

**DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)**

**ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

<b>Direction:</b> Adult Mental Health		<b>Direction to:</b> SIC and NHSS		<b>Overall Budget allocated by IJB for Direction:</b> NHSS £2,033,451 (Inclusive of £156,821 Action 15 monies) SIC £610,622	
<b>Reference Number:</b> 2.9		<b>Relevant Function(s):</b> Adult Mental Health (Community Psychiatric Service, Psychological Therapies Service, Substance Misuse Recovery Service, Dementia Assessment Service, Community Mental Health Support Services)		<b>Review Date:</b> September 2022	
<b>IJB Report(s) Reference Number:</b> CC-07-22-F					
<b>Date Direction issued/authorised by IJB:</b> 9 <sup>th</sup> March 2022		<b>Date Direction takes effect:</b> 1 <sup>st</sup> April 2022		<b>This Direction supersedes existing Direction:</b> CC-28-20F2	
<b>How does the Direction link to:</b>	Strategic Plan Actions and Outcomes: 1,2,3,4,5	IJB Key Priorities: 2,3,4,5,7,9,10,15,17,18.	National Health and Wellbeing Outcomes: 1, 2, 3, 4, 5	National Planning and Delivery Principles: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12.	

<b>Purpose of Direction</b>	
<p>The provision of:</p> <ul style="list-style-type: none"> <li>• Community Psychiatric Service</li> <li>• Psychological Therapies Service</li> <li>• Substance Misuse Recovery Service</li> <li>• Dementia Assessment Service</li> <li>• Community Mental Health Support Service</li> <li>• Specialist Services through Service Level Agreement with NHS Grampian</li> <li>• Specialist Services through Managed Clinical Networks</li> </ul>	

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>The provision of:</p> <ul style="list-style-type: none"> <li>Community Psychiatric Service (NHS):</li> </ul> <p>Provision of a comprehensive psychiatric service to adults (18+) by Consultant Psychiatrist, Community Psychiatric Nurses (CPNs), Psychiatric Liaison Nurse, Specialist Social Worker / Mental Health Officer (MHO)</p> <ul style="list-style-type: none"> <li>Psychological Therapies Service (NHS)</li> </ul> <p>Provision of Psychological Therapies Service for patients who have mild to moderate and severe to extreme distress as a consequence of life events or health conditions (depression, anxiety, personality disorder, suicidal ideation, trauma, substance use)</p> <p>Provision of population wide 'Stress Control' classes</p> <ul style="list-style-type: none"> <li>Substance Misuse Recovery Service (NHS)</li> </ul> <p>Provision of a Substance Misuse Recovery Service for adults (16+) by Consultant Psychiatrist, GP with Special Interest (GPwSI), Specialist Nurses, Recovery Workers. This service should be recovery focused and trauma informed and meet the Quality Principles: Standard expectations of care and support in drug and alcohol services. The service will include medication assisted treatment, psychosocial interventions and harm reduction interventions</p>	<p>There are 30 Mental Health Quality Indicators; 27 of which are relevant to Shetland Adult Mental Health Services. <b>n.b</b>, those with an asterisk are currently being collected, those without are not yet required by Government.</p> <ol style="list-style-type: none"> <li>Psychological Therapies 18 week waits*</li> <li>Drug &amp; Alcohol 3 week waits*</li> <li>Unscheduled presentations referred to specialist mental health services within 4 hours</li> <li>First presentation psychosis patients start treatment within 14 calendar days of referral</li> <li>Suicide rates*</li> <li>Discharged psychiatric inpatients follow-up by community mental health services within 7 calendar days*</li> <li>Unscheduled care presentations where self-harm is a presenting feature *</li> <li>People prescribed lithium who experienced Lithium toxicity in past 12 months*</li> <li>Carers of people with mental health problems who feel supported to continue caring</li> <li>Adults with mental health problems supported at home who agree that their services and support had an impact in improving or maintaining their quality of life*</li> <li>People with mental health problem that agree with statement "people took account of the things that mattered to me"</li> <li>Number of people with advanced statements registered per year with the Mental Welfare Commission for Scotland</li> </ol>

- Dementia Assessment Service (NHS)

Provision of a specialist diagnostic service for Dementia.  
Provision of a quick-response stress/distress/behavioural symptom management service.

- Community Mental Health Support Service (SIC)

Provision of Community Mental Health Support Services including supported accommodation, Outreach Service and Skills Centre

- Specialist Services through Service Level Agreement with NHS Grampian (NHS)

Provision of in-patient care.

Provision of specialisms for: learning disabilities, neuropsychology, older adults (including dementia), forensic (both in patient and community), eating disorder out-patients, transgender service, substance use.

- Specialist Services through Managed Clinical Networks (NHS)

Multi agency provision of services to violent / vulnerable mentally disordered offenders and Forensic Psychiatry (through North of Scotland Forensic Mental Health Network)

Multi agency provision of services to eating disordered individuals through the North of Scotland Eating Disorder Managed Clinical Network

Multi agency provision of services to individuals through the North of Scotland Peri-Natal Managed Clinical Network

Multi agency provision of services to individuals through the Early Intervention Psychosis (IEP) teams

13. People in mental health services seen for at least 1 month that show improvement in any personal outcome measurement over the previous month
14. Number of days people spend in hospital when they are ready to be discharged
15. People prescribed antipsychotics for reasons other than psychoses and bipolar disorder treatment
16. People with severe and enduring mental illness and/or learning disability who have had their BMI measured in the last 12 months
17. People seen for at least 1 month that show improvement in functioning using any clinical outcome measurement over the previous month
18. People seen for at least 1 month that show improvement in symptom severity using any clinical outcome measurement over the previous month,
19. Rate of emergency bed days for adults
20. Readmissions to hospital within 28 days of discharge
21. Total psychiatric inpatient beds per 100,000 population
22. Total mental health spend as percentage of total spend
23. Did not attend appointments for community based services of people with mental health problems\*
24. Premature mortality rate for persons in contact with mental health services
25. Number of Emergency Detention Certificates per 100,000 population
26. People with a severe and enduring mental illness and / or a learning disability who have had an annual health check in last 12 months \*
27. Caseload with an anticipatory care plan

Substance misuse performance indicators

- Number of people with substance use issues who are supported to recover within their own community
- Numbers of drug related deaths
- Numbers of alcohol related admissions and discharges

Multi disciplinary provision of Dementia support via the Service Level Agreement with NHS Grampian

Multi disciplinary provision of Learning Disabilities/MH service via the Service Level Agreement with NHS Grampian

- Number and percentage of substance use clients discharged from service having met their outcomes

Objectives:

Contribute to the delivery of local priorities that support the community to have improved health and wellbeing, lead healthy lives that maintain independence and allow people to contribute to society in a positive way through Shetland's Partnership Plan; the Joint Strategic Commissioning Plan; the Shetland Alcohol and Drugs Partnership Strategic Plan; and the National Health and Wellbeing Outcomes.

The service aims to enable people with enduring mental illness and/or substance use issues to live as independently as possible within the community.

The service aims to enable people with mental health/substance use issues to recover and achieve independence without the need for further service input.

The service aims to support carers/families to be enabled to continue to provide unpaid support.

Improvement Plan							
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates
Reduction in presentation/admission to Gilbert Bain Hospital and improvement of care provided to those patients admitted/presenting to GBH who have been identified as having mental health issues	<p>Introduction of sustainable, safe and high quality nurse- led out of hours service</p> <p>Redesign of current nursing team to be able to provide some crisis intervention and sustainable home treatment options</p> <p>Scoping/audit of presentations to A&amp;E.</p> <p>Development of pathways for the different presentations</p>	<p>Reduction of out of hours presentations resulting in admission.</p> <p>Reduction in reliance on Consultant Psychiatrist being first on call.</p> <p>Positive feedback, patient experience and a reduction in complaints</p>	<p>Remobilisation funding has allowed the CMHT to appoint additional agency locum staff. This has enabled a nurse led OOHs service and home treatment models over weekends. This is not sustainable long term so a test of change is to be run between March – June for a 7 day service, lessening the demand on OOHs cover.</p> <p>Consultant post is out to advert.</p>	<p>Unable to identify additional funding/resource to deliver community and crisis work and a nurse-led out of hours service. Mitigate – continue with Psychiatrist on call</p> <p>A nurse-led service without any local Consultant input will be reliant on Royal Cornhill Hospital providing the Consultant cover - to be explored further</p>		<p>2x B6 CPNs Community Psychiatric Nurses</p> <p>£108k to be funded through planned reduction in psychiatry on call and replacement of locum with substantive Consultant post</p>	September 2022

	Develop robust patient feedback systems			with RCH and Mental Welfare Commission and other island boards.  Mitigation – continue dialogue with RCH and MWC to find alternative solutions			
Early identification and preventative measures within the Peri Natal Mental Health Services	CPN allocated to Perinatal project with Midwifery and Health Visiting	Networking with Grampian / North of Scotland Peri Natal  Scoping of educational need across services and delivering on.  Early intervention pathways resulting in prevention of deterioration of MH during and after pregnancy	Identified staff from CMHT, Midwifery and HV  Cooperation between services and external relevant services	Non-recurring funding from Scottish Government  Evidence of outcomes and progression of the PNIMH service development for further funding opportunities.		Funding received from Scottish Government for proposed projects including 0.3 WTE CPN Band 6	September 2022
Improved recovery outcomes for service users	Recruit to Consultant Psychiatrist	Reduction in off island placements. Reduction in out of	Relies on being able to recruit	Challenges with recruitment to specialist roles. Mitigate by		Within Existing	April 2022

	<p>vacant post</p> <p>Establish and implement pathways for particular conditions to ensure individuals are given appropriate time limited interventions. i.e pathways for Survive and Thrive group, anxiety management</p>	<p>hours presentations</p> <p>More efficient use of resources, individuals move through the service quicker</p>	<p>Relies on partners being able to agree on different pathways.</p> <p>Relies on additional nurses being trained to deliver S&amp;T groups</p>	<p>adopting an 'across Board' approach to promoting jobs in health and social care.</p> <p>Inability to release nurses to undertake S&amp;T training.</p> <p>Mitigation – ensure plan is in place to enable nurses to be released – Public/community expectation of receiving individual face to face contact as opposed to group work.</p> <p>Mitigation - Positive promotion of new ways of working</p> <p>Non-recurring funding subject to annual review; continue ongoing dialogue with</p>		<p>Resources - savings achieved will fund additional B6 posts as above</p> <p>£2,200 – funded by NES TPTIC money</p>	<p>Now in place but will be reviewed on an ongoing basis</p>
--	--	---	---	---	--	--	--

	<p>SMRS to meet 3 week waiting Time</p>	<p>Pathway development within service</p>	<p>3 week waiting time standard met and maintained</p> <p>Established</p> <p>Pathways and associated protocols within service</p>	<p>ADP to ensure continuation of funding</p>			<p>March 2023</p>
	<p>SMRS to deliver on national Naloxone distribution initiatives</p> <p>SMRS to review prescribing services in line with Scottish Government/nice guidelines</p>	<p>Liaise with ADP and implement outcome measures</p> <p>Partners are able to ensure distribution is delivered at point of need</p> <p>Reduction in drug related deaths</p> <p>Ability to deliver same day prescribing/reduction in drug related deaths</p>	<p>Production and implementation of outcome measures</p> <p>Positive and robust working relationships</p>	<p>Challenges with engaging partners in delivery of naloxone</p>			<p>Sept 2022</p>



<p>Quicker access and enhanced therapies for individuals</p>	<p>Increase capacity within Clinical Psychology to reduce the long waits, develop a sustainable consultancy model, provide training to other professionals</p> <p>Roll out Stress Control classes in partnership with others; explore on-line classes via Community Portal</p>	<p>Individuals with complex trauma are seen with 18 weeks of referral. Other professionals are able to provide appropriate support to individuals and reduce the number of inappropriate referrals for psychology</p> <p>Reduction in referrals as individuals able to self manage low level stress, anxiety and depression</p>	<p>Positive working relationships and streamlined triage and referral pathways to ensure referrals are appropriate</p>	<p>Challenges with recruitment to specialist roles. Inability to secure additional funding.</p> <p>Mitigate by adopting an 'across Board' approach to promoting jobs in health and social care.</p> <p>Staff being unavailable to facilitate programme</p> <p>Mitigation – ensure contingency plan is in place to facilitate programme delivery I.e. on</p>		<p>An additional full time 8a post was provided via the Remobilisation plan</p> <p>£78,000</p> <p>1 x B6 Therapist was provided via the remobilisation plan</p> <p>£55,000</p> <p>WER of CMHT and Health Improvement</p>	<p>Waiting times reduced, current longest wait 54 weeks, down from 158 weeks in March 21. Permanent funding secured for CAAP post Stress control on hold due to training the trainers still not available.</p>
--	--	---	--	---	--	--	--

	Review TTS vacant post to include guided self-help i.e. Brief Behavioural Activation programme	Reduction in referrals of individuals for one-one work		line/virtual classes  Inability to recruit Mitigate – advertise as permanent position		WER	Self help post out to advert
Sustainable Dementia Assessment service	Succession planning for the service regarding the development of the Nurse Consultant post and additional developmental opportunities	Ability to continue to deliver on 8 pillar model of Dementia Strategy	Close working between dementia service/ NHS Grampian, NHS Highland, primary care and Director of Nursing to ensure robust service structure is in place	Inability to Replace the Nurse Consultant with the necessary skills Mitigate – work closely with colleagues in NHS Highland & NHS Grampian for the necessary skills if not available on island		WER for Nurse Consultant. Additional funding required for Specialist Nurse (Source of funding to be identified)	Ongoing, possible recruitment changes, looking at an AHP/Nurse Consultant role.  Review June 2022
Individuals receive appropriate joined up care packages	Develop a single care/recovery plan for individuals who come under both CMHSS and CMHT	Recovery for individuals aligned and co-delivered across H&SC and the third sector	Joined up working between the CMHT, Annsbrae,	Inability to provide single plan due to different assessment tools, and ways of working Mitigate – continue to explore creative		WER	Unable to complete due to different assessment s/ recording systems and ways of working.

	Establish an Occupational Therapist to be based in CMHT			ways of working in order to align 2 separate plans.  Inability to source additional funding and/or recruit. Mitigate: Continue exploring alternative funding options.		1x B6 OT £55k Equipment £800 Total £55,800	Looking to recruit 0.2 Occupational Therapist in 2022.
--	---	--	--	--	--	---	--

<b>Accountability and Governance</b>
Reporting to IJB, Shetland Mental Health Partnership, Shetland Alcohol and Drugs Partnership Mental Welfare Commission annual visits; Joint Clinical Governance Group; Obligate network