

## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	7 <sup>th</sup> May 2024
<b>Report Title</b>	General Adult Mental Health Secondary Care Pathway Review
<b>Report Number</b>	HSCP.24.022.
<b>Lead Officer</b>	Judith McLenan
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	a. General Adult Mental Health Secondary Care Pathway Review Summary Report b. General Adult Mental Health Secondary Care Pathway Review Appendices.
<b>Terms of Reference</b>	1

### 1. Purpose of the Report

This report provides an update to Aberdeen City Health and Social Care Partnership (ACHSCP) on the review of the General Adult Mental Health Secondary Care Pathway, providing an overview of the findings and recommendations.” This report is being shared with the other two Integration Joint Boards within Grampian Aberdeenshire Health and Social Care Partnership (AHSCP) and Health and Social Care Moray (HSCM).

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### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) Note the update of the General Adult Mental Health Secondary Care Pathway Review, provided in the Summary Report (Appendix A).
- b) Note the findings and recommendations of the General Adult Mental Health Secondary Care Pathway review as outlined in Section 4.

### 3. Strategic Plan Context

- 3.1. The Chief Officers of the three Integration Joint Boards in Grampian, ACHSCP, AHSCP and HSCM commissioned a review of the General Adult Mental Health (AMH) Secondary Care pathway to improve outcomes, efficiency, and governance.
- 3.2. NHS Grampian have structured their services into Portfolio arrangements. There is a Grampian cross system Mental Health Portfolio Board, to which the Chief Officer from AHSCP holds role of Portfolio Executive Lead for oversight and delivery of strategic transformation projects. All three HSCPs within Grampian have operational responsibility for community MHLDS, including the pathway within this report, i.e. the Adult Mental Health pathway. ACHSCP also has responsibility for hosting Specialist, pan Grampian Mental Health and Learning Disability Services to which the report author is the Senior Operational Manager and Lead, (inpatient, specialist services, and Child and Adolescent Mental Health Services (CAMHS)) this also includes tertiary provision of inpatient and outpatient services to NHS Orkney and NHS Shetland.
- 3.3. The review included various teams and services within AMH; Unscheduled Care, Adult Liaison Psychiatry, AMH Inpatient Wards, Intensive Psychiatric Care Unit (IPCU), Community Adult Mental Health Teams, and Social Work.
- 3.4. Key stakeholders were identified and participated in the project through the creation of a Steering Group and associated subgroups e.g., lived experience. A range of methods of engagement were used including meetings, service information forms, workshops, and regular updates. Lived experience participants also contributed to this review through public and inpatient surveys.

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- 3.5. The [Scottish Mental Health and Wellbeing Strategy](#) 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. It is intended that the Adult Mental Health Secondary Care Pathway review, and any recommendations for improvement, will allow for better delivery of the Scottish Mental Health and Wellbeing Strategy.

### 4. Summary of Key Information

- 4.1. The intention of the AMH Secondary Care Pathway review was to identify improvement opportunities which impact positively on patients, staff, and governance. To meet this aim process and governance mapping of in scope services was undertaken. All three Health & Social Care Partnerships, and their services within the scope of this project, have now completed process maps and Service Information forms. These have assisted in outlining the associated governance structures and how they are connected. This gives a clearer picture of AMH Secondary Care, across Grampian.
- 4.2. The review has identified key themes arising from engagement with staff and individuals with lived experience. The key themes have been developed into improvement opportunities, with 40 actions which, if taken forward, may realise changes to AMH Secondary Care. These actions align with Scotland's Mental Health Core Standards, Health & Social Care Standards and the national Mental Health and Wellbeing Strategy.
- 4.3. The key themes arising from staff engagement can be summarised as follows: 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. The key themes arising from engagement with people with lived experience were related to staff, access to support, service delivery, moving on/reviewing treatment, and how staff, services and patients work together
- 4.4. Feedback suggests that in relation to governance staff want more clarity on it, across the system, as well as policies and strategies. Most staff understand their local governance but not necessarily where that governance sits within the wider system. The governance pathway is complex when viewed across the system (HSCPs and portfolio level).
- 4.5. As a part of the review process, a delivery plan summarising the key actions to be undertaken has been developed. The Delivery Plan maps the

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creation of 5 workstreams, cognisant of the Mental Health Core Standards, under which the 40 actions identified within the review are aligned. These workstreams will be taken forward as Task and Finish Working Groups. Each group will develop and deliver a workshop by September 2024. These workshops aim to fully identify priority actions and develop how these will be taken forward and implemented; part of this will be identifying which actions are business as usual, to embed these in services, and those which are local or Grampian-wide. Progress on each of these workshops will be reported to the Grampian-wide MHL D Portfolio Board, and in turn the IJBs as required.

- 4.6. The AMH Steering Group intends to share the final summary report and delivery plan with those who contributed to the Lived Experience engagement by June 2024 i.e., those who contributed to the Lived Experience Survey who have requested follow-up.
- 4.7. The workstreams of the Delivery Plan will be managed as subgroups under the MHL D Portfolio Board. The Responsible, Accountable, Consulted, and Informed (RACI) model will be applied across all actions:

4.7.1. Responsible: Cross System Strategic Delivery Team

4.7.2. Accountable: MHL D Portfolio Board

4.7.3. Consulted: Frontline Teams, Lived Experience, Public, Partners

4.7.4. Informed: Frontline Teams, Lived Experience, Public, Partners

- 4.8. There are identified risks in the implementation of the AMH Delivery Plan, in that the MHL D Portfolio Board is currently undertaking an evaluation of its role and function, in addition to the wider Chief Executive Team (CET) review of all portfolios. The current programme plan for the MHL D Portfolio contains pressing priorities for 2024/2025 and beyond. Additionally, there are a large number (24) of national strategies, standards, and specifications in place for MHL D, services are already struggling with capacity because of the necessary work these bring. There will be implications to undertaking the work contained in the AMH Delivery Plan in relation to the demand on capacity and resource i.e. staff workload, and from across the system i.e. data analysts, communications, systems.

## 5. Implications for IJB

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### 5.1. Equalities, Fairer Scotland, and Health Inequality

At this time, no Integrated Impact Assessment has been undertaken for this review. The nature of the review has been to find opportunities to improve outcomes for people in Grampian, improve efficiency and strengthen governance, within the pathway. Improvement opportunities have been identified, but how these will be addressed, and the implications of any changes have yet to be realised. Therefore, an Integrated Impacted Assessment is not necessary at this stage but would be undertaken as part of the above mentioned workstreams.

### 5.2. Financial

There are no direct financial implications arising from the recommendations of this report. However, it is recognised that MHL service already operate within financial pressures and the actions identified in the AMH Delivery Plan will need to adhere to the financial environment.

### 5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report.

### 5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

### 5.5. Unpaid Carers

There are no recommendations within this report that will impact negatively on Unpaid Carers. There may be positive impacts for Unpaid Carers realised as part of the workstreams identified in Section 4, but these have yet to be realised.

### 5.6. Information Governance

There are no direct Information Governance implications arising from the

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recommendations of this report.

### 5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report for ACHSCP.

### 5.8. Sustainability

There are no social, economic, and environmental impacts to consider relating to this report.

### 5.9. Other Implications

There are no other implications arising from the recommendations of this report.

## 6. Management of Risk

### 6.1. Identified risks(s)

There are risks associated with progressing the workstreams outlined in Section 4.

Identified risk associated with the recommendations of this report are assessed as followed, in line with the Risk Appetite Statement:

Description of Risk	Link to Risk Register	Impact	Mitigation	Likelihood following Mitigation
Prioritisation of AMH Secondary Care Pathway Review Delivery Plan	This is not associated with risk register entry.	High: The 24 national strategies/specifications aligned to the Grampian Mental Health Portfolio Board may mean the AMH pathway work may have to be reprioritised to accommodate the	AMH actions are to be reviewed and prioritised by each workstream's Task and Deliver Working Group in line with service	Low

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		recommendations, which may impact staff, patients, and services, depending on how these are prioritised.	capacity and pressures.	
Priority of the AMH Secondary Care Pathway Review	This is not associated with risk register entry.	Medium: While changes to communication and approach were made to ensure stakeholders were engaged and/or actively involved, this was a challenge that persisted throughout the review. 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.	All stakeholders have had an opportunity to: <ul style="list-style-type: none"> <li>• Review the AMH Summary Report</li> <li>• Provide their feedback to help shape the report</li> <li>• Ensure actions are accurate to the issues gathered throughout the review</li> <li>• Agree/Disagree with how actions will be progressed.</li> </ul> <p>Consideration may need to</p>	Low



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			be given to involving staff early in the prioritising of work.	
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