



## PERTH & KINROSS INTEGRATION JOINT BOARD

29 NOVEMBER 2023

### ANNUAL UPDATE ON PERTH AND KINROSS HSCP COMMUNITY MENTAL HEALTH & WELLBEING STRATEGY

Report by Chief Officer  
(Report No. G/23/154)

#### PURPOSE OF REPORT

This report provides the Integration Joint Board on progress over the last 12 months of the Perth and Kinross' Community Mental Health and Wellbeing Strategy (CMHWP). This will include highlighting areas of success as well as identified Key Challenges.

For the purposes of clarity this update provides an update on Adult Mental Health services.

#### 1. RECOMMENDATIONS

Perth and Kinross IJB Members are recommended to:

- Note the local and pan Tayside developments that are being progressed in accordance with our CMHWP Strategy and approve its continuation and direction for year 3.
- Acknowledge the numerous and complex factors influencing this work.

#### 2. BACKGROUND & SITUATION

It is recognised that Mental Health Services across Tayside have been the subject of significant scrutiny over many years, which has highlighted the need for broader and more effective engagement, co-ordinated strategic planning and urgent operational improvements. These have been highlighted within the Trust and Respect Report (Strang, 2020) and the subsequent Independent Oversight Group monitoring and feedback.

Throughout the past year progress has been made in relation to enhancing and improving our Adult Community Mental Health services within Perth & Kinross. This has been in conjunction with the delivery of the Perth and Kinross Community Mental Health and Wellbeing Strategy. The Strategy aligns itself to the Tayside 'Living Life Well' strategy for Mental Health, albeit with a Perth and Kinross focus and was approved by the IJB in December 2021. We have also aimed to ensure that whatever strategic direction we take

locally, dovetails into the Tayside wide Mental Health Strategic Improvement Plan.

This paper aims to highlight progress to date but also identify key challenges that we are currently experiencing, as well as what is projected ahead.

The strategy, entitled '*Our Plan for the Future*' highlights 5 key themes, with corresponding actions. These Key Themes are:

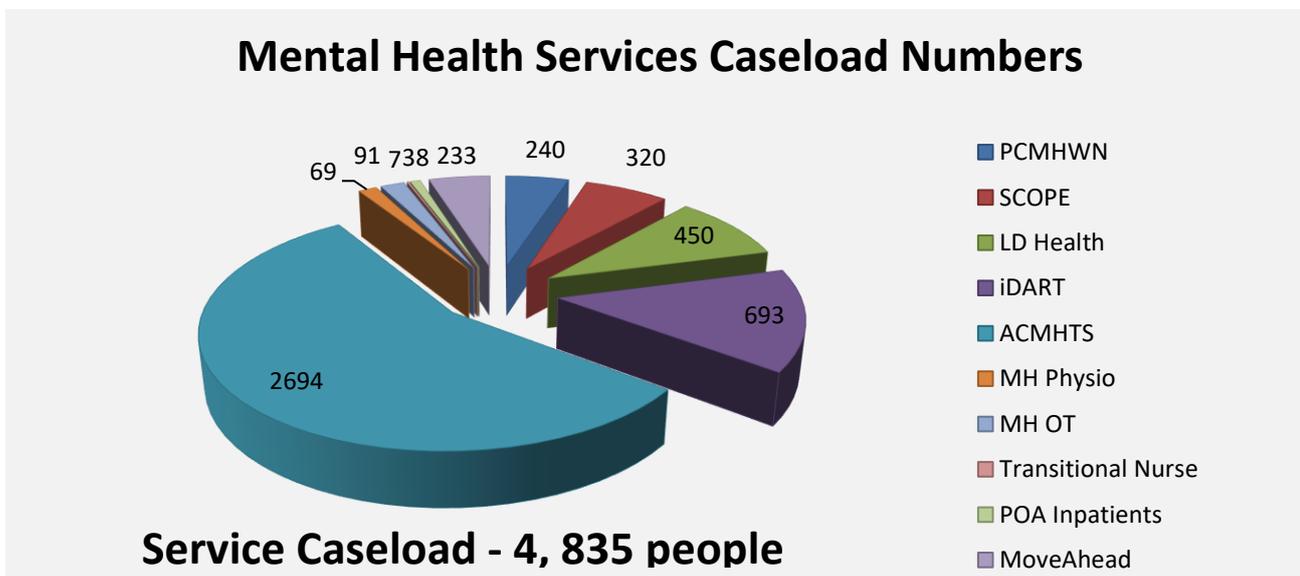
- Good Mental Health for all – Prevention and Early Intervention
- Access to Mental Health Services and Support
- Co-ordinated Working and Person centred Support
- Participation and Engagement
- Review of workforce requirements

The implementation of the strategy is closely monitored through the Mental Health and Wellbeing Strategy Group (MHWBSG) and this strategic forum has a wide variety of membership across our key stakeholders including 3<sup>rd</sup> sector, service users, statutory organisations and voluntary groups.

The learning and experience gained during the pandemic around collaboration, compassion and understanding of each other's needs has provided an opportunity to further build a collective focus on the needs of people and communities, of togetherness and a lowering of perceived organisational barriers to progress. This is something that the MHWBSG has been focused on with co-production at the foremost of what we are trying to achieve. With this in mind the group is chaired and vice chaired by staff from both statutory and 3<sup>rd</sup> sector organisations.

### Demographic Information

Mental Health Services are delivered across Perth and Kinross with Public Health Scotland identifying our population at 153,810 people. Of that population 4,835 people or 3.14% are currently working with Mental Health Services.



## Mental Health Services Key Demographic Data

Indicator	Time Period	South Perthshire	North Perthshire	Perth City	P&K HSCP	Scotland
Population in the most deprived SIMD quintile	2020	0%	2.4%	16%	6.2%	20%
Alcohol Specific Mortality per 100,000	2016-2020	12	9	24	15	20
Alcohol Related Hospital Admissions per 100,000	2020/21	305	330	606	415	673
Drug Related Hospital Admissions per 100,000	2019/20	92	61	331	168	221
Mental Health Hospitalisations per 100,000	2020/21	220	188	390	279.9	253
Mental Health Unscheduled Bed Days per 100,000	2021/22	16,557	10,771	32,661	20,429	18,404
Anxiety, Depression & Psychosis Prescriptions	2019/20	16.15%	18%	19%	18%	20%

### PHS Locality Profiles

Demographic data indicates that within Perth and Kinross, 3.4 people per 1,000 adults have a learning disability, one in four people in Scotland have reported experiencing a mental health problem at some point in their lifetime and at any one time approximately one in six people have a mental health problem.

Mental illness and learning disabilities are often linked to a wide range of complex multiple morbidities with long term impacts on quality of life and reductions in life expectancy of up to twenty years when compared to the general population. These deaths are avoidable, treatable and manageable.

Many people accessing health and social care from the Mental Health Services family will experience high levels of inequality, poverty and deprivation which in turn impacts on their lifestyle, behaviours, vulnerability and complexity. Perth City Locality hosts the majority of deprivation within Perth and Kinross with five housing areas being within the most deprived Quintile (SIMD1). There is a direct correlation between people living within the most deprived areas in Perth and Kinross with increased levels of depression, dementia, anxiety, psychosis, self harm, physical ill health, death by completed suicide, alcohol specific mortality, alcohol and drug use alcohol and drug related hospital admissions.

## Leading Individual Causes of Ill Health and Early Death - P&K Mental Health Populations

Disability Adjusted Life Years (DALYs) are standardised metrics that can be used to quantify how many years of healthy lifestyle are lost due to dying prematurely or to living with the health consequences of diseases, injuries or risk factors. The Perth and Kinross Burden of Disease Mental Health data (2019) below summarises the years of healthy lifestyle lost per disorder per 100,000 people.

### Perth and Kinross Burden of Disease – Mental Health Data



Within Perth and Kinross, the leading cause of mental ill health is depression, the rate of which is 11.9% lower than in Scotland. Anxiety disorders are the next leading cause and are also 11.9% lower than in Scotland.

The leading cause of early death due to mental ill health in Perth and Kinross is Alzheimer's Disease and other Dementias, the rate of which is 23.4% lower than in Scotland. Self harm is the second cause with a 29.4% higher rate than in Scotland. It is prudent to note when considering dementia data that it is estimated that one in three people with Down's Syndrome will develop dementia and this is likely to happen at a younger age necessitating a move from traditional older people's dementia service delivery. It is inevitable therefore that given people with Down's Syndrome are adversely impacted by complex multiple morbidities, are more likely to develop dementia at a

younger age than the rest of the population, their years of healthy lifestyle lost will be inextricably increased.

### 3. PROGRESS WITHIN REPORTING PERIOD

Mental health care and treatment is delivered across a continuum to people with mental health and wellbeing issues and to people with mild, moderate, severe and complex mental illness.

Demand for all of our mental health services is high and Teams are collectively working with around 5,000 people at any given time. Accordingly, waiting lists are larger and longer than we would like them to be, particularly for Consultant Psychiatry assessment/ADHD assessment and Mental Health OT intervention within the Adult Community Mental Health Teams. Whilst there has been a **27% decline in people waiting** and all other initial mental health assessments are currently **being undertaken within 10 working days**, wait times for medical assessment by a Consultant Psychiatrist, ADHD assessment by a Consultant Psychiatrist and OT intervention are high. Within Perth and Kinross, the **Primary Care Mental Health Transformation Programme** is about to be launched to support a sustainable longer term approach to population mental health. Mental health issues are a common feature in General Practice and it is estimated that one third of GP consultations have a mental health component (Mental Health and Wellbeing Strategy 2023). Our Primary Care Mental Health and Wellbeing Nurses provide an early intervention and prevention role to people experiencing a range of mental health issues with the ability to offer 240 appointments per week when capacity is at 100%.

The model has developed differently in line with previous locality alignment structures and work is progressing to ensure equity of service provision across P&K. In particular the alignment of the model to all GP Practices and to core data collection to inform service outputs and future service developments. Perth City data is available and reflective of all the localities issues with unfilled slots and main presenting issues.



**MoveAhead** is pivotal across Perth City in delivering mental health and wellbeing interventions through community activities. The Team provide one to one and group interventions and are key collaborators in many community developments with multiple third sector, service user and statutory services. A core component of delivery is linked to the volunteers who provide highly effective support to a range of initiatives and active engagement with some of our most excluded people in our communities. MoveAhead continues to see yearly incremental increases in referrals, with 219 referrals in 2022/23, up from 195 in 2021/22 and consistently receives high service evaluations.

**Development of the Health Hub within Murray Royal Hospital.** This is based within the main foyer area of Murray Royal hospital and we have been able to secure funding to develop this area into a fully developed health hub, offering physical health and wellbeing advice to patients, carers, staff and others. It also provides the opportunity to signpost individuals to other services as well as undertaking basic health screening such as BP monitoring. This service is staffed by volunteers with lived experience.

**Development of Pan Tayside Suicide Prevention and Awareness Training.** Following the recruitment of the Partnerships Suicide Prevention and Awareness Co-coordinator in April 2022, the three Local Authority Suicide Prevention leads along with key leads in Public Health and NHS have been working together to develop a shared vision of how we could improve capacity for trainers and identify shared opportunities for training provision and development of any key resources. Locally there are regular opportunities for multiagency staff and members of the public to access the relevant suicide prevention training options in Perth and Kinross and the oversight for this sits with the Suicide Prevention Coordinators and Suicide Prevention Steering Group.

**Delayed Discharge rates across the Mental Health estate** – It is worth highlighting that collectively within all of our Mental Health service Family, we have consistently for the last 3 months achieved single figures for those being delayed for discharge within Perth and Kinross. At the time of this report there are 6 delays in total, 2 Learning Disability clients, 1 General adult acute individual and 3 within Psychiatry of old age. This is a significant improvement on previous months and is in no small part to the collegiate working between all aspects of our service as well as the specific work being undertaken through the Delayed Discharge Co-ordinator(s).

Those still awaiting discharge are primarily waiting on appropriate alternative accommodation.

**Mental Health and Wellbeing Conference and Mental Health symposium.** At the time of this report, we are currently in the process of arranging the inaugural Mental Health and Wellbeing Conference for P&K. This will be held in March 2024 and through our short life working group we have planned and identified key outcomes for the conference. We have also delivered our first Mental Health Symposium (31<sup>st</sup> October) in partnership with the Gannochy Trust. This Symposium was led by 3<sup>rd</sup> sector organisations and aimed at identifying key areas for investment and collegiate working to target Mild/Moderate Mental Health Issues as well as concentrate on Early Intervention and Prevention.

**ECT and Therapeutics service.** ECT is a highly specialised, evidence based treatment intervention delivered by our Therapeutics Team to patients experiencing the most severe, and at times, life threatening mental illness. ECT as a treatment intervention has direct impact on reducing lengths of stay in hospital and, where it is safe to be delivered on an outpatient basis, on reductions to hospital admissions. The Scottish ECT Accreditation Network (SEAN) has provided the national governance framework for the delivery of

ECT for a number of years undertaking both announced and unannounced inspections. We were recently awarded Accreditation with Excellence.

**Pharmacy Service.** Over the last 18 months, work has been undertaken to expand the role of Pharmacy into the Community Mental Health Teams (CMHT) to support Multidisciplinary Team Working, improve patient safety in relation to medicines and to explore pathway working for the Pharmacy Team between in-patient and CMHT services. The team currently consists of two Pharmacists and one Pharmacy Technician who work across the care boundaries ensuring patients are supported by Pharmacy on admission and discharge and are also involved in the Work stream for CMHT re-design as part of the “Living Life Well” strategy.

The new service has seen a successful transfer of clozapine prescribing to the Pharmacy Team and ongoing work to support the development of this pathway to improve patient care. There are Pharmacist led, independent prescribing clinics in place across all three CMHTs in Perth and Kinross ensuring continuity of access for all patients who require support with medication. The clinics have a key focus on reviewing patients with Polypharmacy and supporting these individuals to reduce their polypharmacy whilst ensuring that they get the most from their medicines. The Pharmacy Technician is available across all the teams to support with compliance reviews, adverse effect monitoring and supply issues where required and support the wider MDT with medication histories allowing prescribing clinicians to make informed decisions on treatment with the patient involved in those decisions.

The introduction of the Pharmacy Teams has also supported a refreshed look at medicines governance across the CMHTs. Perth and Kinross are represented and the Tayside Wide Medicines Management Group but from January 2024 will have a local MMG to look at the local pathways and developments needed to support patient care and robust governance in relation to medicines. This development has been welcomed by NHS Tayside Area Drug and Therapeutics Committee.

The development of the Pharmacy Team continues to support the person-centred approach to care across the Team and will continue to develop over the coming months based on the evaluation of feedback received from the team.

**Mental Health Clinical Care Governance Forum & Key Performance Indicators.** Following restructuring of our Mental Health services in 2022 we have been provided with the opportunity to develop new ways of working in regard to care and professional governance. Work has progressed across the Service to enhance our governance culture, working proactively with each Team to ensure core Key Performance Indicators are being reported on alongside Team specific indicators. Our Mental Health Services Care and Professional Governance Forum meets six weekly, is chaired by our Senior Service Manager and our Integrated Manager, and is attended by all Team Leads, our Quality Improvement Practitioner, Project Manager, Lead AHP, Lead Nurse and our Integrated Management Team. Our Forum and Standing

Agenda are informed by the overarching principles and key domains of Getting it Right for Everyone – A Clinical, Care and Professional Governance Framework for Health and Social Care Partnerships in Tayside and the P&K HSCP Care and Professional Governance Forum. Mental Health Services provides both assurance reporting and high level exception reporting to the P&K HSCP Care and Professional Governance Forum and a detailed report on the Performance of our Mental Health services will be provided to Audit and Performance Committee in December 2023. A pan Tayside Mental Health and Learning Disability Service Forum is also in the planning stages. The Key Performance Indicators (KPI's) have been collectively devised in partnership with Angus and Dundee HSCP's and agreement has now been reached that these will be universally used across Tayside.

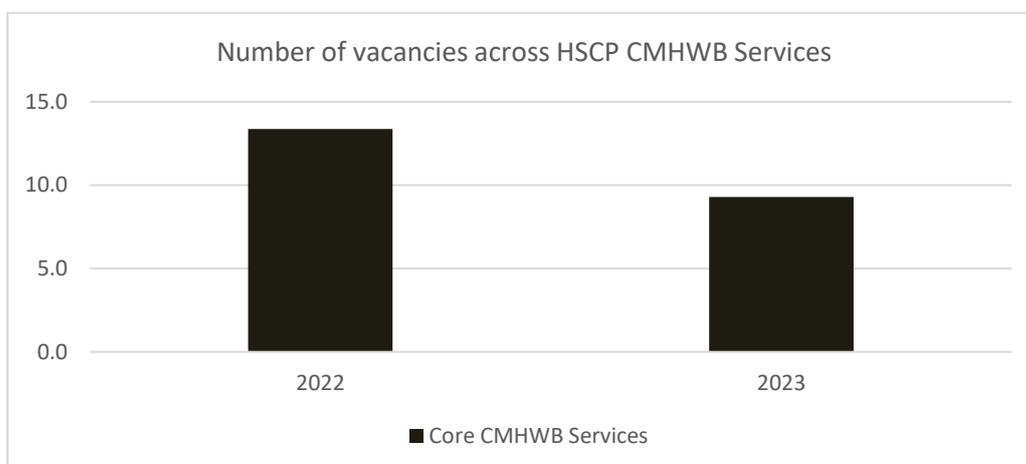
It is also worth noting the continued Pan Tayside work relating to the Strategic Mental Health Improvement Plan that Perth and Kinross HSCP staff are heavily involved with. There are 12 Key areas being addressed (see below) and this work is being regularly monitored and reported through the Executive Leadership Group. Representatives from Scottish Government meet with the wider Mental Health leadership group on a monthly basis to report on progress.

- Adult Inpatient Redesign
- Strathmartine Physical Environment
- Address Significant Delayed Discharges
- Streamline and Prioritise Change Programme
- Make Integration work
- Engage the workforce
- Engage patients, families, partners and communities
- Continue to focus on patient safety
- Integrated Substance Use
- Whole system re-design of Learning Disabilities
- Crisis and Urgent Care
- Specialist Community Mental Health Re-design

**3<sup>rd</sup> Sector Organisations** - Across Perth and Kinross it is recognised the invaluable work that our 3<sup>rd</sup> Sector organisations provide for Mental Health and Wellbeing Support. Many services work in a collegiate manner with statutory services in order to ensure the key principles of community focused and person centred care and support. The Annual Commissioned Services report highlights how these organisations work and the differences made. The level of investment for our 3<sup>rd</sup> Sector services is also identified within the report. As well as this identified resource, it is also worth noting the continued funding of circa £400k for the Community Mental Health and Wellbeing Fund for this financial year as well as the recently allocated Budget Motion monies of £100k for the promotion of Mental Health and Wellbeing which has been allocated across a broad reach of 3<sup>rd</sup> sector services.

**Workforce** – Over the last 12 months we have seen an improvement in our recruitment and retention, particularly amongst our Registered Mental Health Nursing cohort. In 2022 we had a vacancy factor of over 13.5% (excluding Adult Consultant Psychiatrists), in 2023 we have reduced this vacancy rate to just over 9%. There is anecdotal evidence to suggest that P&K HSCP is

becoming an increasingly attractive organisation to work within and recent feedback has informed us that it is believed we are a supportive, nurturing and forward thinking organisation.



#### 4. KEY CHALLENGES

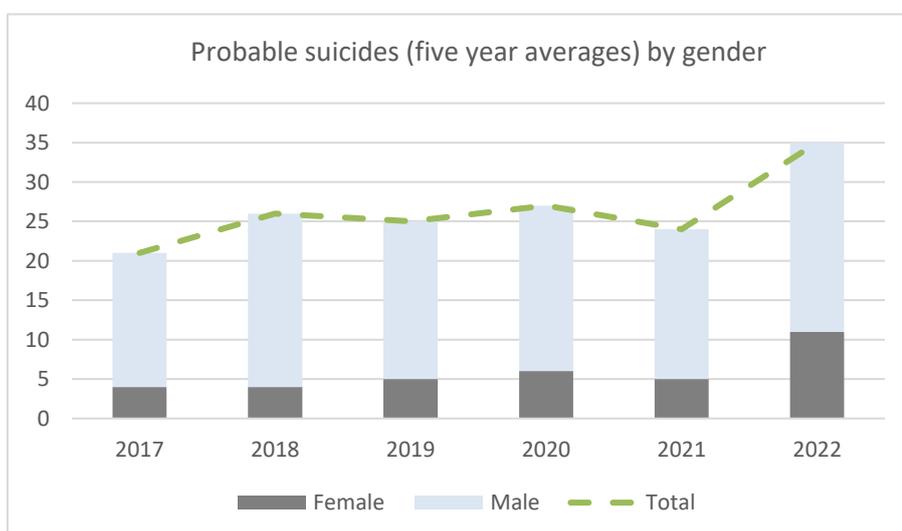
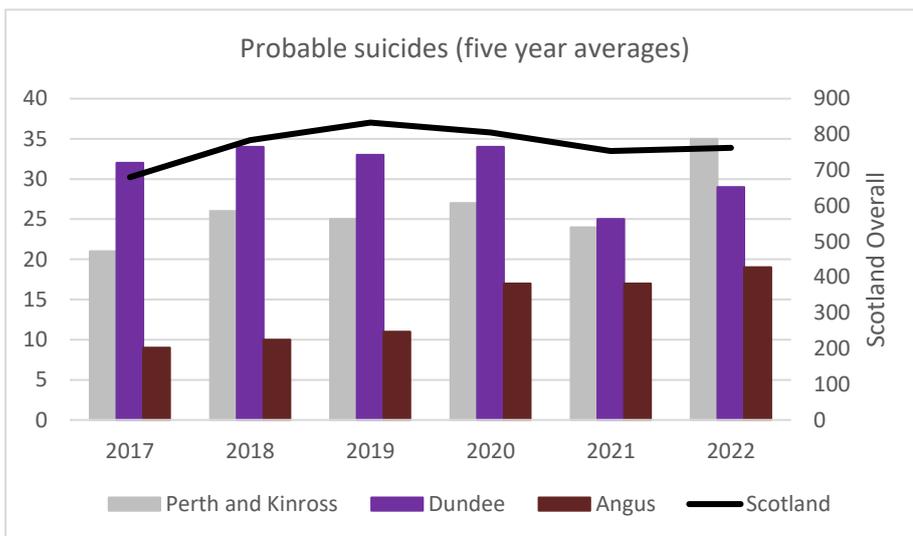
The challenges we face within our Mental Health services in Perth and Kinross are similarly mirrored across Scotland as a whole.

**Recruitment and Retention of Staff** – This remains our biggest challenge, not just within Mental Health but across all services and sectors. Over the last 12 months recruitment to our Mental Health Nursing establishment has somewhat improved and we are not experiencing any risk areas for recruiting issues for Mental Health nurses. Unfortunately we continue to experience significant difficulties with the recruitment of both Medical workforce and Allied Health Professionals, particularly Occupational Therapists and as highlighted earlier in this report, this is causing substantial issues with waiting times for some Mental Health assessments. Then reliance on Consultant Locum Psychiatrists within our Community Mental Health Teams is an ongoing issue and is a consistent theme related to complaints received from service users.

**Winter Pressures and increased demand** – The HSCP undertakes a robust winter planning exercise each year to try and deal with anticipated pressures. Mental Health services are always included within the plan. Over the last 3 years, we have noticed that winter pressures appear to be accumulating earlier than the traditional winter period and this is potentially indicative of the population becoming older and more frail, the percentage of people aged 60-75 increasing from 19% to 22%, and the percentage of people aged over 75 rising from 11% to 15%, as well as the continued after effects of the COVID pandemic.

**Deaths Due to Completed Suicide** - Perth and Kinross has a higher than average rate of suicide with the rates for men being higher than the mean for Scotland. This may reflect the influence of rurality; however, it remains a higher rate than would be expected given the relatively low rates of deprivation in Perth and Kinross.

Within P&K, the mean age of death by suicide is 45 years, 69% of deaths occur at home with the predominant means of death being hanging/strangulation/suffocation. A high percentage of deaths occur in the summer months. The numbers of deaths by completed suicide fluctuate within Perth and Kinross however Perth City rates are particularly high. A multi-agency strategic commitment to suicide prevention is now in place within Perth and Kinross with plans to ensure robust interventions at the early intervention, crisis and postvention stage. Crisis and urgent care pathways are under review across Tayside and there has been local investment into The Neuk and DBI to provide urgent intervention and support to severely distressed individuals within the community, including those who are feeling suicidal. One of our key aims is to ensure that people who present in distress or crisis should have a range of options of help and support to reduce the need to admit a person to hospital. We are also working with our partners across the 3<sup>rd</sup> sector to improve access to services and ensure people can receive the support they need in a way that is appropriate and works well for them. We are working collectively with The Neuk, Police Scotland and NHS Tayside's Crisis Team, to test a Mental Health and Substance Use Crisis Triage Model. This model will support people to remain within their communities and implement safeguarding measures whilst under the influence until a mental health assessment is viable.



**Future financial challenges** – There continues to be challenges surrounding future funding and this appears to be across all aspects of Public Sector finances at this time.

## 5. FINANCIAL FRAMEWORK

In addition to core budgets, the PKHSCP Community Mental Health and Wellbeing Strategy 2022:2025 was supported by c£1m of additional recurring funding. The HSCP is currently undergoing financial planning for the next 3 year budget 2024/25 to 2026/27 and will consider the investment to date and future funding requirements.

## 6. CONCLUSION

- 6.1 There has been continued progress within the 2nd year of the Strategy's delivery. This is in no small part due to the collegiate working between statutory and 3<sup>rd</sup> sector colleagues. It is recognised that there has also been significant investment within our services. Any risks to future funding streams will be managed through the 2024/25 PKHSCP budget process.
- 6.2 In the absence of additional Scottish Government funding and the ongoing national difficulties being faced with Mental Health recruitment and retention, we will see increased pressures upon our collective services.

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**NOTE:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>YES</b>
Transformation Programme	<b>YES</b>
<b>Resource Implications</b>	
Financial	<b>YES</b>
Workforce	<b>YES</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>YES</b>
Risk	<b>YES</b>
Other assessments (enter here from para 3.3)	<b>NO</b>
<b>Consultation</b>	
External	<b>YES</b>
Internal	<b>YES</b>
<b>Legal &amp; Governance</b>	
Legal	<b>NO</b>
Clinical/Care/Professional Governance	<b>YES</b>
Corporate Governance	<b>N/A</b>
<b>Directions</b>	
<b>Communication</b>	
Communications Plan	<b>YES</b>

### 1. Strategic Implications

#### Strategic Commissioning Plan

1.1 The Strategic Delivery Plan supports the delivery of the Perth & Kinross Strategic Commissioning Plan in relation to all five deliverables below:

- 1 prevention and early intervention,
- 2 person centred health, care, and support
- 3 work together with communities
- 4 inequality, inequity, and healthy living
- 5 best use of facilities, people, and resources

The P&K HSCP Community Mental Health and Wellbeing Strategy also compliments these ambitions and is focused upon delivering the best possible outcomes for our communities.

### 2. Resource Implications

#### Financial

2.1 Financial implications are set out in the Mental Health and Learning Disabilities Financial plan. This is reviewed regularly and forms part of the Partnership Annual Strategic Financial framework.

## Workforce

- 2.2 Workforce implications are clearly highlighted within the main body of the report. These reflect the Partnerships overall risk rating for workforce requirements as well as the workforce planning document.

### **3. Assessments**

#### Equality Impact Assessment

- 3.1 Under the Equality Act 2010, PKC and NHS Tayside is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the HSCP to demonstrate that it is meeting these duties.

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

- (i) Assessed as **relevant** previously and the following positive outcomes expected following implementation: to continue taking into account the statutory obligation to ensure due regard to the removal of inequity of outcomes as a result of socioeconomic disadvantage or characteristics protected under the Equality Act (2010). Each programme of work will complete an Equality and Fairness Impact Assessment to allow the early identification of risks in this regard, and enable the implementation of satisfactory mitigations.

#### Risk

- 3.2 The IJB's strategic risk register aims to identify risks that could impact on the achievement of PKIJB's objectives. The register includes strategic risks related to workforce, financial resources, and viability of external providers for which the development and implementation of the Community Mental Health and Wellbeing Strategy is a key mitigatory measure and expected to be a positive influence on the risk exposure for the risks identified above. The success of the SDP will have a significant influence on the IJB achieving its objectives.

#### 3.3 Other assessments

Measures for Improvement – Key Performance Indicators are being embedded to gather and analyse data and information around progress.

Patient Experience – Regular patient and service user feedback is already collated through care opinion and feedback and complaints. Learning from any adverse events is in place and fed through local governance groups and the P&K Clinical Care and Professional Governance Group (PKC) and the Quality and Performance Review Forum (NHST).

Health and Safety - No major health and safety implications have been identified.

Benefit Realisation – The CMH&WB Strategy sets out the aim of benefitting the people of Perth & Kinross by ensuring access to the right care at the right time and in the right place for all. This will put the person at the centre of the decision-making process in relation to their treatment, support, and care. Health and social care services will work together, and with a range of external stakeholders, to make sure people can access the care and support that is best for them at the point of need.

Quality – The CMH&WB Strategy will use quality improvement approach to promote a culture of continuous quality improvement is key to all our programmes of improvement and transformation.

#### **4. Consultation – Patient/Service User first priority**

##### External

- 4.1 Service user feedback is regularly sought through Care Opinion and the Service User feedback survey (SUPER) and analysed for reporting through our Key Performance Indicators.

##### Internal

- 4.2 Consultation with Key stakeholders is undertaken on a regular basis through the Community Mental Health and Wellbeing Strategy Group.

##### Impact of Recommendation

- 4.3 N/A

#### **5. Legal and Governance**

Governance and assurance is provided through the Mental Health Clinical Care Governance Forum. This has multi-professional representation. Any relevant exceptions and updates are reported into the HSCP's wider Clinical and Professional Care Governance Forum.

#### **6. Directions**

There are no directions required for NHS Tayside and Perth & Kinross Council in relation to the contents of this paper.

#### **7. Communication**

The Community MH&WB Strategy and associated action plan will be closely monitored and supported through the Mental Health and Wellbeing Strategy Group, and where appropriate the PKHSCP Transformation Board. This forum will be supported by key themes sub-groups and updates and communications will be provided to EMT and IJB accordingly.

**2. BACKGROUND PAPERS/REFERENCES**

N/A

**3. APPENDICES**

N/A.