



## INTEGRATION JOINT BOARD

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| <b>Date of Meeting</b>                  | 2 November 2021   |
| <b>Report Title</b>                     | COVID-19 Mental Health Service for patients hospitalised with COVID-19  |
| <b>Report Number</b>                    | HSCP.21.110   |
| <b>Lead Officer</b>                     | Sandra Macleod, Chief Officer   |
| <b>Report Author Details</b>            | Name: Dr Maggie Whyte<br>Job Title: Cons Clinical Neuropsychologist<br>Email Address: margaret.whyte3@nhs.net |
| <b>Consultation Checklist Completed</b> | Yes   |
| <b>Directions Required</b>              | No  |
| <b>Appendices</b>                       | None  |

### 1. Purpose of the Report

- 1.1. To provide the Integration Joint Board (IJB) with an update on development of the COVID-19 Mental Health Clinic for patients hospitalised with COVID-19 in order to provide assurance of implementation.

### 2. Recommendations

- 2.1. It is recommended that the IJB:

- Note the progress on the development of the COVID-19 Mental Health Clinic (follow up service for patients hospitalised) in line with Scottish Government (SG) approval of the National Health Service – Grampian (NHS) specified service design.
- Note that recruitment to posts for this service has progressed, and
- Note that additional Grampian wide work on post-COVID symptoms is underway, led by Dr Emma Davies, (Public Health, NHS long COVID lead).
- Request an update report from the Director of Public Health at the 25 January 2022 IJB meeting via Dr Emma Davies, registrar in public



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health, NHS G lead for long-COVID and chair of NHS G long-COVID SLWG.

- e) Note the wider SG planning for long-COVID as outlined in SG paper <https://www.gov.scot/publications/scotlands-long-covid-service/>

### 3. Summary of Key Information

- 3.1.** In response to a Scottish Government (SG) paper 'Meeting the mental health needs of people hospitalised with COVID-19' by Dr Nadine Cossette, consultant liaison psychiatrist, NHS Lothian, a national Short Life Working Group (SLWG) was set up to implement recommendations (Dr Alastair Palin, Medical Director of Adult Mental Health, attended as NHS G representative). This national SLWG made recommendations on the elements for inclusion in a specific mental health service for people who have been hospitalised with COVID-19. Funding allocation for each NHS Board was specified by the SG and boards were asked to submit proposals in line with the recommendations of the SLWG.
- 3.2.** NHSG developed a service model in response to extensive consultation with National Health Services within mental health, acute and Health and Social Care Partnership services (including Psychiatry, Psychology, Allied Health Professionals and Social Care representatives from Aberdeen City, Aberdeenshire and Moray Councils). This was led by Dr Murray Smith, Consultant Liaison Psychiatrist and Dr Maggie Whyte, Consultant Clinical Neuropsychologist. The service model outline is described below.
- 3.3.** This model was approved by the SG and funding has been allocated. Recruitment to posts is complete.
- 3.4.** For context, the Scottish Government in the Coronavirus (COVI-19):mental health needs of hospitalised patients report (October 2020):

"The effects of severe COVID often continue after the patient leaves hospital. Up to one-third of COVID patients admitted to hospital develop serious mental health consequences, including depression, anxiety, Post Traumatic Stress Disorder (PTSD), and cognitive problems. Additionally, complex multifactorial presentations known as 'long COVID' are being recognised as very significant and distressing. Given the scale of the COVID pandemic, this increased health burden will have a significant impact upon Scotland's mental health services."



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- 3.5.** Covid-19 has a multisystem impact with evidence for cardiovascular, neurological and respiratory problems with long term implications for physical and mental health currently described as a Post-Covid-19 syndrome or “long-Covid”. The mechanisms of this are unclear and may represent different syndromes. Some of these features may be a direct result of the infection or may act as a trigger for functional neurological disorder. Given the variation and complexity of presentation a multidisciplinary approach is likely to be required.
- 3.6.** Around 1130 patients in Grampian have been hospitalised with Covid-19, 80 of these have been discharged from Intensive Care (data from 1 February 2021). In addition, there is likely a high number of patients with long lasting symptoms that have not been hospitalised.
- 3.7.** Services are not currently configured to meet this need due to the complexity and variety of outcomes for Covid-19 patients, and the lack of a defined pathway or dedicated service. Many of these patients may not meet criteria for current mental health or rehabilitation services. The National SLWG on COVID mental health services has made a number of recommendations for service models including providing a triage system front-loading senior expertise at an early stage and delivering early access to correct treatment. Suggestions for referral pathways including via inpatient review and direct referral by General Practice (GPs), rehabilitation and other clinicians to a single point of access. Close co-ordination with rehabilitation and other COVID follow-up teams, with consideration of single point of access is proposed. Recommendation is for an agile and skilled service with contact for patients and families at the earliest possible stage. Group interventions should be considered for treatment of mental health sequelae to help improve timely access by increasing capacity. Locally models should make use of existing local resources and will range across boards, depending on level of need, from one or two clinicians providing the service, to larger teams from a variety of disciplines.
- 3.8.** The Department of Psychological Medicine (Liaison Psychiatry) based at Aberdeen Royal Infirmary (ARI) currently have a small outpatient remit for patients with mental health problems closely linked to physical problems and complex presentations of functional disorder. Referral is via secondary care clinicians, in Aberdeen City and Aberdeenshire. There is a smaller and more limited service in Moray. Patients who have been hospitalised with COVID-19 are likely to benefit from the experience of the Liaison Psychiatry service and its close links with other acute services and rehabilitation (including Neuropsychology, specialist rehabilitation services, community rehabilitation). The current service had a significant Outpatient waiting list



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prior to the pandemic and this waiting list has increased (now up to 6 months for a medical assessment and greater than one year for psychological intervention). The service is significantly smaller than standard national services for equivalent hospitals. The current service does not have sufficient resource to meet this additional need.

**3.9.** The following recommendations and service plan were submitted to the Scottish Government. These considered NHSG wide consultation and were in line with the National SLWG recommendations on mental health follow up of patients hospitalised with COVID-19: -

- Specialist COVID-19 pan Grampian service accessible across primary and secondary care for all 3 HSCPs.
- Single point of access to a triage system including screening from a senior clinician. Outcome includes:
  - Signpost, personalised self-management advice and discharge.
  - Referral to associated services including specialist rehabilitation services, clinical neuropsychology, primary care AHP teams, Community Mental Health Teams (CMHT), primary care psychology, social care (which in time may form a network providing integrated care to meet the rehabilitation and mental health needs of patients with COVID-19).
  - Group intervention including psychoeducation, formulation, individualised goal planning, supported self-management.
  - Individual specialist mental health assessment, formulation and intervention (including liaison psychiatry, clinical psychology, occupational therapy, nursing and other Multi-Disciplinary Team (MDT) members).
- Equitable access across all HSPCs. Where possible screening, assessment and intervention will be via remote technology. In exceptional circumstances face to face clinics or home visits will be required.
- Service to act as specialist hub for advice, consultation and training across HSPCs on management of patients with mental health challenges as a result of COVID-19.
- Use of standardised tools (as recommended by the COVID-19 mental health national SLWG) to screen patients, provide baseline, measure change and evaluate effectiveness of intervention.
- Outcomes including referrals to the clinic, discharge location/onward referrals as well as clinical outcomes will be audited.



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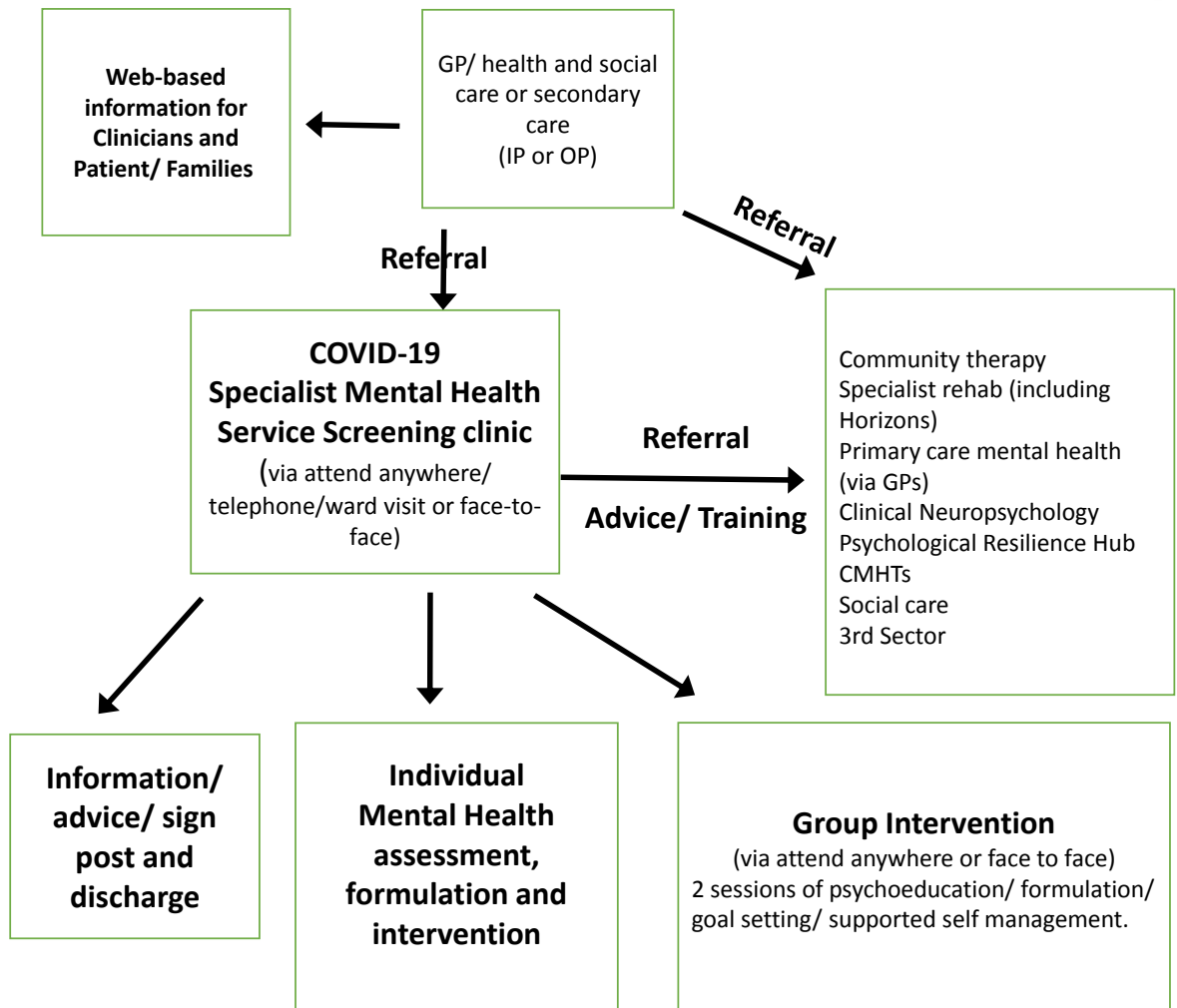
- Multidisciplinary service is required to manage the complex and varied mental health presentations of patients hospitalised with COVID-19. Any allocated resource will consider current resources available (including those within liaison psychiatry and links with other services), and core service requirements to meet patient need.

**3.10.** There is likely to be a requirement for close working with other specialties given the multisystem presentation and overlapping needs of Post-Covid-19 syndrome, including (but not limited to) Infectious Diseases, Respiratory medicine, Neurology and Rehabilitation services (with links to the Rehabilitation Networks in NHSG). General Practice colleagues had indicated that a preference would be for a single point of referral for all “long-Covid” cases and consideration should be made for a “whole-system approach”. Consideration will also be made for a specialist service for the North of Scotland to include NHSG, NHS Highland, NHS Shetland and NHS Orkney to effectively utilise allocated resource, to include a specialist hub and locally supported clinicians.

**3.11.** Illustration of proposed service, funding and staffing:



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Suggested MDT: Allocated funding of £138,000 per annum. Funding for 2 years with probable extension of additional 1 year.

0.4wte Liaison Psychiatrist

0.6wte Clinical Psychologist

0.5wte Occupational Therapist

0.5wte Assistant Psychologist (for 9 months only to save costs)

### 4. Implications for IJB

- 4.1. Equalities, Fairer Scotland and Health Inequality** - Health Inequality Impact Assessment (HIIA) is not required for this report as the purpose of this document is to update IJB on existing Grampian wide service.

All patients over 18 will be offered the service with no discrimination on protected characteristics. Patients under 18 can contact the service for sign posting to appropriate support. Initial contact with the clinic will be via opt in (patients will be offered the option of receiving a translated version of the clinic opt in letter). A Patient's initial appointment will be offered via attend anywhere (video consultation) however alternative arrangements will be made for patients unable to use technology or without access to technology. Appointments via telephone or face to face will be offered. Where patients have disability which prevents travel and use of telephone/ video technology then home visits will be arranged.

- 4.2. Financial** - There are no direct financial implications arising from this report as the Scottish Government has provided funding for the services outlined in this paper.
- 4.3. Workforce** - Recruitment for the above posts is complete with successful recruitment to all posts. Psychiatry, psychology and OT posts are temporary for 2 years with possible extension of an additional year. Assistant psychology post is 9 months temporary with possible extension of 9 months depending on available funds.
- 4.4. Legal** - There are no direct legal implications arising from the recommendations of this report.





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- 4.5. Covid-19** - The service outlined within this report supports the continued support for individuals with Covid.
- 4.6. Unpaid Carers** - No direct implications arising from this report.
- 4.7. Other** – n/a

### 5. Links to IJB Strategic Plan

- 5.1.** This project is in line with the IJB strategic aims of resilience, personalisation and connections under the mental health delivery plan.

### 6. Management of Risk

#### 6.1. Identified risks(s)



There is an organisational risk of not proceeding with this project as funding has been provided and the service plan has been approved. Not proceeding also risks more severe and long term mental health for patients who were hospitalised with COVID-19.

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

Risk 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.

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

Proceeding with the clinic mitigates for the risks above.

| Approvals   |   |
|---|---|
|  | Sandra Macleod<br>(Chief Officer)       |
|  | Alex Stephen<br>(Chief Finance Officer) |