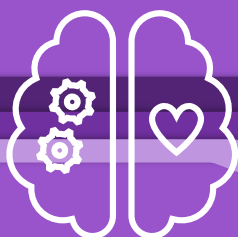


# General Adult Mental Health Secondary Care Pathway Review

## Summary Report

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## Overview

This document provides a pan-Grampian overview of the current, general adult mental health secondary care pathway. This includes process and governance mapping as well as recommendations and delivery plan for improvement to this pathway. The recommendations will support the implementation of actions outlined in the **Scottish Government Mental Health & Wellbeing Strategy: Delivery Plan 2023 - 2025**.

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## Introduction

The Chief Officers of Aberdeen City, Aberdeenshire and Moray Health and Social Care Partnerships were asked to carry out a review of the General Adult Mental Health (AMH) Secondary Care pathway.

The review intended to find any opportunities to improve outcomes for residents, improve efficiency and strengthen governance, within the pathway. Options to re-design the pathway were discussed within the Adult Mental Health Secondary Care Pathway Steering Group and its key recommendations are outlined within this report.

It is important to acknowledge that this review sits within a landscape of varying strategies and initiatives, it is not an isolated activity. The recommendations and actions outlined within this report may link to other activities taking place locally and nationally e.g. the Barron Report therefore, the actions of this review will be considered holistically.

There are many teams and services in Adult Mental Health, but this review looked at the Secondary Care Pathway, which included:

- Unscheduled Care including the Flow Team
- General Adult Mental Health Liaison Psychiatry
- Adult Mental Health Inpatient Wards
- Intensive Psychiatric Care Unit (IPCU)
- Community Adult Mental Health Teams (CMHTs)
- Social Work

Process and governance maps for each of these areas were produced. These maps are visual diagrams of how patients' access, move through and leave this pathway. As well as who is responsible for making decisions about the pathway and its population.

The **Scottish Mental Health and Wellbeing Strategy: Delivery Plan 2023 - 2025** was published in June 2023. This strategy tells us about the long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland. This review and any recommendations for improvement will allow for better delivery of the Scottish Mental Health and Wellbeing Strategy.

## Stakeholder Involvement

There were several different ways stakeholders were involved in this review:

- Joining the Steering Group of key stakeholders who were responsible for reviewing the findings of the review and informing the recommendations and 2024/25 delivery plan.
- Joining a subgroup for Lived Experience; sharing research of recent engagement or supporting the development of inpatient and outpatient engagement, to capture lived experience of this pathway.
- Meeting with members of the project team to help them understand a service or how its team works, so a process map can be created.
- Completing a Service Information Form to help the project team understand more about the service or team and how it functions.
- Participating in workshops to deepen the project team's understanding of shared experiences/issues/opportunities across the pathway.
- Receiving regular updates about the progress of the review and providing feedback on findings as and when it was needed.

Stakeholders were kept informed of the progress of this review through a singular SharePoint communication point, monthly newsletter, 1-2-1 or team meetings, as well as at, monthly General Adult Mental Health (AMH) Secondary Care Pathway Steering Group meetings.

## Lived Experience of Secondary Care Pathway

Individuals with Lived Experience added to this review in several ways.

- By participating in the review's Lived Experience subgroup and sharing how best to involve more Lived Experienced individuals in this review.
- Through a survey which asked a series of questions relating to an individual's experience accessing and using mental health secondary care pathways. This survey was carried out using Citizen Space, an Aberdeen City Council online consultation tool, and was promoted through the Steering Group and other key stakeholders.
- Through participation in the Royal Cornhill Hospital's Mental Health Inpatient Survey for Quarter 4 in 2023. As a recent review of inpatient experiences this provided valuable insight to the experiences of those residing in hospital.

Individuals who have contributed to this review with their lived experience, and who have requested they be provided with the outcome of this review and kept up to date with its next steps, will be provided with a copy of this Summary Report once all appropriate governance steps have been completed.

## Main Points

The following are the summary points gathered from this review and across the range of research and data collected as part of this work including the recommendations to move this work forward:

1. Each Health & Social Care Partnership and the services in those Partnerships, within the scope of this review, have associated process maps and Service Information forms. Process maps can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendices A - M.
2. Each Health & Social Care Partnership has outlined its Governance Structure and how these are connected. These can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix O: MHLG Grampian Governance Pathways.
3. The themes arising as [problems or issues](#) within the secondary care pathway are lack of recruitment and/or poor staff retention, poor communication/change management, partner/service relationships, lack of funding, lack of clear processes and resource limitations.
4. The review has identified 40 actions ('How Might We' statements) which are both directly and indirectly impacting the AMH secondary care pathway; as shared by stakeholders (staff, partners, lived experience). These can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix N: Problem Statements/How Might We Statements.
5. The themes arising as problems or improvement opportunities from the Adult Mental Health Secondary Care pathway survey, and Royal Cornhill Hospital's Mental Health Inpatient Survey for Quarter 4 in 2023, were related to staff, access to support, service delivery, moving on/reviewing treatment, and how staff, services and patients work together. These can be seen in [Adult Mental Health Lived Experience Engagement](#)
6. Feedback on the AMH governance suggests that staff want more clarity on it (i.e. role and purpose of groups/ boards), across the system, as well as policies and strategies. Most staff understand the governance impacting their own service but not necessarily where that governance sits within the



wider system. The governance pathway is complex when viewed across the system (HSCPs & Portfolio Board level). This can be viewed in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix O: MHL D Grampian Governance Pathways.

7. There is a risk to undertaking this work, largely relating to resource availability, and competing workstreams. The MHL D Portfolio Board is currently undertaking an evaluation of itself and maintains pressing priorities for 2024/2025. Across MHL D, services are struggling with capacity because of the necessary work around 24 national strategies, specifications, and standards.
8. The review itself was requested through the Chief Officers from the North East Partnership Steering Group (NEPSG). As this review wasn't initiated through staff, there were challenges keeping stakeholders engaged and/or actively involved. Changes to communication and approach were made to support the involvement of stakeholders but this largely persisted throughout the review. There is the risk that key information and problems have been missed in this review due to how stakeholders participated in this work i.e. it was not necessarily work stakeholders would have chosen as a priority.

## Recommendations

### General Actions:

1. Initial steps to implement the April 2024 – March 2025 Delivery Plan outlined below begin as of 1<sup>st</sup> April 2024.
2. The General AMH Secondary Care Pathway Review is taken as an update to the Aberdeen City, Aberdeenshire, and Moray Health & Social Care Partnerships' IJBs in May 2024.
3. The final Summary Report is shared with contributing Lived Experience by June 2024 i.e., those who contributed to the Lived Experience Survey who have requested follow-up.

### April 2024 – March 2025 Delivery Plan:

1. The actions identified within this review will fall under five workstreams which are cognisant with the Mental Health Core Standards; Access, Workforce, Moving Between and Out of Services; Governance & Accountability, and Assessment, Care Planning, Treatment & Support.
2. The 40 actions have been initially prioritised by:
  - a. Stakeholders, as part of the review's workshops
  - b. By using the How, Wow & Now Matrix as a tool, and the complexity of the action as a guide, to help prioritise actions
  - c. By understanding which actions are likely to be met within an existing or upcoming project or workstream.
3. The above workstreams will be undertaken as Task and Finish Working Groups which will be established by June 2024.
4. A workshop will be developed and delivered by each Task and Finish Working Group by September 2024. The purpose of the workshop will be:
  - a. To allow the Task and Finish Working Groups to make a more informed decision on the priority of each action within their workstream.

- b. For each Task and Finish Working Group to identify actions it would consider 'Business As Usual' (BAU) and to pass these actions back, to be embedded, in services.
  - c. For each Task and Finish Working Group to identify which actions it would consider pan-Grampian or local.
  - d. Of the remaining, and prioritised actions, for each Task and Finish Working Group to develop how these actions will be achieved.
  - e. For each Task and Finish Working Group to provide an update through the agreed governance structure on the outcomes of the Task and Deliver Workshop by September 2024.
5. Any changes to be implemented as agreed within these workshops are to be delivered by March 2025 or beyond if this is need is specifically identified.
6. These actions will be considered in line with priority activities identified by the MHL D Portfolio Board. Therefore, the above workstreams should be managed as a programme under the MHL D Portfolio Board as outlined in General Adult Mental Health Secondary Care Pathway Review Appendices - Appendix N: MHL D Grampian Governance Pathways, Cross System Strategic Delivery Team pathway.
7. The RACI model to be applied across all actions are:
  - a. Responsible: Cross System Strategic Delivery Team
  - b. Accountable: MHL D Portfolio Board
  - c. Consulted: Frontline Teams, Lived Experience, Public, Partners
  - d. Informed: Frontline Teams, Lived Experience, Public, Partners

A [Delivery Plan](#) has been outlined below which will provide an 'at a glance' view of:

- All actions to the undertaken
- The workstream each action corresponds to
- Actions considered a priority.
- Actions that may be delivered through other projects/ workstreams

## Delivery Plan

| <b>Adult Mental Health Secondary Care: Workstreams</b>  |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>Access</b>   | <b>Assessment, Care Planning, Treatment And Support</b>   | <b>Moving Between And Out Of Services</b>  | <b>Workforce</b>  | <b>Governance And Accountability</b>   |  |
| <b>Improving access and understanding of services available across Grampian. Developing consistency of approach and clear processes.</b>  | <b>Build capacity within services and processes to enable person centred approaches to care, from prevention and early intervention to response.</b>  | <b>Create a holistic approach to person centred care, supporting the movement between and from services in a right care, right time, right service approach.</b>   | <b>Create a caring skilled workforce which is supported to provide safe, high-quality person-centred care and provided with opportunities for development.</b>  | <b>Establish and promote clear governance routes which are accessible and promote accountability within service delivery and design.</b>   |  |
| <b>Enabling Themes</b>  |   |  |   |  |  |
| <b>Relationships</b>  | <b>Funding</b>  | <b>Recruitment &amp; Retention</b>   | <b>Communication/ Change</b>  | <b>Resources</b>   | <b>Processes</b>   |
| This primarily focused on the relationship between Primary and Secondary care services; and the difficulty for patients to access services in either primary or secondary care based on where the patient's referral was initially made and what criteria is being met. | This primarily focused on the use of locums and the impact this has on staff morale i.e. pay differences; as well as the pause on project funding and the difference in primary and secondary care funding. | This primarily focused on the morale of staff, work absorption due to staff shortages and the ability to recruit and to retain staff. The impact of not having enough nurses, consultants, retirement and the loss of experience or significant roles e.g. MHO status. The inconsistency in patient/service delivery due to the use of locums. | This primarily focused on the need for improved communication between primary and secondary care. It also highlighted that a lot of staff are unaware of the governance structures of MH and its relevant strategies (that strategies are not clear). The lack of clarity about what programme/project work is taking place across Grampian that should have Grampian-wide input. | This primarily focused on the tools to provide services and support, e.g. supported accommodation, service provision (self-directed support packages). It also looked at the inability to better share or access information across partner services to aid patients. It also highlighted the increase in referrals and diagnosis in specific areas e.g. autism spectrum disorder. | This primarily focused on the lack of clear process mapping, clinical pathways, operational policies and referring across areas. |

| <b>Workstream Actions</b>   |   |  |   |   |
|---|---|--|---|---|
| <b>Access</b>   | <b>Assessment, Care Planning, Treatment And Support</b>   | <b>Moving Between And Out Of Services</b>  | <b>Governance and Accountability</b>  | <b>Workforce</b>  |
| Bring consistency to CMHT working, incorporating AMH, Older Adult (OA) MH and LD, across Grampian.  | Assess our care planning process, to incorporate likely patient escalations/ crisis.  | Ensure patients are only discharged because they are ready, they have met their milestones and because an appropriate community care plan is in place. | Make better preparations, when forecasting suggests impending issues or a significant increase in MH diagnoses and any related co-morbidities impacting patients. | Moving between our in-house MH training opportunities to support continuous learning in the workplace.  |
| Improve public understanding of MH services.  | Build on existing preventative/ proactive activities to ensure MH care, and support for impacting social issues, can be provided at the earliest opportunity. | Discover what issues are arising in relation to the duty doctor system.  | Explore alternative models of practice.   | Safeguard time within MH clinical roles, to ensure that any teaching requirements they have, can be met appropriately and without risk to patient care. |
| Expand or change how we support individuals experiencing MH distress, so their MH condition/ distress does not worsen during periods of wait. | Build capacity into secondary care teams, to be able to follow up with their patients in their community.   | Improve the process, for assessing patients at acute sites.  | Identify processes or activities, which require Grampian-wide alignment, to ensure patient experiences are consistent.  | Minimise the use of, or more effectively make use of, locum medical support to ease the funding pressure.   |
| Reduce wait times to access secondary care services.  | Carry out MH assessment within Emergency Department, to improve patient experiences when also presenting with MH issues.                                      | Identify patients impacted by delayed discharge, and the challenges relating to their discharge.   | Determine a suitable process, which would allow for primary/secondary care, to refer to third sector organisations.   | Improve relationships and communication between fellow secondary care services/ teams and primary care.   |
| Patients have clear and easy access to necessary MH services/support, regardless of where their MH care originated.                           | Provide access to important patient information, out of hours for key decision makers.  | Understand the challenges regarding IPCU interface with AMH.   | Review MH strategies, which outline the current situation for MH services and what needs to be done to deliver improvements to these services.                    | Build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.                              |

|  |  |   |  |   |
|--|--|---|--|---|
| Provide easy access, either physically or digitally, to appropriate community resources for patients who could live independently. | Identify the necessary maintenance and changes required to the IPCU. | Understand the challenges regarding the transfer of IPCU patients out of area   | Improve the documentation of clinical pathways.                                  | Provide quality support and care to staff, to ensure they feel heard and valued.  |
| Understand the demand for hospital care, treatment, and rehabilitation.  | Understand the challenges regarding access to AHP for IPCU patients. | Improve the process, together with [transportation services], for transporting patients to RCH for assessment/ admission. | Clarify the governance structures across Grampian.                               | Induct locum consultants, to geographical areas they are unfamiliar with, to help build strong peer relationships and maintain a high standard of patient care. |
| Fair access to in-demand MH services, across Grampian.   |  |   | Implement a consistent discharge process that is visible and clear to all staff. |   |
| Participate in national discussions regarding forensic pathways for females.   |  |   |  |   |

Action identified as a priority.

Action will be met through an existing or upcoming project/ workstream.

## Project Delivery

The General Adult Mental Health Secondary Care Pathway review began in July 2023. The aim of this review was to identify improvements within the secondary care pathway of adult general mental health which would lead to better patient and service outcomes, improve efficiency, and streamline governance.

## Systems Mapping

A systems mapping exercise was undertaken by a subgroup of the review's Steering Group early in the review. The aim of this activity was to create a whole system map, across the Grampian AMH Secondary Care services. This map was then shared with all stakeholders of the AMH review to help bring clarity to those participating in the review, about what parts of the pathway would be explored.

The map shows:

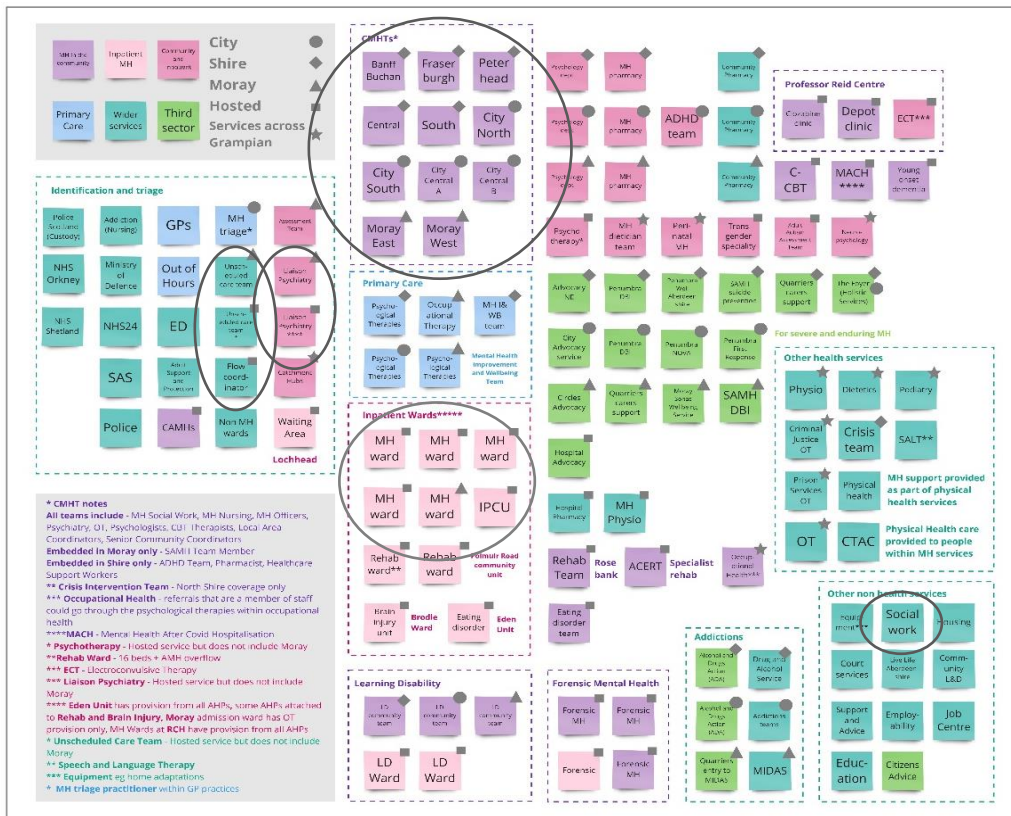
- The AMH secondary care services that exist in each area i.e., Aberdeen City, Aberdeenshire, and Moray, including Hosted services.
- The AMH secondary care services that are part of the pathway review.
- The scale of the review, and that this was only part of a wider AMH secondary care pathway.
- The other services which impact on those within the scope of the review and/or the secondary care pathway itself.

The services within the scope of this review were identified as:

| Service/Team             | No. of Teams | Location  |  |
|--------------------------|--------------|---|--|
| Unscheduled Care         | 2            | 1 x Royal Cornhill Hospital<br>1 x Dr Gray's Hospital | Aberdeen City & Aberdeenshire<br>Moray |
| Flow Coordinator         | 1            | Royal Cornhill Hospital                               |  |
| Adult Liaison Psychiatry | 2            | 1 x Royal Cornhill Hospital<br>1 x Dr Gray's Hospital | Aberdeen City & Aberdeenshire<br>Moray |

|  |   |  |  |
|--|---|--|--|
| CMHTs                                  | 9 | 1 x Aberdeen City South<br>1 x Aberdeen City North<br>1 x Aberdeen City Central A<br>1 x Aberdeen City Central B<br>1 x Aberdeenshire Central<br>1 x Aberdeenshire South<br>1 x Aberdeenshire North<br>2 x Moray | Aberdeen City<br>Aberdeen City<br>Aberdeen City<br>Aberdeen City<br>Aberdeenshire<br>Aberdeenshire<br>Aberdeenshire<br>Moray |
| Adult Mental Health Inpatient Wards    | 5 | 4 x Royal Cornhill Hospital<br>1 x Dr Gray's Hospital  | Aberdeen City & Aberdeenshire<br>Moray   |
| Intensive Psychiatric Care Unit (IPCU) | 1 | Royal Cornhill Hospital  | Hosted service   |
| Adult Mental Health Social Work        | 2 | 1 x Aberdeen City<br>1 x Moray   | Aberdeen City<br>Aberdeenshire<br>Moray  |

### Grampian-wide Systems Map





## Further Mapping Workshops

The review progressed to the completion of Service Information Forms for each of the services within the scope of this review. The Service Information Form aimed to capture:

- Information about the individual completing the form.
- Simple information about the service i.e. operating hours, primary users.
- Purpose of the Service
- Funding/Budget
- Information Sharing
- Governance
- Additional Information including challenges the service is experiencing currently, and/or issues it experiences within the wider secondary care pathway. Information gathered here informed future workshops and the problem statements/'How Might We' statements outlined in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix N: Problem Statements/How Might We Statements.

Where it was identified within the Service Information Form that a service had no process map, one was developed. In addition to capturing how a patient may access, move through, and leave the service the process maps may also identify:

- A stage or role within the process when there is significant information flow.
- A stage within the process that is manual.
- Stages within the process where there is a current limit in resources.

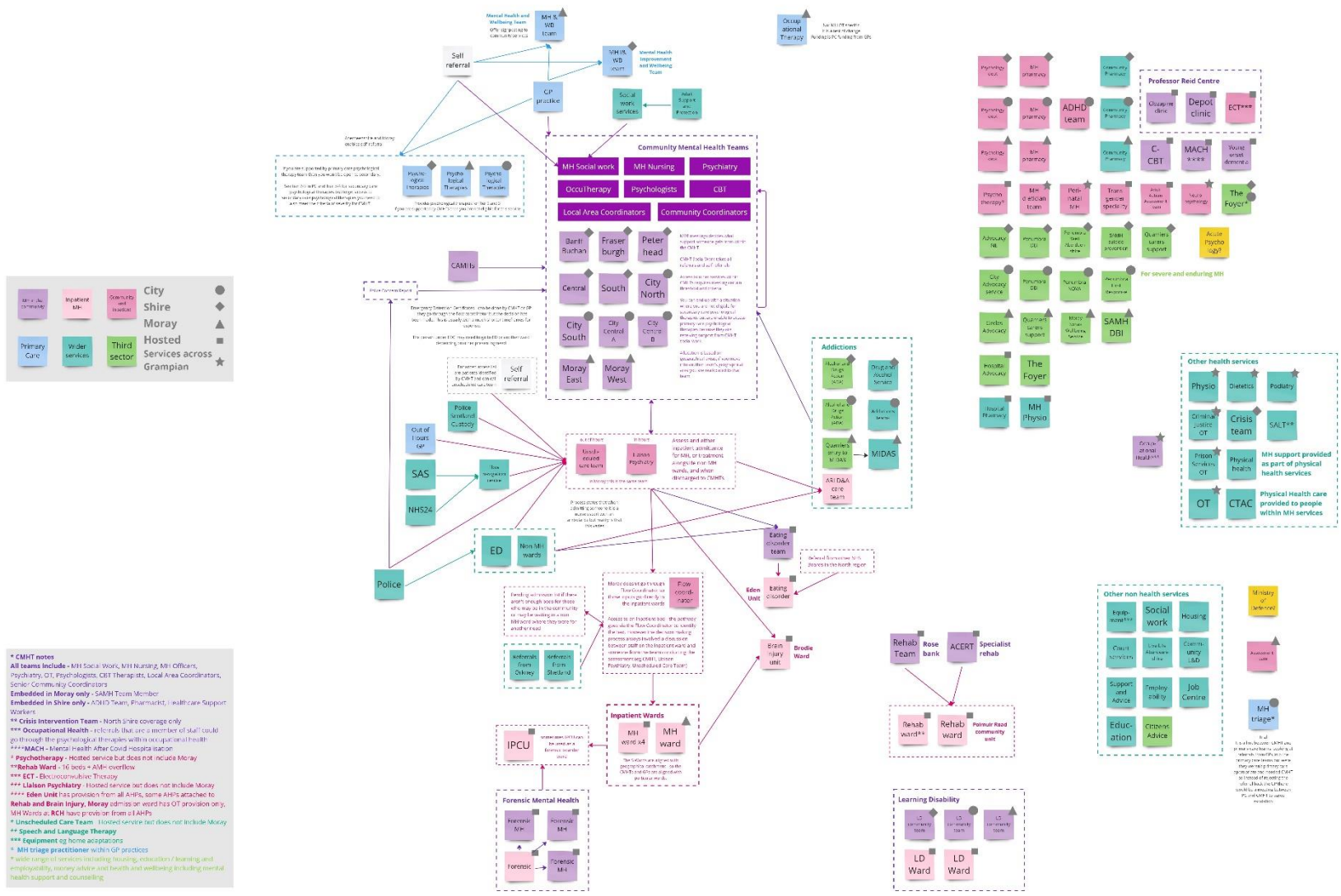
During this time, another workshop was undertaken to add detail to the flow of information between secondary care services. This exercise echoed what was captured within the service process maps regarding information flow:

| Team/Role | Information Flow |
|-----------|------------------|
|-----------|------------------|

|                                      |   |   |
|--------------------------------------|---|---|
| <p>Unscheduled Care</p>              | <p>Significant in relation to triage, assessment, and admission</p> <p>Unscheduled Care: Band 7</p> <ul style="list-style-type: none"> <li>• Flow Coordinator</li> </ul>  | <p>Information is received from:</p> <ul style="list-style-type: none"> <li>• Out of Hour GPs</li> <li>• Police Scotland: Custody</li> <li>• Police Scotland (via Emergency Department)</li> <li>• Emergency Department</li> <li>• Non-Mental Health Wards</li> <li>• Scottish Ambulance Service</li> <li>• NHS24</li> <li>• Self-Referrals</li> <li>• CMHTs</li> </ul> |
| <p>Community Mental Health Teams</p> | <p>Significant in relation to triage and assessment:</p> <ul style="list-style-type: none"> <li>• Social Work Team Manager (Aberdeenshire)</li> <li>• Consultants (Urgent Referrals)</li> <li>• CMHT Team (weekly referral meetings)</li> </ul> | <p>Information is received from:</p> <ul style="list-style-type: none"> <li>• Unscheduled Care</li> <li>• Social Work</li> <li>• CAMHs</li> <li>• Self-Referrals</li> <li>• GP Practices</li> <li>• Police Scotland</li> <li>• Referrals within the CMHT</li> <li>• Additions (ADA Quarriers, ARI D &amp; A Team)</li> </ul>  |
| <p>AMH Inpatient Wards</p>           | <p>Significant in relation to assessment and admission:</p> <ul style="list-style-type: none"> <li>• Inpatient Ward Consultants</li> </ul>  | <p>Information is received from:</p> <ul style="list-style-type: none"> <li>• Consultants (meeting patients at outpatient clinic)</li> <li>• CPN (meeting patients at outpatient clinic)</li> <li>• Unscheduled Care</li> <li>• Adult Liaison Psychiatry</li> </ul>   |

|                                     |  |   |
|-------------------------------------|--|---|
| <p>Adult Liaison<br/>Psychiatry</p> | <p>Significant in relation to triage, assessment, and admission</p> <ul style="list-style-type: none"> <li>• Practitioners</li> <li>• Nurse Practitioner Service (Moray)</li> </ul>  | <p>Information is received from:</p> <ul style="list-style-type: none"> <li>• Inpatient Wards</li> <li>• Emergency Department s</li> <li>• Secondary care clinicians for outpatients</li> </ul>   |
| <p>IPCU</p>                         | <p>Significant in relation to triage, assessment, and admission</p> <ul style="list-style-type: none"> <li>• IPCU Team (assessment)</li> <li>• Consultants</li> </ul>  | <p>Information is received from:</p> <ul style="list-style-type: none"> <li>• Adult Mental Health Services in Grampian</li> <li>• Other specialist mental health services in Grampian</li> <li>• Out of area IPCUs for Grampian Patients</li> <li>• The local forensic service via the courts, PF, prison, out of area secure placements for the female forensic population.</li> </ul> |
| <p>Social Work</p>                  | <p>Significant in relation to triage and assessment.</p> <ul style="list-style-type: none"> <li>• Mental Health Officers (detainment)</li> <li>• Adult Social Work team member (assessment)</li> <li>• AMH Social Work team member (assessment)</li> </ul> | <p>Information is received from:</p> <ul style="list-style-type: none"> <li>• GPs</li> <li>• Self-Referrals</li> <li>• Adult Support &amp; Protection</li> <li>• Access Team</li> <li>• AHP: Self Directed Support</li> <li>• Consultant in clinic</li> <li>• CMHT</li> <li>• Police Scotland</li> <li>• Police Concern Report</li> <li>• Another Local Authority</li> </ul>            |

# Flow of Information Map



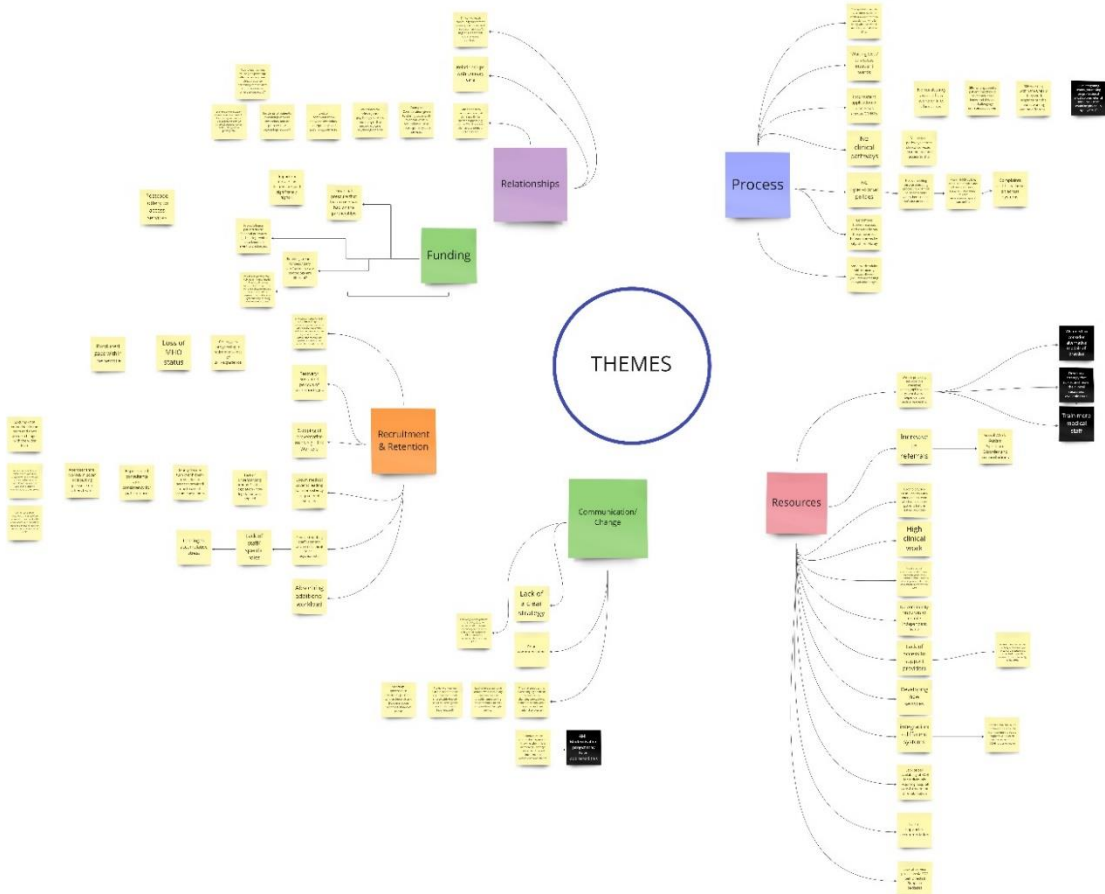
## Problem Statements/ How Might We Statements

As part of the Service Information Form completion, and process map development, services identified problems/issues impacting them or how the service was being impacted within the wider secondary care pathway. These initial problems/issues framed a workshop, where stakeholders provided further detail on these problems/issues or identified other problems/issues they wanted to capture. Six themes emerged from the Problems/Issues workshop:

| Theme                   | Brief Explanation of Discussion  |
|-------------------------|--|
| Relationships           | This primarily focused on the relationship between Primary and Secondary care services; and the difficulty for patients to access services in either primary or secondary care based on where the patient's referral was initially made and what criteria is being met.  |
| Funding                 | This primarily focused on the use of locums and the impact this has on staff morale i.e. pay differences; as well as the pause on project funding and the difference in primary and secondary care funding.  |
| Recruitment & Retention | This primarily focused on the morale of staff, work absorption due to staff shortages and the ability to recruit and to retain staff. The impact of not having enough nurses, consultants, retirement and the loss of experience or significant roles e.g. MHO status. The inconsistency in patient/service delivery due to the use of locums. |
| Communication/ Change   | This primarily focused on the need for improved communication between primary and secondary care. It also highlighted that a lot of staff are unaware of the governance structures of MH and its relevant strategies (that strategies are not clear). The lack of clarity about what   |

|           |   |
|-----------|---|
|           | programme/project work is taking place across Grampian that should have Grampian-wide input.  |
| Resources | This primarily focused on the lack of community provision which would allow patients to move on from inpatient care, or that would better support them in the community e.g. supported accommodation, service provision (self-directed support packages). It also looked at the inability to better share or access information across partner services to aid patients. It also highlighted the increase in referrals and diagnosis in specific areas e.g. autism spectrum disorder. |
| Process   | This primarily focused on the lack of clear process mapping, clinical pathways, operational policies and referring across areas.  |

**Themes Map**



## How Might We Statements

Once these problem/issues were collated they were then restructured as 'How Might We' statements. 'How Might We' statements are a way to reframe problems. As an exercise, it can bring clarity to; what action needs to be taken to address the problem; who would be impacted by the action and the effect to be realised. These 'How Might We' statements were then aligned to the appropriate Mental Health Core Standard and Summary Outcome, which could provide a way to measure the impact of addressing a particular action.

In total, 40 different actions ('How Might We statements) were identified. These actions can be viewed in a table in General Adult Mental Health Secondary Care Pathway Review Appendices – Appendix N: Problem Statements/How Might We Statements. The table will show:

- The Mental Health Core Standard the action has been aligned to
- The original problem statement
- The action ('How Might We' statement)
- The theme the action falls into
- The Summary Outcome the action has been aligned to

A further workshop with stakeholders was undertaken to determine which of the 40 actions the stakeholders would consider a priority. The workshop also captured any ideas stakeholders had that could deliver the action, as well as sharing any known projects that may be underway or preparing to start, that may also deliver some of the actions.

These actions have been grouped under each Mental Health Core Standard, which will form a workstream e.g. any actions aligned to the Mental Health Core Standard 'Access' will be grouped together, and this will form a workstream. Each workstream will have its own Task and Finish Working Group. These working groups will each undertake a workshop which will review all actions under that workstream and determine what changes, if any, could be undertaken to make improvements to the secondary care pathway.

## Adult Mental Health Governance Mapping

Captured under the Communication/Change theme of the problem statements/'How Might We' statements is a lack of understanding of Adult Mental Health governance i.e., a lack of awareness of the pathway and a lack of knowledge of the responsibilities within the governance pathway. In short, there lacks transparency around mental health governance, as with policies and strategies, across the system.

Completion of the Service Information forms highlighted that staff are very familiar with their individual services governance pathway, although less was demonstrated around its position within the wider Adult Mental Health governance pathway, either within each Health & Social Care Partnership or across the system. Therefore, less was shared within the Service Information forms and workshops regarding where improvements to the governance pathway could be made. Of course, it would be difficult for staff to share improvement opportunities or ideas for a governance pathway that they do not know enough about.

Certainly, the risks raised by staff appeared to be that they could not contribute to changes taking place across the system, which may have a wider impact, because they are unaware of work taking place and who has the responsibility to oversee and collaborate on work that has a cross-system impact. As demonstrated in the image below the cross-system view of the governance pathway is complex. This is fully recognised within the MHLD Portfolio Board and, where possible, there is commitment to make improvements to this pathway.

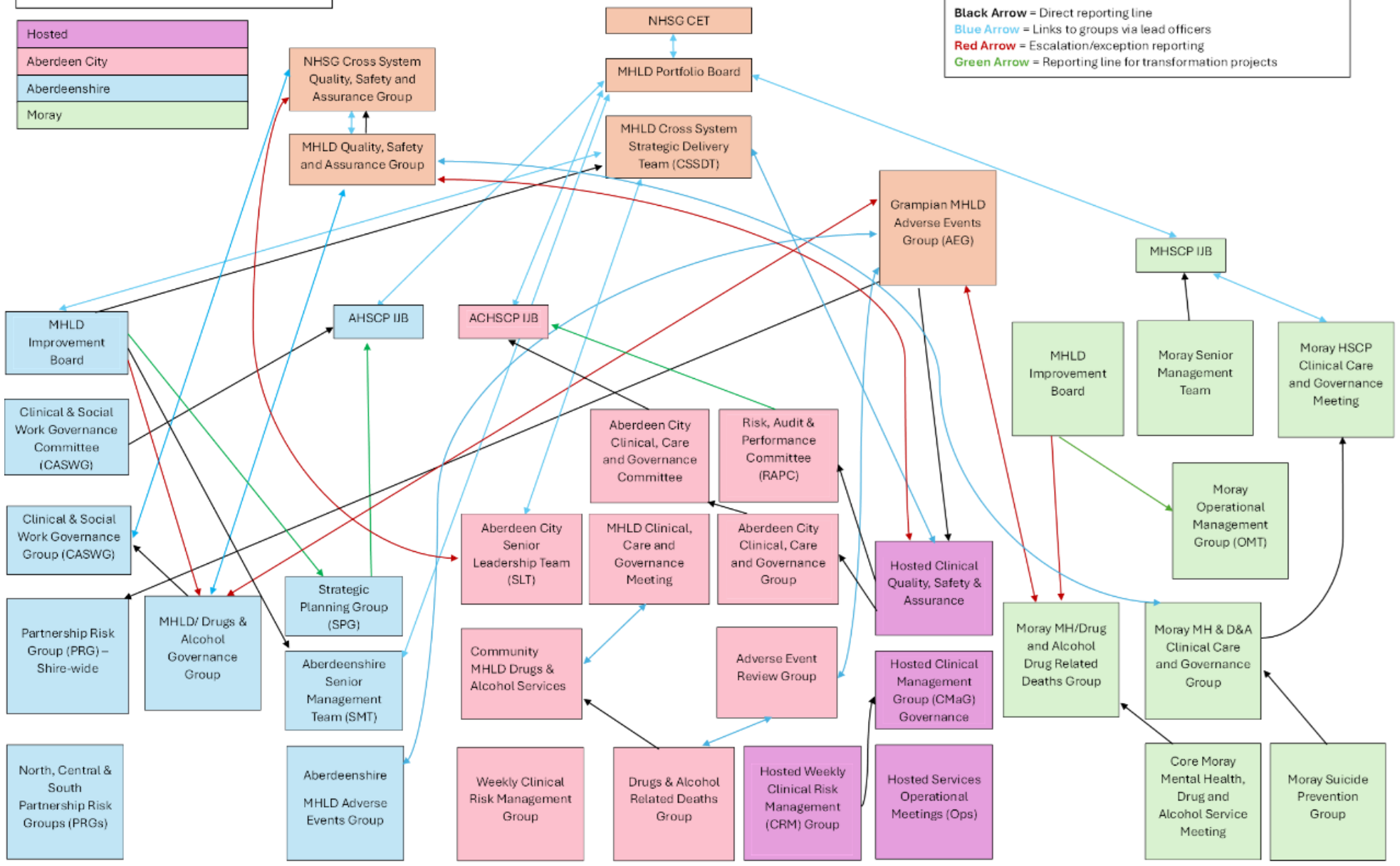


**GRAMPIAN MHL D GOVERNANCE PATHWAYS**

|               |
|---------------|
| Hosted        |
| Aberdeen City |
| Aberdeenshire |
| Moray         |

**KEY:**

- Black Arrow** = Direct reporting line
- Blue Arrow** = Links to groups via lead officers
- Red Arrow** = Escalation/exception reporting
- Green Arrow** = Reporting line for transformation projects



## Adult Mental Health Lived Experience Engagement

Lived Experience contribution to this review was undertaken in a several ways. The first was the creation of a Lived Experience Subgroup which pulled together members from third sector organisations, advocacy groups, the Grampian Public Empowerment Group, and other key roles from across the relevant Health & Social Care Partnerships and NHS Grampian.

Members of the Lived Experience Subgroup provided access to the 'In Their Words,' Royal Cornhill Hospital's Mental Health Inpatient Survey for Quarter 4 in 2023/2024. This provided to the review recently gathered feedback from individuals residing within wards at the Royal Cornhill Hospital.

Members also helped to create, or provided feedback on the development of, an AMH Lived Experience Survey which went live in January 2024. The survey was available to complete until the end of February 2024. A Data Protection Impact Assessment (DPIA) and Privacy Notice were completed ahead of this public engagement. In total, 38 responses were received for this survey.

The primary themes arising from these Lived Experience feedback tools were:

| Theme             | Brief Explanation of Discussion   |
|-------------------|---|
| Staff             | This primarily focused on the need for more staff and resources within the pathway. Individuals felt staff behaviours and their relationship with their patients could be improved upon. Training was also raised as an opportunity for improvement, particularly around co-morbidities and support for individuals challenged with managing multiple issues. |
| Access to Support | This primarily focused on individuals looking for support at the earliest opportunity, with suggestions that if help could have been provided earlier, it may have prevented an escalation in their mental health. Individuals felt they did not understand why they were not eligible for particular   |

|                  |   |
|------------------|---|
|                  | <p>support, that there was still stigma attached to asking for support, and that more transparency was needed here. Overall, individuals felt that wait times for support were too long.</p>  |
| Service Delivery | <p>This primarily focused on the limited access to mental health services in rural locations and how this impacted/ impacts the individual's life. Individuals also mentioned they would like to see the type of mental health services expand into other areas e.g. hypnotherapy, TheraPets or through the provision of drop-in mental health support.</p>   |
| Moving On        | <p>This primarily focused on medication; that it was all that was given, that it didn't work or that the individual had been on it for considerable time with no invitation to review their mental health or medication, extended from their GP.</p>  |
| Working Together | <p>This primarily focused on the need for person centred care. Individuals mentioned that less focus on medication was needed, that longer appointments to talk to their GPs would be helpful, faster access to assessments e.g., Autism, and to see more multi-disciplinary working. Individuals wanted to be more involved and informed about their care, to see better communication between patients and staff, to see better communication between services and be able to express their emotions/feelings freely.</p> |

**Please note:** The outcomes of the lived experience surveys have not been included, to ensure the anonymity of those that participated in this review.

## Summary of Workstreams

| Workstream: Access  | Status of Action  |
|---|---|
| Bring consistency to CMHT working, incorporating AMH, OAMH and LD, across Grampian.   | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.   |
| Improve public understanding of MH services.  | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.   |
| Expand or change how we support individuals experiencing MH distress, so their MH condition/ distress does not worsen during periods of wait. | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.   |
| Reduce wait times to access secondary care services.  | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)   |
| Patients have clear and easy access to necessary MH services/support, regardless of where their MH care originated.                           | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)   |
| Provide easy access, either physically or digitally, to appropriate community resources for patients who could live independently.            | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)   |
| Understand the demand for hospital care, treatment, and rehabilitation.   | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)   |
| Fair access to in-demand MH services, across Grampian.  | Applying the How, Wow, Now Matrix the following action was identified as How (Medium to High Difficulty/ Medium to High Innovation)   |
| Participate in national discussions regarding forensic pathways for females.  | Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report). |

| Workstream: Assessment, Care Planning, Treatment And Support  | Status of Action  |
|---|---|
| Assess our care planning process, to incorporate likely patient escalations/ crisis.  | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.   |
| Build on existing preventative/ proactive activities to ensure MH care, and support for impacting social issues, can be provided at the earliest opportunity. | Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)  |
| Build capacity into secondary care teams, to be able to follow up with their patients in their community.   | Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)  |
| Carry out MH assessment within Emergency Department, to improve patient experiences when also presenting with MH issues.                                      | Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)  |
| Provide access to important patient information, out of hours for key decision makers.  | An EPR roll out will take place this year. Data Information Governance Procedures are being explored with Caldicott Guardian  |
| Identify the necessary maintenance and changes required to the IPCU.  | Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report). |
| Understand the challenges regarding access to AHP for IPCU patients.  | Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report). |

| Workstream: Moving Between And Out Of Services   | Status of Action  |
|--|---|
| Ensure patients are only discharged because they are ready, they have met their milestones and because an appropriate community care plan is in place. | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.   |
| Discover what issues are arising in relation to the duty doctor system.  | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)   |
| Improve the process, for assessing patients at acute sites.  | Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)  |
| Identify patients impacted by delayed discharge, and the challenges relating to their discharge.   | Optimising Patient Flow Program crosses whole Grampian system, acute, community, mental health, and other public services all members   |
| Understand the challenges regarding IPCU interface with AMH.   | Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report). |
| Understand the challenges regarding the transfer of IPCU patients out of area  | Forensic Services Programme Board likely to be established to support the implementation of actions outlined within the Forensic Services Review (response to the Barron Report). |
| Improve the process, together with [transportation services], for transporting patients to RCH for assessment/ admission.                              | This action is currently included as a commitment in Finance Planning and could be actioned under this workstream.  |

| Workstream: Governance and Accountability   | Status of Action   |
|---|--|
| Make better preparations, when forecasting suggests impending issues or a significant increase in MH diagnoses and any related co-morbidities impacting patients. | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.  |
| Explore alternative models of practice.   | Applying the How, Wow, Now Matrix the following action was identified as Wow (Medium to High Difficulty/ Low to Medium Innovation)   |
| Identify processes or activities, which require Grampian-wide alignment, to ensure patient experiences are consistent.  | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)  |
| Determine a suitable process, which would allow for primary/secondary care, to refer to third sector organisations.   | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)  |
| Review MH strategies, which outline the current situation for MH services and what needs to be done to deliver improvements to these services.                    | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)  |
| Improve the documentation of clinical pathways.   | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation)  |
| Clarify the governance structures across Grampian.  | This action is a responsibility of the Cross System Strategic Delivery Team.   |
| Implement a consistent discharge process that is visible and clear to all staff.  | The AMH Modernisation (Hosted) was created to address this challenge and was implemented as of November 2023. There is a cross Grampian Mental Health Discharge Planning and Improvement Group who meet monthly and report into the Optimising Patient Flow Program (Government Strategic Program) |

| Workstream: Workforce   | Status of Action  |
|---|---|
| Moving between our in-house MH training opportunities to support continuous learning in the workplace.  | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.                       |
| Safeguard time within MH clinical roles, to ensure that any teaching requirements they have, can be met appropriately and without risk to patient care.         | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.                       |
| Minimise the use of, or more effectively make use of, locum medical support to ease the funding pressure.   | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.                       |
| Improve relationships and communication between fellow secondary care services/ teams and primary care.   | Action identified as a priority as part of the Adult Mental Health Secondary Care Pathway Review workshops.                       |
| Build interest in, or develop our MH vocations, to develop a quality recruitment pool, on which to build the MH workforce.                                      | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation) |
| Provide quality support and care to staff, to ensure they feel heard and valued.  | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation) |
| Induct locum consultants, to geographical areas they are unfamiliar with, to help build strong peer relationships and maintain a high standard of patient care. | Applying the How, Wow, Now Matrix the following action was identified as Now (Low to Medium Difficulty/ Low to Medium Innovation) |



## Evaluation

Several key themes emerged from this review, in addition to how work is prioritised by the MHLD Portfolio Board, and any actions to address these themes will be delivered in the context of other local and national strategies/initiatives and resource constraints.

This is first pathway review that has taken place within MHLD and there will be learning to capture as part of delivering this review. There is commitment to do this, and to use this opportunity to develop best practice, which could help inform any future pathway reviews.