



INTEGRATION JOINT BOARD

Date of Meeting	2 November 2021
Report Title	Update on the Grampian-wide Mental Health and Learning Disability Programme.
Report Number	HSCP.21.111
Lead Officer	Sandra MacLeod, Chief Officer.
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	I: List Grampian-wide MHL D Services hosted by Aberdeen IJB II: Summary of Service Change III: Team Structure IV: PEG for Lived Experience V: Transformation Plan on a Page VI: Summary of Renewal Funding

1. Purpose of the Report

- 1.1. The purpose of the report is to provide assurance to the Integration Joint Board (IJB) that there has been ongoing progress to remobilise, recover and renew Grampian-wide Mental Health and Learning Disability (MHL D) Services throughout the Covid-19 Pandemic and provide assurance that the recently re-established Transformation Board for Grampian-wide MHL D will take forward delivery of the Transformation Programme to ensure a more sustainable model of care moving forward.



INTEGRATION JOINT BOARD

2. Recommendations

2.1. It is recommended that the IJB:

- a) Note the progress to date which has ensured the ongoing delivery of 'priority and critical services' throughout the Covid Pandemic;
- b) Approve the agreed approach moving forward to deliver the Transformation Programme (Grampian-wide MHL D);
- c) Note the process and oversight for the allocation of Renewal Funding: Psychological Therapies Waiting Times and Child and Adolescent Mental Health Services (CAMHS);
- d) Agree the phased approach across Transformation Programme Work Streams 2021-2025;
- e) Instruct officers to schedule an IJB Workshop Session by the end of April 2022;
- f) Instruct officers to submit this report on progress to both the Aberdeenshire and Moray IJBs (in a pdf format, attached to their respective reporting templates).

3. Summary of Key Information

3.1. Background to Transformation Programme

In October 2019, the Transition Steering Group (Grampian-wide MHL D) was established to manage the successful transition of Mental Health and Learning Disability Inpatient Services, Specialist Services and Child and Adolescent Mental Health Services (CAMHS) from NHS Grampian (NHSG) to Aberdeen City Integrated Joint Board (IJB) to be 'hosted' on behalf of Aberdeenshire and Moray IJBs. The successful transfer to host arrangements took place on the 1 April 2020 with no determinant or change to the terms and conditions of staff employed by Councils or NHSG [see: Appendix I: List of Hosted and Delegated MHL D Services].

- 3.2. In December 2019, the Transformation Board (Grampian-wide MHL D) was established to oversee the successful implementation of the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHL D) 2020-2025. To ensure a system-wide approach, the membership of the Board was extended to include a wide range of partners; Aberdeen City HSCP, Aberdeenshire HSCP, Moray HSCP, Public Engagement Group (PEG) for the Lived Experience Network, NHSG, NHSG Staffside, Primary Care



INTEGRATION JOINT BOARD

General Practice, Police Scotland, NHS24, Scottish Fire and Rescue, Scottish Ambulance Service and the Third Sector.

- 3.3. 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.
- 3.4. Between March 2020 and November 2020, the Aberdeen City, Aberdeenshire and Moray Integrated Joint Boards (IJBs) approved the Grampian-wide Framework for Mental Health and Learning Disability (MHLDD). The Framework was not publicly launched due to the Pandemic and there are now plans to launch this by the end of January 2022 with a revised Executive Summary setting out key messages in relation to the recovery and renewal of services following Covid.
- 3.5. From June 2020, work commenced with the Public Engagement Team in NHSG to develop a Public Engagement Group (PEG) for the Lived Experience Network to ensure people who have used services across Grampian have the opportunity to shape the transformation of services moving forward. The group was successful in securing Endowment funding for one day a week for a period of 12 months. Further consideration will be given to additional resource when future tranches of the Scottish Government Renewal Funding allocations are released later this year. Once the post holder is appointed, there are plans to formally launch the PEG and extend invites to the wider group of representatives from Lived Experience Networks across Grampian.

Responding to the Coronavirus Pandemic

Phase 1: Operation Rainbow

- 3.6. In March 2020 under Operation Rainbow, Control Rooms were established for Aberdeen City, Aberdeenshire and Moray HSCPs and a Grampian-wide Strategic Huddle to ensure a system-wide coordinated response. The Control Rooms managed the implementation of Emergency Measures in line with Business Continuity Planning to reduce face to face contact for group work and outpatient services, move routine appointments to virtual (Near Me) and protect the operation of 'priority and critical services', including Community Mental Health Teams, Inpatient Services, Specialist Services and CAMHS. Projects were established to mobilise at pace a Mental Health Hub for Unscheduled Care (Lochhead Hub) and a Grampian Psychological



INTEGRATION JOINT BOARD

Resilience Hub for both staff and the public experiencing distress as a direct result of the Covid Pandemic. It is important to note that MHLD services were considered 'priority and critical services' and did not stop during the Pandemic. While some support was provided through Near Me Consultation, the option of face to face continued with the exception of Group Work and Day Hospital Services. Social distancing led to a significant reduction in the bed base as well as the impact of the Ligature Reduction Programme which closed a number of wards for refurbishment following a Statutory Improvement Notice issued by the Health and Safety Executive (HSE).

Phase 2: Operation Home First

- 3.7. In early June 2020 under Operation Home First, the Strategic Huddle for Grampian-wide MHLD was directed by the System Leadership Team to embed changes to service delivery that were considered necessary to ensure a sustained and protracted response to Covid before the onset of the Winter Planning Period. These included:

Near Me / Microsoft Teams (MST)

- 3.8. 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 and for operational staff to deliver remote services using Near Me. 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. It should be noted that take up of Near Me has been high in Grampian with MHLD Services having one of the highest take ups of use.

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

- 3.9. Since 2015, the Mental Welfare Commission (MWC) 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 risk of an isolated unit was further exasperated during Covid. In March 2020 under emergency measures, Fern Ward (Assessment Unit) and Bracken Ward (Close Support Unit) were relocated to Loirston Ward on the main Royal Cornhill Hospital (RCH) site.
- 3.10. As part of the Transformation Programme, further consideration will be given to the recommendation to develop Fern Unit (now Strathbeg Unit) from a Close Supervision Unit to a Low Secure Unit in consultation with the Regional



INTEGRATION JOINT BOARD

Collaborative for North of Scotland MHL. This would reduce the number of people with Learning Disability being placed Out of Authority and is anticipated to be taken forward by the end of 2022, a delay on original plans due to the ongoing demand on services.

Increase outreach from Hospital Based Services to Community Based Pathways

- 3.11.** In March 2020, the Grampian Psychological Resilience Hub (PRH) 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. A report was approved by SLT in April 2021 to extend the PRH until at least January 2022. A review is currently underway the team will report back to SLT by December 2021. Any consideration of the future role of a Tier 2 Psychological Services will be considered as part of the wider Transformation Programme and take account of the National Renewal Programme relating to Psychological Therapy Services.
- 3.12.** In March 2020, Mental Health Hubs for Unscheduled Care were established across the HSCPs to assess and triage 'urgent in hours' and 'emergency out of hours' referrals to Community Mental Health Teams (CMHTs). The Lochhead 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 were undertaken on the Lochhead Hub. A revised referral process was implemented, resources secured and additional outreach in the community for up to 6 weeks implemented for cases 'not open' to CMHTs. Since November 2020, those referred by NHS24 to the Flow Navigation Centre for Emergency Department triage are assessed and where there is a need of support for their mental health they are referred to the Mental Health Hubs to ensure a more streamlined Single Point of Access.
- 3.13.** In June 2020, the Chief Officers commissioned a review of the Older Adult Pathway in response to 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 three Community Work Streams led by HSCPs and an Inpatient and Liaison Work Stream and engagement workshops were completed 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.



INTEGRATION JOINT BOARD

- 3.14.** Implementation of the recommendations in the report of the Older Adult Pathway has taken longer to implement as we continue to respond to the Pandemic. An update on the delivery of recommendations is included in the next section 'Phase 3 Operation Snow Drop'.

Phase 3: Operation Snow Drop

- 3.15.** On 2 November 2020, we entered Phase 3 Operation Snow Drop and were directed to re-establish Control Rooms across the three HSCPs and Grampian-wide MHLD.

Commission residential / nursing home surge beds

- 3.16.** This work is underway but developing at a slower pace due to the ongoing impact of the pandemic. It is an urgent priority when capacity is secured by the end of the year to support community services to transform models of care.

Embed key business processes

- 3.17.** Key business processes were embedded to ensure a multi-disciplinary focus on delayed transfer of care and delayed discharge. This had been working well, but ongoing challenges relating to infection control measures and workforce availability reducing admissions to care home and other community placements is leading to increasing delays again.

Review the current models and multi-disciplinary team mix in CMHTs

- 3.18.** Work was undertaken to review the Aberdeen City Community Mental Health Teams for Adult and Older Adult Services. Proposals for the redesign of Older Adult CMHTs is in the final stages of approval but the delivery pace has had to slow down to meet the current increase in demand for services.

Bed Optimisation to Meet Demand

- 3.19.** There have been 3 stages of redesign relating to the Inpatient Bed Base at RCH during Covid. Social distancing measure led to an initial reduction in the overall Bed Base with the greatest impact on the Adult Pathway. During Operation Rainbow, the direction to take Learning Disability Services onsite then had a significant impact on the Older Adult Pathway, leading to a mix in population in the Older Adult Dementia and Dementia Stress and Distress Pathways. Older Adult Consultants continue to have concerns regarding the ongoing impact of a reduced bed base and ongoing closure of Day Hospital



INTEGRATION JOINT BOARD

Services. The Grampian-wide Strategic Huddle have agreed that action will be taken to address these concerns as soon as estate options are available to make further changes.

Provision of high intensity psychological therapies particularly at Tiers 3 and 4

- 3.20.** A number of new and enhanced roles to support outreach to home and community and Stress and Distress Training in the Older Adult Pathway have been identified. However, this will require additional funding to resource 'tests of change' and will be further considered when the next tranche of Scottish Government Renewal Funding is released later this year.

Training and support in utilising psychological approaches

- 3.21.** As above.

Major Service Change Assessment

- 3.22.** Major Service Change Assessment has yet to be undertaken to determine the final decision on interim closures including; Kildrummy Day Hospital, Lochhead Day Hospital, Intensive Support Service at RCH. It may be that these services will be delivered in a different way in future and final decisions will be informed by the output of the Redesigning Inpatient Services Work Stream that commenced in October 2021.

Review of Liaison Psychiatry Services

- 3.23.** The Liaison Psychiatry Service is a psychiatric sub-specialty that provides treatment to patients in general hospitals, dealing with the interface between physical and mental health, with remits including patients presenting urgently in emergency departments, patients with mental health problems in general medical wards, and medically unexplained symptoms. Before Covid the service was funded to provide support across the Mental Health and Older Peoples Pathways but was then asked to extend to support Aberdeen Royal Infirmary. A proposal to fund an enhanced services is now being consulted on within NHSG. An outcome is anticipated before the end of 2021.

Blood Hubs

- 3.24.** During Covid, Secondary Care Blood Hubs were rapidly mobilised to increase testing capacity and reduce the level of footfall across local General Practice to protect the delivery of primary care and ensure a sustained and



INTEGRATION JOINT BOARD

protracted response to Covid. The Hubs were mobilised in multiple locations across Aberdeen City, Aberdeenshire and Moray. Given the changes to the General Medical Services (GMS) Contract, there are proposals to embed this model and expand the range of tests in what will be referred to as Secondary Care Diagnostic Hubs. A Standard Operating Procedure (SOP) is in the final stages of approval to ensure diagnostic testing for people with a diagnosed mental health condition, including those with a dual Learning Disability are included in the service population. Until the SOP is operation, GPs should continue to undertake tests to support the monitoring of conditions [See: Appendix II: Summary of Emergency Changes during Covid].

Remobilisation and Recovery of Services as we Continue to Live with Covid

Further Emergency Measures

- 3.25.** In June 2020, we moved from Emergency Measures into a period of transition with new governance arrangements and Mental Health and Learning Disability was included in the new System-wide Leadership Team priority portfolios. The Transformation Board for Grampian-wide MHLD was re-established.

Increasing Demand

- 3.26.** There has been significant and sustained pressure across all services and solutions limited by the ongoing workforce challenges across clinical and nursing staffing, a reduced bed base due to social distancing measures and completion of Phase 3 of the Ligature Reduction Works. This has also been compounded by periods of vaccination administration which draws skilled nurses away from point of care services.

Ligature Reduced Wards Coming On Stream

- 3.27.** In June 2021, urgent measures were put in place to increase the number of beds available for Adults with Functional Mental Health needs. Whilst this has reduced risk in the Adult Mental Health Pathway, it has had a detrimental impact on the Older Adult Mental Health Pathway. The Inpatient Services has had to manage an increased mixed in population on wards (e.g. Adults and Older Adults with Functional Mental Health needs on the same ward), ongoing lack of a separate Stress and Distress Pathway for those with dementia and an overall reduction in the bed base for Older Adult Mental Health with increased numbers of 'out of speciality boarders'.



INTEGRATION JOINT BOARD

- 3.28.** Phase 3 of the Ligature Reduction Programme is scheduled for completion in October 2021 which will bring back two twenty bedded Ligature Reduction Wards back on stream. In September 2021, Chief Officers approved the use of one of those wards for the increasing demand for Adult Mental Health beds. This decision was challenging as it does not resolve the need for a Stress and Distress pathway but will have some positive benefit in that those 'boarded' can be moved, the population mix of Adult and Older Adult Functional Mental Health patients can be fully addressed. However, there is still a pressing need to ensure a separate pathway for Older Adults with Severe Stress and Distress which will be considered in the renewal of Inpatient Services progressing from October 2021.

Increasing Face to Face for Outpatient Services

- 3.29.** In October 2021, an Option Appraisal was undertaken to increase capacity at RCH to enable more face to face appointments for outpatient services. The preferred option if approved will reconfigure administration block areas to enable an additional 150 hours of face to face contact to be made available. This will not lead to any increased foot fall in clinical inpatient service areas. The final timescale for implementation will be determined by an estate assessment before final approval.

HIS Pathfinder

- 3.30.** In August 2021, the Grampian-wide Strategic Huddle for MHL D were successful in being approved as a Health Improvement Scotland (HIS) Pathfinder to 'Reduce Resilience on Inpatient Services'. Work has commenced at a careful pace to exploring how we can reduce the ongoing demand for inpatient services by further developing and commissioning specialist and crisis support services at Tier 3 and Tier 4 in community settings.

Renewal of Pathways to Ensure a Sustainable Model of Care

- 3.31.** Grampian-wide MHL D Services were deemed to be unsustainable before the Pandemic and there is increasing evidence that the mental health deficit as we recover from the pandemic is going to be significant and sustained. Current challenges are as follows:

- 25% increase in demand for Community Mental Health Services
- Increase levels of acuity being managed across both community and inpatient services



INTEGRATION JOINT BOARD

- High vacancy factor across community and inpatient services, mostly impacting on the medical consultant and nursing professions leading to significant overspend in agency and locum budgets
- High occupancy levels across inpatient services 96% - 100%
- Reduced Length of Stay in hospital and improved delayed discharge timelines will be difficult to sustain
- Increasing referrals for assessment to Out of Authority placements
- Royal Cornhill Hospital (RCH) has been in almost continuous contingency since October 2020, with only 57 consecutive days up until August 2021
- The increasing demand and reduced bed base have led to waiting lists at RCH over the last 18 months, with up to 13 Adults with Functional Mental Health needs waiting for Acute Admission Beds at some points in the pandemic
- Workforce continues to be a significant challenge for increasing capacity in the Inpatient Services

Governance

- 3.32.** Grampian-wide MHL D is now one of the 6 priority portfolios for the SLT. The Transformation Board has been expanded to include Public Health at Tier 0 and the wider Acute Sector at Tier 4.
- 3.33.** The 4 Leads for MHL D across hosted and delegated services now meet monthly with the 4 Chief Officers across the HSCPs and NHSG. They have recently approved joint funding to establish a Transformation Programme Team to support implementation across the 3 HSCP and hosted services [see appendix III: Team Structure].
- 3.34.** The PEG has successfully secured Endowment Funding for a Consultation and Engagement Officer to support the group and ensure links with the wider HSCP and NHSG engagement networks (see Appendix IV: PEG Structure).

Strategy

- 3.35.** In August 2021, the Grampian-wide MHL D Lead Officers presented a refreshed Transformation Programme and presentation on the proposed way forward to renew MHL D services as we emerge from Covid. The Grampian-wide Strategic Framework for MHL D will be publicly launched in the New Year alongside the approved Transformation Plan for the Remobilisation, Recovery and Renewal of MHL D Services. [See: Appendix V: Transformation Programme on a Page. Consultation on the draft programme will commence from November 2021 to January 2022.



INTEGRATION JOINT BOARD

Redesign of Pathways of Care

3.36. The Programme Team will be using the 'double diamond approach' Quality Improvement Methodology to undertake an end to end reviews of the following 10 discrete pathways of care in MHL, which are:

- Child and Adolescent Mental Health
- Adult Mental Health
- Older Adult Mental Health
- Neurodevelopmental
- Learning Disability
- Forensic
- Transgender
- Perinatal
- Eating Disorders
- Unscheduled Care (Urgent In Hours and Emergency Out of Hours)

The priorities in year 1 (June 2021-December 2022):

- 3.37.** Tier 1-2 Review: HSCPs to review Tier 1-2 services to inform the pathways of gaps in commissioning.
- 3.38.** Redesign of Inpatient Services (Adult and Older Adult Pathways): the Inpatient Services will develop a vision for Tier 4 services and the HIS Pathfinder will consider how we reduce the reliance on inpatient services by developing the community and developing the market to commission the Third Sector across all 4 tiers of service delivery.
- 3.39.** Forensic Mental Health: Work will have to commence on the end to end review of the Forensic Mental Health Pathway in preparation for the Minister for Mental Health and Wellbeing response to the National Forensic Review which will have significant implications for Grampian Services, specifically on the capital estate, future model of care, need to establish a Female Forensic Pathway, Low Secure for Learning Disability Forensic Services and the use of IPCU locally.
- 3.40.** Perinatal and Infant Mental Health: Work has already commenced on the development of the Perinatal Pathway locally utilising national funding but the service has been asked to consider clinical inpatient beds alongside proposals to develop community based services.



INTEGRATION JOINT BOARD

- 3.41. Neurodevelopmental Pathway:** It is anticipated that we may also have to bring forward the priority to commence the Neurodevelopmental Pathway as there is increasing demand arising for particularly ADHD assessment in Community Mental Health Teams.

[See: Appendix V: Transformation Programme on a Page and Appendix VI: Work Stream Structure Year 1: 2021-2022]

Enablement

- 3.42.** NHS Grampian have recently been advised that local areas will be expected to provide Integrated Workforce Plans for Health and Care by April 2021. Once the Grampian-wide Strategic Huddle has received a template and guidance they will submit the workforce plans for the Mental Health and Learning Disability Portfolio. There will be more focus on the development of new professional roles and enhanced professional roles as well as projections for the existing clinical and professional workforce. Workforce wellbeing is now a key measure across workforce planning for the future.
- 3.43.** There continues to be shortfalls in the availability of TEC to support the point of care. This is a global issue across all services and not just MHL D due to the high demand for TEC during the pandemic. The greatest challenge remains the lack of a suitable digital platform for group work.

Outcomes

- 3.44.** Work is ongoing to develop the benchmarking data sets and embed the quality improvement indicators into a Grampian-wide MHL D Dash Board on Tableau. The timeline has had to be extended as the demand for Health Intelligence support has been high during the pandemic and need to report across the national remobilisation and recovery phases. A key dependency moving forward is the need to develop the Track System for MHL D to ensure high quality data can be pulled from practice level to inform planning. However, the current timeline is 27 months and funding would be required to reduce this to an 8 month delivery target. A proposal is being progressed in advance of further Scottish Government Renewal Funding being released.

Renewal Funding

- 3.45.** The Scottish Government has issued phase one and two of the Renewal Fund to improve access to CAMHS and Psychological Therapies (PT). Additional funding is also being issued to Primary Care Services for the development of mental health services in the community. Funding has also



INTEGRATION JOINT BOARD

been made available for the establishment of an FTE Director of Psychology Services in each NHS Board area. The current funding is very specific and has been allocated across IJBs. The Grampian-wide Transformation Board for MHLD is seeking to put in place an overarching group to ensure spend supports the key priorities set out in the Grampian-wide Strategic Framework and Transformation Programme. However, it is important to note that decisions and assurance in relation to spend will sit with MHLD Leads in the respective IJBs [see appendix VI: Summary of Renewal Funding].

4. Implications for IJB

4.1. Equalities, Fairer Scotland and Health Inequality

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 Health Inequality Impact Assessments (HIAs) 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 MHLD 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**, – *no direct impact*
- **Sexual Orientation** – *no direct impact*



INTEGRATION JOINT BOARD

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

4.2. Financial

There are no direct financial implications arising from this report but there will be implications arising from the work streams which will be reported back to the IJBs in due course.

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 three 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. Future allocation of Renewal Funding will be made in line with Scottish Government Guidance.

4.3. 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.

4.4. Legal

No direct legal implications have been identified.



INTEGRATION JOINT BOARD

4.5. Covid-19

The report sets out all work progressed under each phase of Covid planning and also the plans are aligned to the three stages of Covid Planning to Remobilise, Recover and Renew services.

4.6. Unpaid Carers

Consideration will be given to the development of services to support carers as a key stakeholder across all future work streams.

4.7. Other

None identified.

5. Links to ACHSCP Strategic Plan

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.

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 are simple and efficient as possible.

6. Management of Risk

6.1. Identified risks(s)

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 service with a balanced budget.

Governance Risk

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



INTEGRATION JOINT BOARD

through the governance processes of the respective IJBs in Aberdeenshire and Moray.

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.

6.2. 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, and those hosted by those IJBs and delivered on behalf of Aberdeen City.	High
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



INTEGRATION JOINT BOARD

6.3. 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 MHLD Services.

Risk 2 – the approval of the revised Scheme of Integration Report MHLD 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 MHLD Services.

Risk 3 – the development of a Performance Dash Board for Grampian-wide MHLD 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 MHLD 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.

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 MHLD 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 MHLD) 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



INTEGRATION JOINT BOARD

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)



INTEGRATION JOINT BOARD

Appendix I: List Grampian-wide MHL D Services hosted by Aberdeen City IJB (Inpatient Services, Specialist Services & CAMHS and Delegated Community and Inpatient Services)

HOSTED SERVICES (Aberdeen City HSCP)	DELEGATED SERVICES (Aberdeen City HSCP)
<p>Royal Cornhill Hospital and Community Settings</p> <ul style="list-style-type: none"> • Adult Inpatient Services • Older Adult Inpatient Services • Unscheduled Care Team • Forensic Inpatient Services • Learning Disabilities Inpatient Services • Eating Disorders Eden Unit (North of Scotland) • Acquired Brain Injury Unit • Rehabilitation Ward • Outpatients Services (Adult, Older Adult, Eating Disorder, Psychotherapy, Group Work, etc.) • Rehabilitation Services at Polmuir Road • Residential Community Forensic Rehabilitation Services at Great Western Lodge • CAMHS • Liaison Psychiatry Services • Perinatal Service • Transgender Service • Eating Managed Clinical Network for Eating Disorders (North of Scotland) • MOD Service (North East) • Obligate Network for Orkney & Shetland (Inpatient Beds, Outpatient Services and Professional Supervision) 	<p>Community Mental Health Teams (Adult, Older Adult and Learning Disability and SMS)</p>
	DELEGATED SERVICES (Aberdeenshire HSCP)
	<p>Community Mental Health Teams (Adult, Older Adult, Learning Disability and SMS)</p> <p>Inpatient Services for Older Adults at Fraserburgh Community Hospital (Bruckley Ward), Inverurie CH (Ashcroft Ward) and Banchoy CH (Scotty Ward)</p>
	DELEGATED SERVICES (Moray HSCP)
	<p>Community Mental Health Teams (Adult, Older Adult, Learning Disability and Moray Drug and Alcohol Service)</p> <p>Inpatient Services Acute Admission at Dr Grays Hospital Elgin (Ward 4) and Older Adult Inpatient Service at Seafield Hospital Buckie (Muirton Ward)</p>



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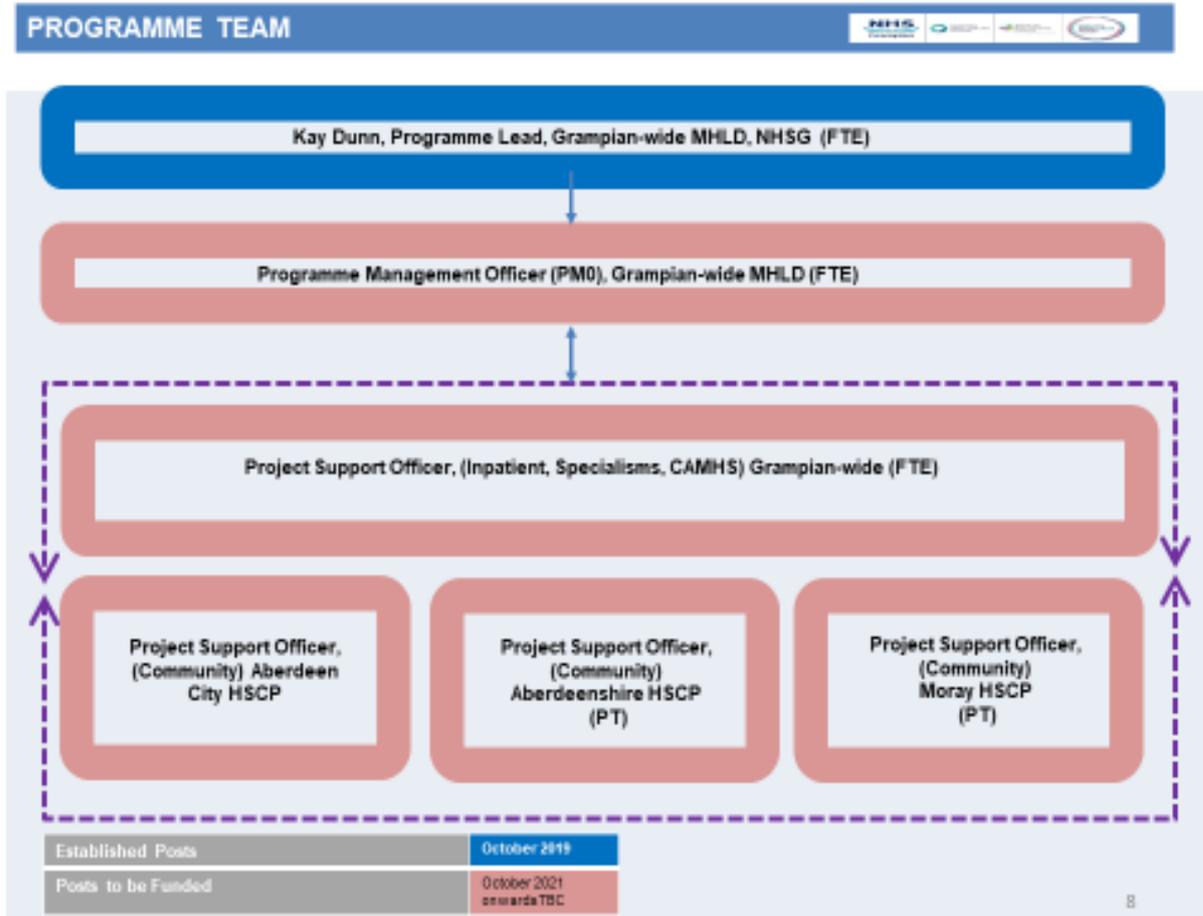
Appendix II: Summary of Service Change during Covid Pandemic

REMOBILISATION AND SUSTAINED RESPONSE			
Tier 1 Self Management	Tier 2 Early Intervention & Prevention	Tier 3 Community Mental Health Services	Tier 4 Inpatient & Specialist Services
<ul style="list-style-type: none"> • Resilience Hubs & Mental Health Signposting • Psychological Resilience Hub Online Resources • NHS24 MH Resources • National Online CBT • Clear Your Head, PACE, See Me & Suicide Prevention 	<ul style="list-style-type: none"> • Grampian Psychological Resilience Hub 	<ul style="list-style-type: none"> • Embedded Near Me • Embedded RAG Status for Case Prioritisation • Unscheduled Care Hub as SPOC & aligned to Flow Navigation Centre • Redesign of CMHT to embed an Enhanced Model (Inreach to community and Outreach to Home) 	<ul style="list-style-type: none"> • Embedded Near Me • Embedded Outreach from Hospital Based Services to Community Based Care Pathways • Temporary closure and redesign of Day Hospital Services • Learning Disability (Assessment Unit and Forensic Close Support Unit) onsite at RCH • Interim reconfiguration of Older Adult Pathway (functional MH, dementia and stress and distress) • Interim reconfiguration of Adult Mental Health Inpatient Beds • Delivery of Ligature Reduction Programme • Redesign of MH / Frailty Pathway • Redesign of Liaison Service



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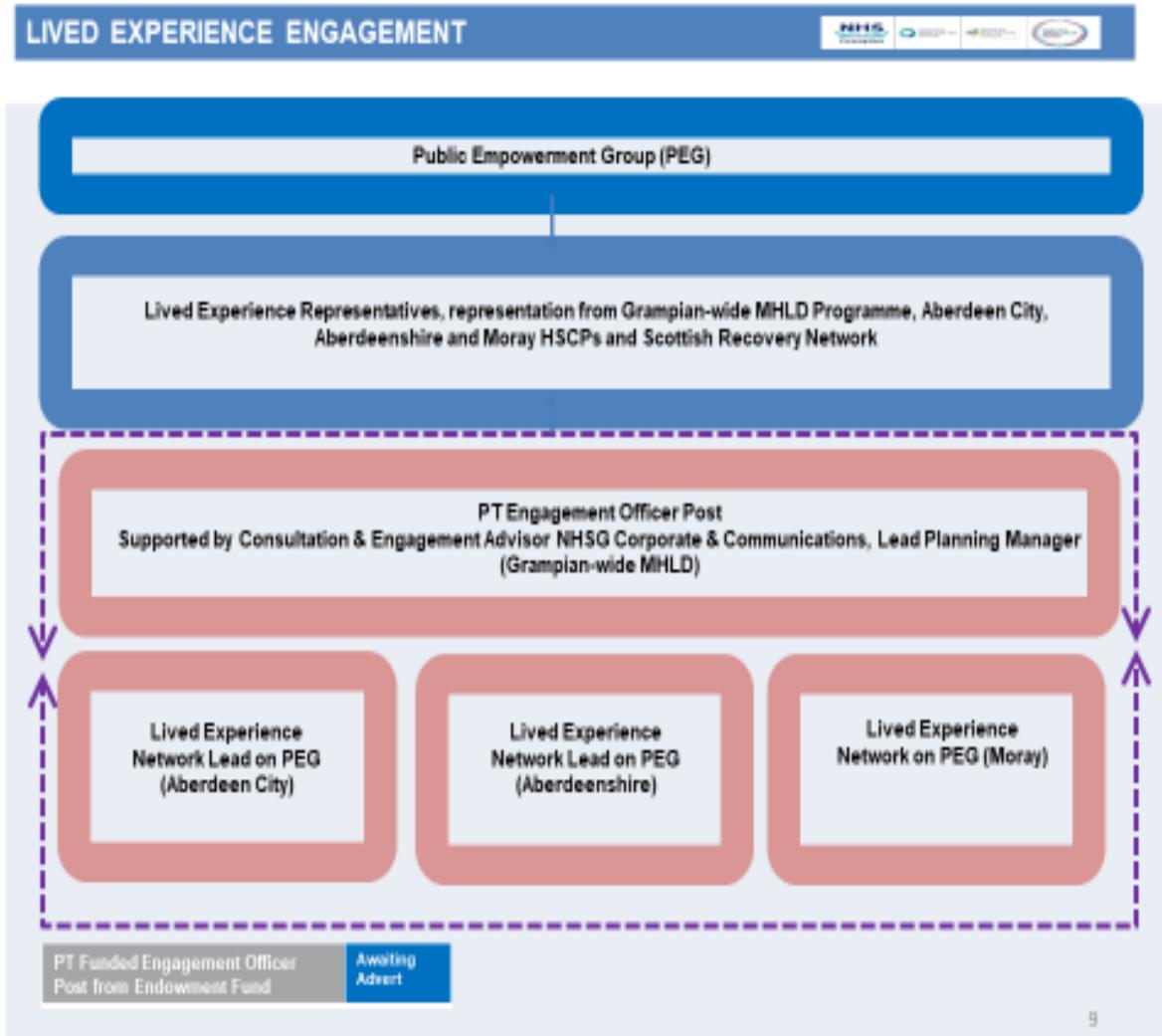
Appendix III: Team Structure





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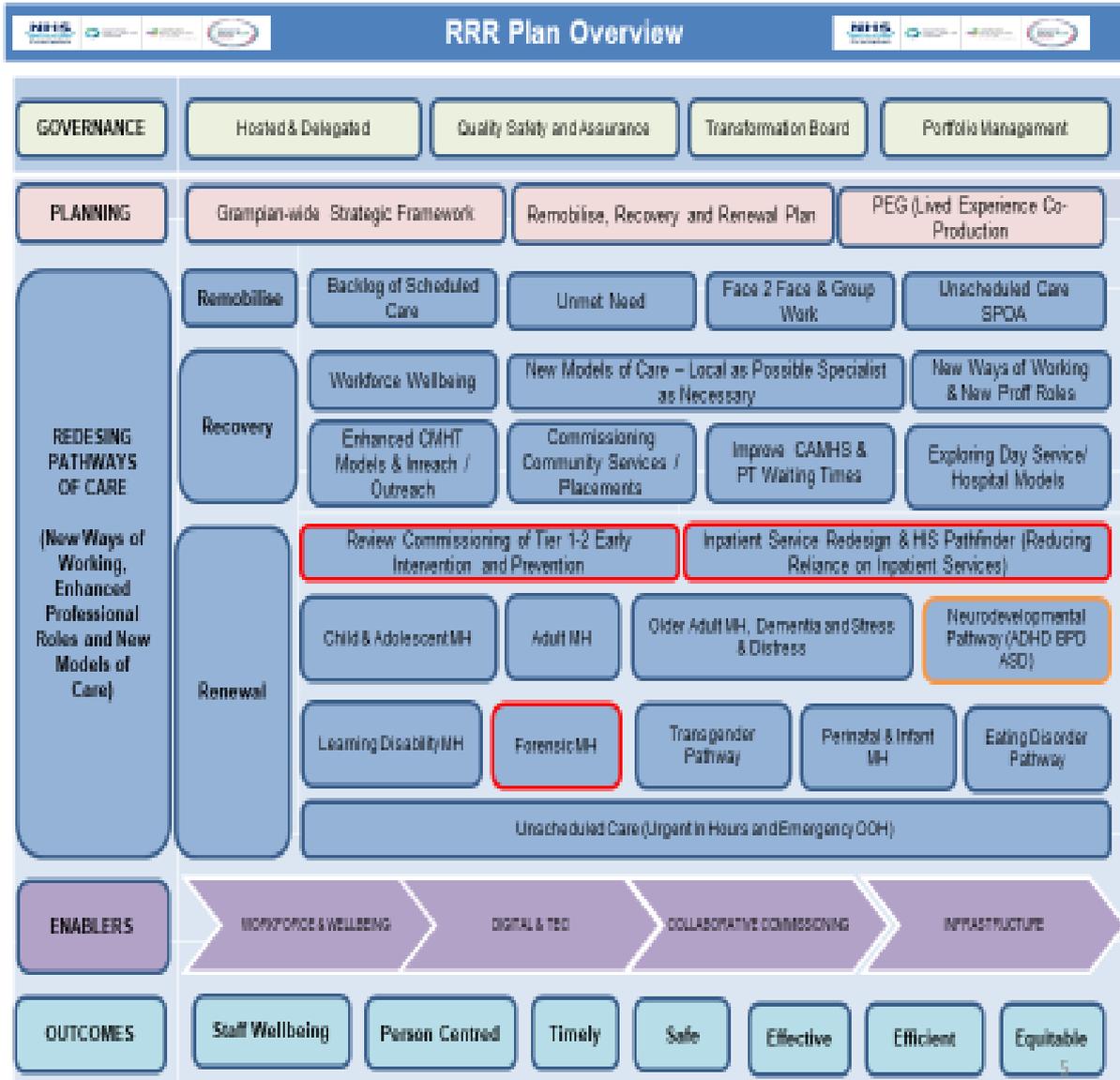
Appendix IV: Public Empowerment Group for Lived Experience





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Appendix V: Transformation Plan on a Page: Recover, Remobilise and Renewal





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Appendix VI: Summary of Renewal Funding

Phase 1 Overview

- Phase 1 Allocation Letters issued May 2021

Purpose of Funding	TOTAL Amount
Implementation of CAMHS Specification – Community CAMHS	£1,460,414
Increase of CAMHS age range to 25 for targeted groups and those that wish it	£834,132
Clearing the CAMHS waiting list backlog over 2 years	£417,066
TOTAL	£2,711,612

Phase 1 Update

- Where we are now

Purpose of Funding	TOTAL Amount	TOTAL Committed Spend	Current Remaining Balance
Implementation of CAMHS Specification – Community CAMHS	£1,460,414	£1,331,431	£128,983
Increase of CAMHS age range to 25 for targeted groups and those that wish it	£834,132	*Work ongoing as part of 18-25 Stakeholder Group	£834,132
Clearing the CAMHS waiting list backlog over 2 years	£417,066	£334,058	£83,008
TOTAL	£2,711,612	£1,665,489	£1,046,123

Phase 2 Overview

- Phase 2 Allocation Letters were issued September 2021

Purpose of Funding	Part Year Effect	Full Year Allocation
Liaison	£170,415	£292,141
Unscheduled Care	£113,935	£194,760
Intensive Home Treatment Service	£194,760	£292,141
Neurodevelopmental	£297,984	£511,246
Learning Disabilities	£68,166	£116,856
TOTAL	£845,260	£1,407,144