



Perth and Kinross Integration Joint Board

14 December 2022

ANNUAL UPDATE ON COMMUNITY ADULT MENTAL HEALTH SERVICE – PERTH AND KINROSS

**Report by: Chris Lamont, Senior Service Manager Mental Health Service, P&K
HSCP
(Report No. G/22/198)**

PURPOSE OF REPORT

This report provides the Integration Joint Board on progress to date of Perth and Kinross' Community Mental Health and Wellbeing Strategy (CMHWP). This will include highlighting areas of success as well as key challenges.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked 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 2.

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 Listen Learn Change action plan which was developed following the report.

Throughout the past year significant 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.

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 3rd 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 3rd sector organisations.

3. PROGRESS TO DATE

Development of Local MH directory – A directory of all services including statutory and 3rd sector organisations has been developed. This is an electronic document and has been uploaded onto PKC/HSCP website for ease of access. Current discussions with Communications team taking place to get disseminated more widely. An example of available services, with how to access them and types of intervention can be seen in [Appendix 1](#).

Suicide Awareness and Prevention Co-ordinator – A dedicated suicide awareness and Prevention co-ordinator (Adult) for P&K was recruited in April 2022. This role is key to the planning and delivery of training as well as data gathering around suicide rates across Perth and Kinross. We are in the process of developing a collaborative training package with the School of Health Sciences at Dundee

University. This training will focus on Suicide Awareness & Prevention for all of our Key Stakeholders in Perth and Kinross and will deliver on evidence-based resources developed by NHS Education for Scotland. We have previously worked in conjunction with Dundee University during the pandemic and this proved highly successful with the delivery of webinar sessions to over 200 individuals relating to supporting people in mental health distress, crisis and at risk of suicide.

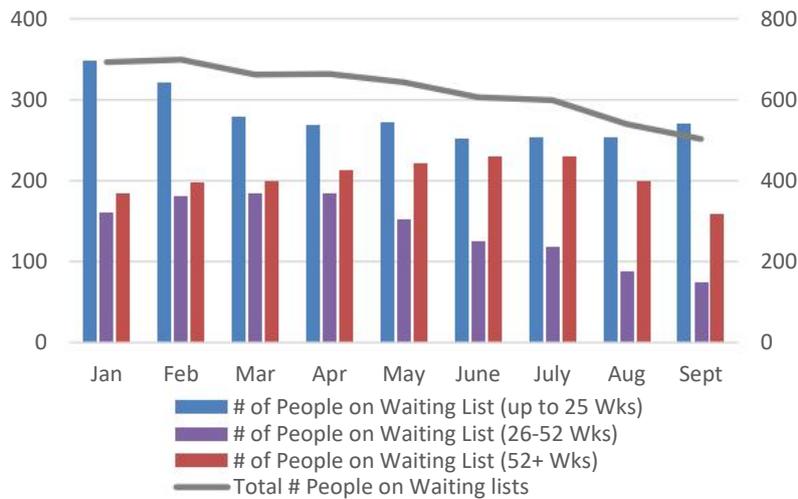
Children and Education Services have also recruited a dedicated Suicide Awareness and Prevention Co-ordinator for Children, young People and Families and these two roles will work closely together to ensure an all age approach.

Enhanced Physical Health Monitoring – It is widely recognised that those with significant mental health issues have a higher morbidity and mortality rate relating to physical health conditions. We have commenced weekly physical health monitoring clinics, being delivered by our Community Mental Health Nurses, across the 3 locality areas. These clinics aim to identify early symptoms of physical ill health and offer support and advice on how to avoid it progressing.

Pathway development for those with Substance Use and Mental Health issues – In conjunction with Alcohol and Drug Partnership colleagues, who also attend the MHWBSG, we are developing a pathway of care for those with Mental Health and Substance Use issues. This will ensure that individuals will receive appropriate treatment irrespective of their presentation. This pathway development contributes to the Medically Assisted Treatment (MAT) Standard 9 as requested by Scottish Government guidelines.

Increased use of digital technology for consultations & waiting times – We have increased the availability of digital technology to service users, particularly in rural areas. This has proven very effective, particularly for Consultant Psychiatrist appointments and has enabled us to be more flexible in our support. As can be seen in the chart below, waiting lists haven't increased and in some areas reduced, this is in part due to the use of digital technology. CMHWB Services have been successful in reducing the number of people on waiting lists for services, as well as bringing down the number of people waiting for core MH services (Community Psychiatry, General Psychiatry (Mental Illness) and Psychiatry of Old Age). Between January 2022 and September 2022 (latest), there has been a 27.42% decline in people waiting for services. The number of people waiting over 52 weeks has reduced by 13.59%, down from 184 to 159. This is a notable achievement, especially given the increase in referrals to our Community Mental Health teams

Table: Number on Waiting Lists. CMHWB Core Services



Perinatal Mental Health service commenced – In conjunction with NHS Tayside, we now have a dedicated resource within Perth and Kinross to deliver Perinatal Mental Health Care. It has been acknowledged for some time that this is an area requiring development, particularly due to 27% of new and expectant mums developing Perinatal Mental Health problems.

Development of Advanced Nurse Practitioner Roles – We have commenced the development and recruitment of Advanced Nurse Practitioners (ANP’s) within our Community Mental Health Teams. The role of the ANP is to provide expert advice and treatment relating to complex mental Health issues. We have already seen a reduction in those waiting for ADHD assessments within Perth city due to this role. As can be seen in the financial section of this report, previously agreed funding for ANP’s by NHST has now been revoked, leaving the service at risk. This is a key priority of our services and will significantly impact our ability to deliver a robust service if unable to recruit.

Reporting on Key Performance Indicators for Local Mental Health – We have recently developed a range of Key Performance Indicators ([Appendix 2](#)) as well as a performance framework for Mental Health. This is in the final stages of being approved and will be used to measure key areas across our mental health services, both Angus and Dundee HSCP’s have been consulted in relation to these and are interested in adopting our model.

Implementation of Distress Brief Interventions – From April 2022 we have commissioned Distress Brief Interventions (DBI) to be delivered across Perth and Kinross. This is in line with the National Mental Health Strategy (2017-2027) to have all Local Authority areas delivering DBI’s by 2025.

A Distress Brief Intervention is a time limited and supportive problem-solving contact with an individual in distress. It is a two-level approach. DBI level 1 is provided by front line staff and involves a compassionate response, signposting and offer of

referral to a DBI level 2 service. The level 2 service is being delivered by Penumbra and is based within the Neuk Crisis Hub. To date the service has received 6 referrals through the level 1 primary referrer (Police Scotland). It has been agreed with the GP Lead for Mental Health and the Senior Service Manager for Mental Health that this referral route should be expanded to Primary Care services to improve uptake.

Improved localised crisis support – Throughout 2022, the delivery of Crisis Mental Health services across Perth and Kinross has been enhanced by the Neuk crisis hub. This hub delivers crisis support and interventions to both Adults and Young People (The Lighthouse) 365 days a year. The service is delivered through 3rd sector organisations and work very closely with other providers of Mental Health provision, particularly the Community Mental Health Teams, Police Scotland and Local Primary care services. The support delivered is both through telephone contact and face to face interventions and the service has estimated that they are supporting between 110-150 people at any given.

Action 15 investment and increased Mental Health resource – Over the past 4 years Perth and Kinross have recruited 45 additional posts through allocated Action 15 Mental Health monies. These posts have been recruited between HSCP and 3rd sector organisations.

The original funding allocation required us to deliver 21.8 new mental health positions by the end of the funding period. In January 2022, the Scottish Government enquired if we felt confident in recruiting additional posts and additional funding would be made available. This was due to our significant success in surpassing our allocation of posts and the overall national target not being met.

To date we have increased capacity within the following areas, although these areas are not exhaustive:

- Increased Social Work Assistant resource. These staff have been aligned to the 3 Community Mental Health Teams and are supporting discharge planning from the in-patient areas as well as supporting social care needs.
- Capacity increased within Primary Care Mental Health Nursing. An additional 3 Mental Health Nurses have been funded across Perth and Kinross, making a total of 9 Primary Care and Mental Wellbeing Nurses.
- Early Intervention and Prevention Team have dedicated Mental Health Resource. We have employed 2 dedicated Mental Health Nurses to work within the Early Intervention Prevention Team. This was highlighted as a key area for support due to the high numbers of individuals with mental health issues being referred into the service.
- GP Link role developed between Primary Care and Mental Health. We now have a dedicated GP with a link role between Mental Health and Primary Care. This is proving successful in helping to develop both an interface between the 2 services, but also plan future models of delivery.
- Increased Mental Health Officer resource (MHO). We have increased MHO posts within the service to help support those who are placed under statutory Mental Health legislation.

Local Mental Health Service redesign – Over the past 6 months the HSCP has undergone a redesign of our Mental Health and affiliated services under one structure. This structure encompasses, Adult Community Mental Health services, Older Peoples In-Patient Mental Health services, Integrated Learning Disability Services, Integrated Substance Use services and Primary Mental Health services. The purpose of this redesign is to ensure consistency across all services, pool resources and make the service more responsive and flexible. We are still in the process of finalising the operational management around these services.

The 3rd sector organisations across Perth and Kinross are invaluable in what they provide for Mental Health and Wellbeing support. Working in a co-produced manner between 3rd sector and statutory services is paramount to delivering a comprehensive Mental Health and Wellbeing service. The Annual Commissioned Services Report highlights 3rd sector organisations who are commissioned to deliver Mental Health support, this amounts to over £550k in funding. These organisations offer and deliver a variety of support including a Recovery College, person-centred support for people with Autism, support for individuals with significant mental health issues, including their families and supports, support for people with Huntington's disease and helping individuals to gain skills and knowledge and live a healthier more independent life. A variety of 3rd sector organisations also receive £440k funding from the Scottish Community Mental Health and Wellbeing Fund via PKAVS, the Perth & Kinross 3rd Sector Interface Group. This funding focuses on reducing health inequalities related to mental ill health including poverty, discrimination and minority groups who find it difficult accessing support.

It is important to note the valued contribution 3rd sector colleagues provide to the Mental Health and Wellbeing Strategy group. Approximately half of the attendees are from 3rd sector organisations as is the vice chair of the group. Having 3rd sector insight and knowledge has helped formulate a balanced approach to what we are aiming to deliver.

Our progress during 2021/22 in delivering agreed priorities is set out in the PKHSCP **Annual Performance Report 2021/22 (APR)**. Within the Mental Health section of the report, it highlights progress relating to;

- Reducing suicide through education, training and awareness raising and increasing this resource.
- Recruiting and developing Mental Health Advanced Practitioners to improve care and treatment.
- Increasing the availability of Distress Brief Interventions.
- Continuing to develop the Crisis Hub and planning to expand its availability.
- Exploring the implementation of a Health and Wellbeing Hub in partnership with other organisations.
- Developing a resilient and sustainable future workforce.

Similarly, we have been involved with working collaboratively with the Community Planning Partnership to input and deliver on the Perth and Kinross Community Plan – Local Outcome Improvement Plan 2022 - 2032. Within the section of the plan titled '*Physical and Mental Wellbeing*' we have reflected our ambitions of what we

aim to achieve across our population and within our communities. Some of the key areas prioritised in the CMHWP Strategy are reflected within the Community plan including;

- Review Active Perth and Kinross Strategy, with a focus on removing barriers for key demographics.
- Establish, disseminate, and biennially update a register of all mental health and wellbeing services in Perth and Kinross across relevant statutory and Third Sector organisations.
- Identify and invest in prevention measures around locations of concern.
- Provide crisis intervention and recovery services in Perth City.

It is clear that given our progress to date around many of these areas as well as the involvement and co-ordinated working with the 3rd Sector, the Community Mental Health and Wellbeing Strategy, the Annual Performance Report and the Community Plan are delivering in tandem across Perth and Kinross.

4. KEY CHALLENGES

Although we have seen considerable progress over the last 12 months, there are undoubtedly significant challenges which we are facing. Some of these are immediate and some are longer term. These are highlighted below.

Recruitment and Retention of Staff – This is possibly our biggest issue within the service and is impacting across all areas. It is recognised that there are major staffing problems on a national scale, particularly amongst the Medical, Nursing and Allied Health Professional (AHP) workforces.

Locally within Mental Health we are reliant upon Locum Consultant Psychiatrists within our adult services and this has a direct impact upon delivering a consistent model of care. Recruiting Locums is extremely expensive and the lack of availability of medical staff is the main reason for the increased number of complaints that the service has witnessed over the last 2-3 years.

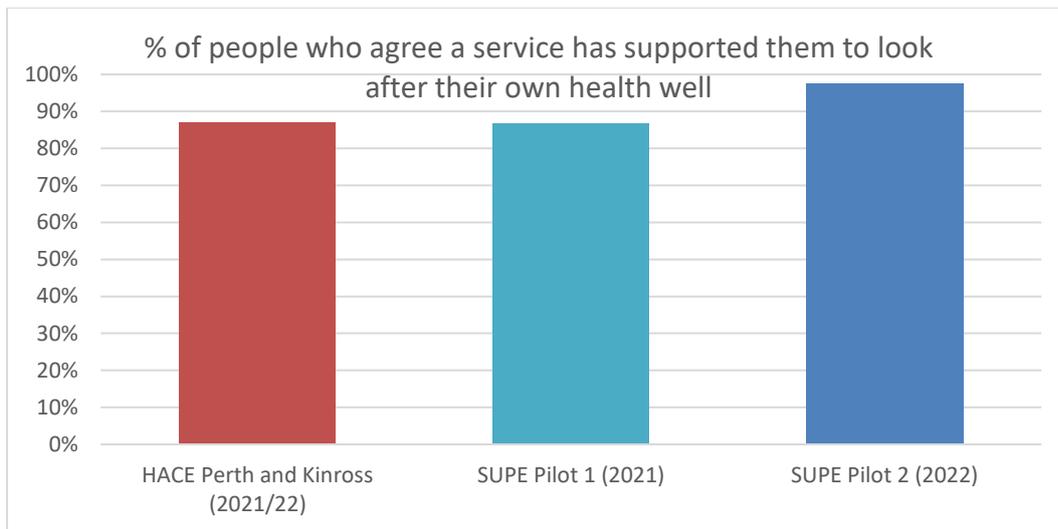
Recruiting and retaining nurses and AHP's is also proving increasingly difficult, we currently have a 12.92% vacancy factor within our Community Mental Health and Wellbeing services. This is due to the general lack of available staff across the country and all HSCP's and Health Board areas are 'fishing from the same pond'. This makes recruitment a consistent challenge and as a result these risks have been placed on the HSCP risk register at Red status.

In order to try and mitigate these risks, we are currently involved in a Tayside wide series of workshops and planning sessions around a redesign of our Community Mental Health Teams. These are exploring the use of GP specialists instead of Consultants, the utilisation of Associate Practitioners instead of registered Mental Health Nurses and exploring Allied Health professional roles in areas such as prescribing pharmacists. As previously highlighted we have commenced a re-design of our Mental Health 'Family' of services and we are hoping this will make the roles and teams more attractive for recruitment. We are also keen to develop our Primary Care Mental Health Service. It is hoped that this will enable individuals with mild to moderate mental health issues to access support and treatment easier and quicker. This will be a collaborative approach with 3rd sector organisations and by developing

the Primary Care Mental Health service, we should enable the CMHT's to have capacity for supporting those with the most complex Mental Health needs.

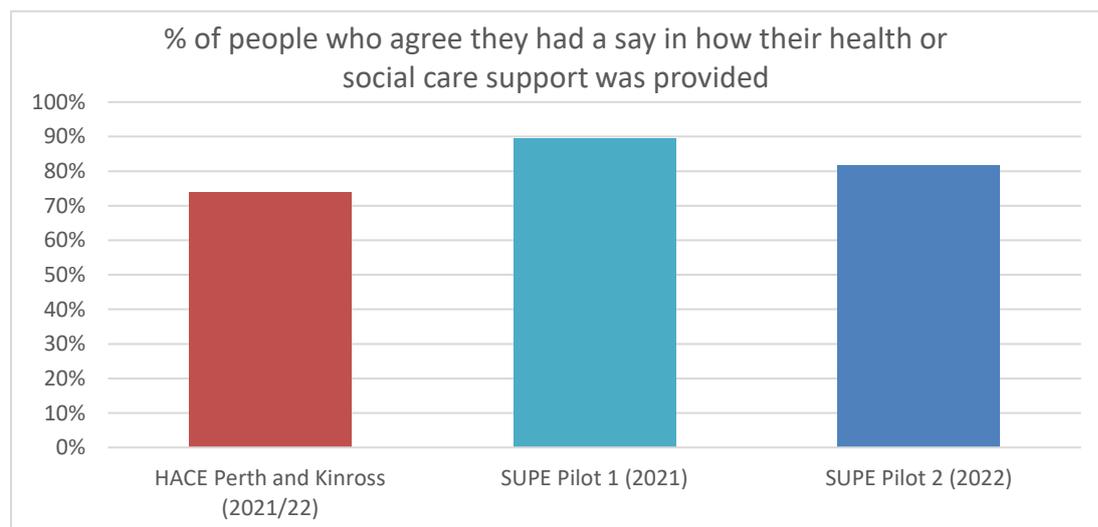
Despite these challenges we continue to receive positive service user feedback in relation to being involved in the planning and treatment of care as well as the support individuals receive. Please see Table below:

Percentage increase in people who feel the service supported them to look after their own health



**All SUPE Survey results shown against their comparative, latest HACE question results.
Source: SUPE Survey – P&K HSCP Business Improvement Team*

Percentage increase in people who feel they had a say in how their health or social care support was provided



Source: SUPE Survey – P&K HSCP Business Improvement Team

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 2 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 after effects of the COVID pandemic.

Within Mental Health we continue to experience delays for patients requiring discharge from in-patient care in a timely manner, this is primarily due to awaiting care packages. At the time of this report, there are 5 Perth and Kinross delayed residents within acute adult mental health inpatients and 8 delayed patients within older peoples mental health inpatient care. As highlighted previously, we have recruited 3 additional social work assistants to align with the Community Mental Health Teams to help support the discharge planning process from in-patients to community services.

Referrals into our Community Mental Health Teams (Adult and Older People) continues to rise. In September 2022 there were a total of 260 referrals received across all 3 localities. This compares to 190 in January of this year. There has also been a noticeable increase in referrals relating to individuals requiring ADHD assessments.

Future financial challenges – As outlined below in detail, the recent announcement of significant reductions in Mental Health funding across Scotland (circa £38 million) has caused uncertainty as to our planned future investment across our services.

5. FINANCIAL FRAMEWORK

The PKHSCP Community Mental Health and Wellbeing Strategy 2022:2025 Financial Framework set out recurring investment of £0.961m across a range of existing and new services in Year 1 funded in full by additional anticipated Scottish Government (SG) funding for Mental Health (£0.838m) and an anticipated funding for ANP Posts from NHS Tayside (£0.122m). No further investment was set out as required for 2023/24 and 24/25. When PKIJB then approved the 3 Year Budget 2022:2025 in March 2022, updated SG funding assumptions increased the proposed investment to £1.017m equating to a proposed 25.2 WTE increase in staffing. Table 1 summarises the planned increase in staff along with the current status of recruitment.

Table1 2022/23 PKHSCP Approved Investment Community Mental Health & Wellbeing

	Plan	Plan	
	WTE	£'000	Status
Community Mental Health Investment			
Mental Health Social Worker	2.00	107	Recruited
Social Work Assistants - MH Action 15	3.00	111	Recruited
Social Prescribers - MHA 15	3.00	108	Recruited
Suicide Prevention Officer	1.00	61	Recruited
Adult MH Advanced Nurse Practitioners	4.00	257	Lead ANP and 1 WTE not recruited
Additional Community MH Team Staffing	6.00	235	2.5 WTE recruited
Mental Health Support Workers	3.00	99	2 WTE recruited
Mental Health Lead GP	0.20	25	Recruited
Increased Mental Health Demand	N/A	14	Non Pay Balance
Approved 2022: 2025 Budget March 2022	22.20	1,017	

The additional recurring income streams required to fund the above investment are set out at Table 2 below along with an update on their status.

TABLE 2 2022/23 Recurring Income Anticipated to support Community Mental Health Investment

2022/23 Anticipated Recurring Funding		£'000	Status
SG Additional MH Action 15 Funding		(438)	Not received or confirmed
SG Recovery and Renewal Funding		(111)	Received
SG Mental Health in Primary Care Fund		(265)	Not received or confirmed
NHST IPMH Funding		(121)	No longer anticipated
SG £200m top slice		(56)	Received
TOTAL Funding	0	(991)	

NHS Tayside have indicated that due to the scale of the overspend forecast on IPMH for 2022/23 funding for ANP's previously agreed will not be possible. Further, the Scottish Government have indicated that their significant 2022/23 budget deficit means that they may not be in a position to now provide the funding previously committed across a range of policy areas across the Health and Social Care Portfolio. This may instead be used to provide funding for pay increases. They have advised that recruitment to HSCP Mental Health posts should cease meantime and a further funding update is anticipated at the end of November 2022. Until such a time as funding confirmation PKHSCP EMT has paused recruitment to vacant posts outlined at Table 1 above in line with guidance received from Scottish Government.

The provision of a Crisis hub is an identified priority of the strategy. This service is currently being delivered within Perth and Kinross by The Neuk utilising funding external to the Health and Social Care Partnership. Discussions have recently commenced with the service provider around future financial sustainability.

6 CONCLUSION

- 6.1 There has been significant progress within the first year of the Strategy's delivery. This is in no small part due to the collegiate working between statutory and 3rd 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 2023/24 PKHSCP budget process.
- 6.2 It is apparent that given recent budgetary announcements and the ongoing national difficulties being faced with Mental Health recruitment and retention, we will see increased pressures upon our collective services. This presents opportunities as well as challenges and we will continue to work collaboratively to ensure that we deliver the best possible services across Perth & Kinross.

Appendix 1. Mental Health Pathway and available services
Appendix 2. Mental Health Key Performance Indicators – Draft

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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