aligned to the roll out of Red, Amber Green (RAG) case management models. There is a further commitment to develop full and robust practice guidance on the use and efficacy of Near Me across Tier 1 – 4 services and this is scheduled to be delivered by the Aberdeen City HSCP CMHT and Director of Psychology for NHSG by the end of November 2011.



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### Move of isolated Learning Disability Services from Elmwood onto main Royal Cornhill Site

Since 2015, the Mental Welfare Commission has raised ongoing concerns in regard to the condition and functional suitability of the Elmwood estate and the risk of isolation had been on the NHSG Risk Register for a number of years. The risks of an isolated unit were further exasperated during COVID-19. In March 2020 under emergency measures, the Fern and Bracken Wards were relocated from Elmwood to Loirston Ward at the main Royal Cornhill Site (RCH). An Options Appraisal was undertaken to determine the most functionally suitable long term locations for the wards. In August 2020, the Assessment and Treatment Unit for Learning Disabilities (Bracken) was embedded at the current location on the Loirston Ward on the first floor RCH and reduced to an 8 bedded unit. The Close Supervision Unit for Learning Disabilities (Fern) was moved to Strathbeg Ward on the ground floor of RCH and continues to operate as an 8 bedded unit. The overall bed reduction is in line with expected utilisation levels to meet current demand.

A further recommendation was made for the Transformation Board to prioritise a Business Case to develop Fern (now Strathbeg) from a Close Supervision Unit to a Low Secure Unit in consultation with the Regional Collaborative for MHL. This would reduce the number of people with Learning Disability being placed Out of Authority and the project will be taken forward in early 2021.

It should also be noted that the ward moves have been managed alongside changes to comply with social distancing and staff flow guidance for infection control as well as the ongoing delivery of the Ligature Reduction Programme.

### Increase outreach from Hospital Based Services to Community Based Pathways

In March 2020, the Grampian Psychological Resilience Hub was established at pace to ensure streamlined access to mental health support for those experiencing stress and distress as a direct result of the pandemic. The team developed a self-management portal and a triage model for accessing Tier 1-4 7 days a week. Additional supported assistance was set up with the Grampian Assistance Hub undertaking a phone based assessment and onward referral for those unable to use the self-help page due to TEC access of their additional support needs. The delivery of service is ongoing and a review the future role of the Psychological Resilience Hub is being undertaken by the end of November 2020. Final decisions will be aligned to



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the timeline for the wider review of NHSG Psychology Services, which has recently commenced.

In March 2020, the Mental Health Hubs for Unscheduled Care were established to assess and triage emergency in hours and urgent out of hours referrals. The Kildrummy Hub at RCH was established to manage referrals for Aberdeen City and Aberdeenshire populations and a Hub was established for the Moray Population in Elgin. In October 2020, a review and option appraisal was undertaken on the Kildrummy Hub Model (now referred to as the Mental Health Hub for Unscheduled Care). A revised referral process was established, resources secured and additional outreach in the community for up to 6 week is being implemented for cases 'not open' to CMHT and awaiting allocation. The Hub was relocated to a permanent base in the closed Lochhead Day Hospital area of the RCH Site. The review of the Moray Hub Model has completed and the HSCP aim to submit a final report by the end of November 2020. In November 2020, additional changes were made to the Process Flow Chart to take account of the Redesign of Emergency Care Pathway. It has been agreed that Mental Health referrals will continue to come directly from NHS24 to Primary Care (In Hours) and GMED (Out of Hours) for Primary Care Assessment with onward referral to CMHTs, where need is assessed. Those referred by NHS24 to the Flow Navigation Centre for Emergency Department triage will be assessed and where there is a need of support for their mental health they will be referred to the Mental Health Hubs for Unscheduled Care as a Single Point of Access (In hour and Out of Hours).

In June 2020, the Chief Officers commissioned a review of the Older Adult Pathway given the high number of dependencies with implementing the wider Operation Home First priorities. A system-wide Older Adults Work Stream was established in July 2020 with 3 x HSCPs Work Streams and an Inpatient and Liaison Work Stream delivering their engagement workshops by early August 2020. An overarching Workshop Report was produced at the end of August 2020, a Literature Review by the end of September 2020 and a final Older Adult Review Report was approved at the end of October 2020. The recommendations of the review include the following:

- Commission residential / nursing home surge beds (dementia and most beds are required in the City)
- Embed key business processes to ensure a multi-disciplinary focus on delayed transfer of care and delayed discharge



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- Review the current models and multi-disciplinary team mix in Community Mental Health Teams to deliver Enhanced Community MHL D Services
- To optimise the use of 100 inpatient beds for Older Adult Mental Health across the System-wide System and ensure capacity to move from 2 'flex beds' to operate as 'surge beds' moving forward, this must ensure a reconfiguration of the bed base to take account of the need to ensure a clear pathway for stress and distress (previously delivered at Strathbeg Ward but relocated during COVID)
- Provision of high intensity psychological therapies particularly at Tiers 3 and 4
- Training and supported in utilising psychological approaches, such as trauma-informed care, to optimise interventions and ensure clinical best practise
- Major Service Change Assessment to be undertaken to determine the final decision on interim closures including Kildrummy Day Hospital, Lochhead Day Hospital, Intensive Support Service following the redesign and delivery of services in the new model of care

HSCPs were asked to review the inpatient services to ensure a sustainable model of care and that we optimum bed based across the system as part of the wider programme of Transformation.

### Improved Access to Commissioned Pathways

As stated above in the Older Adult recommendations, a review of commissioning beds in the community for people with dementia and the development of Enhanced Community Mental Health Teams (CMHTs) that will better support commissioned services (e.g. Care Homes) is being taken forward.

Further recommendations were made for the Transformation Board to prioritise a review of IPCU, the Female Forensic Pathway, Low Secure Unit for LD and the development of a Market Shaping Statement and Commissioning Strategy, to be taken forward early in 2021.

Since early November 2020, the 4 Work Streams have commenced planning for implementation and a Draft Work Programme pulling together the actions



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across all work streams is scheduled to be completed by the end of November 2020.

The analysis of data from the Older Adult Review shows that the greatest challenge is meeting the demand for beds for dementia care and ensuring a continued focus on delayed discharge and the delayed transfer of care. Data from the Unscheduled Care Review shows that the majority of referrals for urgent and emergency care come from emergency departments and the police. The ongoing demand for the Psychological Resilience Hub highlights the importance of the need to have a 7 day crisis support response. The team will continue to collate data from the new services to inform the future models of care.

On 2nd November 2020, we entered Phase 3 Operation Snow Drop and were directed to re-establish Control Rooms across the three HSCPs and Grampian-wide MHL. The Transformation Board has now been re-established and the Strategic Huddle will transition into a System-wide Transformation Group (Grampian-wide MHL) who will monitor the ongoing implementation of Home First Priorities as well as take forward the delivery of the Transformation Programme for Grampian-wide MHL.

### 3.5. Development of the Transformation Programme Plan

Between January 2020 and March 2020, a Draft Transformation Programme was developed in consultation with Clinical, Nursing and Service Management Leads. However, due to the pandemic, further engagement across wider stakeholders, staff, service users, those with learned experience and their carers was put on hold. The re-establishment of the Transformation Board enabled the recommencement of that engagement process with lead officers across the three HSCPs CMHTs, partners including Primary Care, Allied Health Professionals, Staffside, Workforce, NHS24, Police Scotland, Scottish Fire and Rescue Service, Scottish Ambulance Service and from the Third Sector. Full engagement and consultation will commence from December 2020, when we establish the associated workstreams who will have to ensure the voices of staff, service users, those with learned experience and carers are engaged and consulted. A final version of the Transformation Programme will be submitted to the three IJBs and NHSG to consider approval in April 2021.



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### 3.6. Development of Quality Assurance and Performance Management Framework

A Quality Assurance and Performance Management Framework for Grampian-wide MHL D was approved at the Transformation Board on 5th November 2020. Given the significant demand being placed on the NHSG Public Health and Health Intelligence Teams during COVID a request for support to develop a Benchmark Report was submitted to the Scottish Government LIST Team and Public Health Scotland. The Teams have committed to delivering a draft for consultation with local services by early December 2020. The benchmark report will enable us to better understand the baseline performance reporting capability, quality of data and priority development areas to embed KPI reporting electronically for the future. As well as the national indicators, there is a commitment to work with service managers to develop sustainability indicators and indicators for person centred outcomes. Improvement actions will be progressed as we work alongside NHSG Health Intelligence between now and March 2021 to embed an electronic Performance Dashboard for Grampian-wide MHL D within the Aberdeen City HSCP Dashboard on Tableau.

### 3.7. Review of Quality, Safety and Assurance Process

In September 2020, a review of the governance arrangements for Grampian-wide MHL D Services was undertaken by the Clinical and Care Governance Group (MHL D) with key representatives from hosted services and delegated services across the 3 HSCPs. The revised role and remit of the group will be to focus on Quality, Safety and Assurance with the Clinical Director MHL D and Chief Nurse MHL D in attendance and they will provide assurance for hosted services across the 3 IJBs and NHSG Clinical and Care Governance Groups. HSCPs will continue to provide assurance to IJBs for the delivery of delegated community and inpatient services across respective IJB governance process. The system wide group will ensure cross system learning as well as identifying areas for action to improve the quality, safety and equity of access and will report to respective Boards on progress against agreed priorities.

The final paper is awaiting approval by HSCPs Clinical and Care Governance Committees and we aim to move to the new role and remit with an appointed independent Chair as of December 2020. This will ensure we have a clear understanding of the governance and assurance processes in advance of the Transformation Board establishing Work Streams from January 2021.





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### 4. Implications for IJB

#### 4.1. Equalities

The Strategic Framework has been through an Equality Human Right Impact Assessment (EHRIA) by NHS Grampian and recommendations have been taken into account in the final version of this document.

Before submission for final approval in April 2021, further EHRIA assessments will be undertaken at a programme and project level to ensure the IJBs fully understand the impact of any recommended changes to service delivery.

The strategic intent set out in the Grampian-wide Framework for MHL D could lead to the following positive impacts on those with protected characteristics:

- **Age** - some services may be increased up to the age of 18 years for children and young people experiencing mental health problems / or both a learning disability and mental health problems (e.g. social work services in line with the national direction)
- **Disability** – redesigned provision to improve the support and crisis support upstream in Tiers 1 and 2 (community services) and a redesign of specialist and inpatient services for people in Grampian for those living with a Learning Disability to improve outcomes
- **Gender reassignment** – further development of the pathway to improve access to Gender Identity Services in Grampian
- **Marital Status** – no direct impact
- **Pregnancy and Maternity** – further development of the pathway to improve access to perinatal services in Grampian
- **Race, Religion or belief or Non-belief** – no direct impact
- **Sex, and** – no direct impact
- **Sexual Orientation** – no direct impact

#### 4.2. Fairer Scotland Duty

Mental health and wellbeing affects all communities and people of all socio-economic status. However, there is a higher prevalence of mental ill health and mental illness in communities where there is socio-economic disadvantage. IJBs are committed through their Locality Plans to take account of socio-economic disadvantage in respect of the allocation of resources according to the needs of population. The design and delivery of Grampian-wide inpatient and specialist MHL D Services will require a balance of a population approach, person centred care and securing best value with



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the available resource. The design and delivery of Grampian-wide services will take account of the population needs across the three IJB areas.

### 4.3. Financial

There are no direct financial implications arising from the approval of the Grampian-wide Strategic Framework for MHL D.

The delivery of the strategic intent set out in the report aims to ensure inpatient and specialist MHL D services are on a more sustainable footing for the future and delivered within the agreed budget to be set in consultation with the NHSG and 3 IJBs.

All redesign projects under the Transformation Programme Plan will go through robust and costed business case option appraisal and any funding requirements will be submitted to the IJBs and NHSG for scrutiny and consideration for approval.

### 4.4. Workforce

Any changes arising from the Transformation Programme Plan will go through the workforce, staff side and staff engagement processes set out by the respective employer Organisation Change processes (NHSG, Aberdeen City Council, Aberdeenshire Council and Moray Council). Staff will be engaged in the work streams arising from the Transformation Programme Plan and will receive regular briefings. Staff engagement has been identified in the Communication and Stakeholder Engagement Plan and Risk Register.

### 4.5. Legal

No direct legal implications have been identified.

### 4.6. Other

None identified.

## 5. Links to ACHSCP Strategic Plan

- 5.1. Resilience - working with our partners to support people so that they can cope with, and where possible, overcome the health and wellbeing challenges they may face.



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- 5.2. Personalisation – ensuring that the right care is provided at the right place at the right time when people are in need. Ensuring that our systems as are simple and efficient as possible.

### 6. Management of Risk

#### 6.1. Financial Risk

The Transformation Programme Plan will aim to ensure whole system collaboration to better balance a population approach, person centred care and secure best value with the available resource. The longer term aim is to ensure a sustainable services with a balanced budget.

#### 6.2. Governance Risk

A Governance Framework setting out clinical, care and financial governance arrangements for delegated community services across Aberdeen City, Aberdeenshire and Moray IJBs and delegated inpatient and specialist services hosted by Aberdeen City IJB on behalf of the Aberdeenshire and Moray IJBs was developed. The Grampian-wide Quality, Safety and Assurance Group has been established to provide assurance within the governance arrangements of the three IJBs and NHSG.

#### 6.3. Legal Risk

Any major change to service delivery arising from the development of the Transformation Programme Plan will be managed in line with the guidance set out in the Scottish Health Councils Major Service Change process and timeline for public consultation.

#### 6.4. Link to risks on strategic or operational risk register:

1.	There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services.	High
2.	There is a risk of financial failure, that demand outstrips budget and IJB cannot deliver on priorities, statutory work, and projects an overspend.	High
3.	There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance in through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire,	High



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	and those hosted by those IJBs and delivered on behalf of Aberdeen City.	
4.	There is a risk that relationship arrangements between the IJB and its partner organisations (Aberdeen City Council & NHS Grampian) are not managed to maximise the full potentials of integrated & collaborative working. This risk covers the arrangements between partner organisations in areas such as governance; corporate service; and performance.	Low
5.	There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined performance standards as set by the board itself. This may result in harm or risk of harm to people.	Medium
6.	There is a risk of reputational damage to the IJB and its partner organisations resulting from complexity of function, delegation and delivery of services across health and social care.	Medium
7.	Failure to deliver transformation at a pace or scale required by the demographic and financial pressures in the system.	High

### 6.5. How might the content of this report impact or mitigate these risks:

Risk 1 – the Transformation Programme Plan has identified key actions to (i) develop a Market Position Statement and (ii) a Commissioning Framework to ensure the Third Sector Interfaces across Grampian can support the market to develop the level of maturity required to support the delivery of Tier 1-4 MHL D Services.

Risk 2 – the approval of the revised Scheme of Integration Report MHL D to be considered by the IJB, Council and NHS Grampian Boards with regard to financial arrangements aims to mitigate the financial risk of the gap between the budget and actual spend for inpatient and specialist MHL D Services.

Risk 3 – the development of a Performance Dash Board for Grampian-wide MHL D Services will ensure implementation of the 30 National Quality Indicators and other nationally and locally directed Key Performance Indicators to ensure the effective monitoring and reporting of community, inpatient and specialist MHL D Services to the respective NHSG and IJB Boards.

Risk 4 – the Sponsoring Group for all delegated hosted services is the North East System Wide Transformation Board to ensure cross system working across NHSG, IJBs and Council partners.





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Risk 5 – a Quality Assurance and Performance Management Framework to report on performance across the 30 National Mental Health Indicator and additional Quality Assurance Measures for Learning Disability are being developed on an NHSG Performance Scorecard Dashboard by 1st of April 2020. Most areas are still unable to report on all indicators and are awaiting further national guidance on reporting methodology to embed these within operational systems.

Risk 6 – the development of a robust Governance Framework for Grampian-wide MHL D Services (community, inpatient and specialist) will ensure clarity of function, delegation and delivery of services across health and social care for delegated community and delegated inpatient and specialist services hosted by the Aberdeen City IJB.

Risk 7 – in March 2020, a Whole System Leadership Development Session for the Transformation Board (Grampian MHL D) was delivered to ensure collective understanding and commitment to the change required (as articulated in the Executive Summary of the Framework). In addition, Managing Successful Programme Methodology (MSP) is being followed so that roles, responsibilities and accountabilities are clearly defined for the Transformation Steering Group (Grampian MHL D), Transformation Board (Grampian MHL D) and associated Work Streams (programme and project level). Further Whole System Leadership Development Sessions are to be planned in early 2021.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)