DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD ("IJB")

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT2014

<table>
<tr><td>Direction: Adult Mental Health</td><td>Direction to: SIC and NHSS</td><td>Overall Budget allocated by IJB for Direction:
£2,520,365</td></tr>
<tr><td>Reference Number:
1.9</td><td rowspan="2">Relevant Function(s): Mental Health</td><td rowspan="2">Review Date:
March 2024</td></tr>
<tr><td>IJB Report(s) Reference Number:
CC-23-23</td></tr>
<tr><td>Date Direction issued/authorised by IJB:
May 2023</td><td>Date Direction takes effect:
1 April 2023</td><td>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:
Supersedes CC-07-22-F</td></tr>
<tr><td colspan="3">Purpose of Direction</td></tr>
<tr><td colspan="3">The provision of:

• Community Psychiatric Service
• Psychological Therapies Service
• Substance Misuse Recovery Service
• Dementia Assessment Service
• Community Mental Health Support Service
• Specialist Services through Service Level Agreement with NHS Grampian
• Specialist Services through Managed Clinical Networks
Supporting and influencing service improvement and system development to improve the experience of people with mental ill health accessing</td></tr>
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other services. Part of the Mental Health role in 'Shifting the Balance of Care' includes supporting establishment of appropriate pathways and responses outside of core mental health services for people with social distress to help the shift towards prevention and early intervention, and decrease numbers of people requiring mental health service support.
Accountability and Governance
Reporting to IJB, Shetland Mental Health Partnership, Shetland Alcohol and Drugs Partnership; Mental Welfare Commission annual visits; Joint Clinical Governance Group; Obligate network

Overarching Directions to Function(s)	
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.	
Directions:	**Performance / Objective(s):**
Community Psychiatric Service (NHS), provision of a comprehensive psychiatric service to adults (18+) by: • Consultant Psychiatrist, • Mental Health Nurses(MHNs) • Healthcare Support Workers (HCSWs) • Specialist Social Worker / Mental Health Officer (MHO)	There are 30 Mental Health Quality Indicators; 27 of which are relevant to Shetland Adult Mental Health Services. n.b, those with an asterix are currently being collected, those without are not yet required by Government. 1. Psychological Therapies 18 week waits* 2. Drug & Alcohol 3 week waits* 3. Unscheduled presentations referred to specialist mental health services within 4 hours

Psychological Therapies Service (NHS) • 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). Stress Control training undertaken by staff in September 2022. The next step is to recruit a project manager to deliver this community based low intensity intervention. 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	4. First presentation psychosis patients start treatment within 14 calendar days of referral 5. Suicide rates* 6. Discharged psychiatric inpatients follow-up by community mental health services within 7 calendar days* 7. Unscheduled care presentations where self-harm is a presenting feature * 8. People prescribed lithium who experienced Lithium toxicity in past 12 months* 9. Carers of people with mental health problems who feel supported to continue caring 10. 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* 11. People with mental health problem that agree with statement “people took account of the things that mattered to me” 12. Number of people with advanced statements registered per year with the Mental Welfare Commission for Scotland 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

(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 and support 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 • 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	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 Recovery Service (NHS) 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 interventions4 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

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
People with mental ill health receive the right care from the right person, in the right place, at the right time, and have positive outcomes from this care. .	Redesign of current nursing team to be able to provide: -crisis intervention where needed -sustainable home treatment options -sustainable, safe and high quality nurse- led out of -hours service -Appropriate skill mix to deliver a variety of interventions Developing and implementing the Mental Health and Wellbeing in Primary Care workforce – in collaboration with Primary Care and Community Hubs. Development and sharing of pathways for different presentations to improve consistency across system and support “no door is the wrong door” approach. Work with Mental Welfare Commission and NoS Boards around Psychiatrist on- call requirements for island boards	Business Case for workforce redesign approved. Q4 22/23 Reduction of out of hours presentations resulting in admission. Q4 23/24 Positive feedback, patient experience and a reduction in complaints Q4 23/24 Reduction of on-call requirements of Consultant Psychiatrists in island boards to improve recruitment and retention Q4 23/2	Recruitment/retention (1) Third sector partner capacity (2) Finance (3) Staff/system engagement with change (4) Service user/community engagement with change (5) National guidance does not fit local situation (6) Partner Boards unable to recruit to support Consultant Psychiatrist on-call model (8)	Service redesign should provide enhanced service within current budget. MHWBiPC (NOTE – entirely dependent on Scottish Government allocation for 23/24, 22/23 budget removed at emergency spending review) Change in Psychiatrist on-call mode will provide savings if safe and feasible.	Prevention/Early Intervention Shifting the Balance of Care (StBoC) Tackling Inequalities Best Value

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
People presenting in social distress receive care from the right person, in the right place, at the right time, and have positive outcomes from this care (Distress Brief Intervention [DBI] model).	Implementation of local DBI pathway in partnership with Third Sector colleagues, including: • Scoping/audit of presentations to A&E • Cost/benefit analysis of implementation Development and sharing of pathways for different presentations to improve consistency across system and support “no door is the wrong door” approach	DBI pathway implemented Q2 23/24 Positive feedback, patient experience and a reduction in complaints Q4 23/24	Finance (3) Staff/system engagement with change (4) Service user/community engagement with change (5)	DBIs – SG funding £50k over 3 years, anticipated cost £50-55k per year – planned application to IJB reserves for approx. £110k over 3 years	Best Value StBoC Prevention/Early Intervention
Continue to develop sustainable, effective Psychological therapies service that will deliver quicker access and enhanced therapies for individuals	Provide teaching, training, reflective practice and consultancy to wider MH team. To work more closely with local IT services and PHS to ensure accuracy of data returns. To work towards recruiting project manager to deliver Stress Control in partnership with others, including exploring online delivery	Individuals referred for Psychological therapies are seen within 18 weeks of referral. Stress Control programme up and running across	Recruitment/retention (1) Staff/system engagement with change (4) Service user/community engagement with change (5) Workforce capacity (7)	Remaining Stress Control funding to be put towards recruiting a project manager	Best Value Prevention/Early Intervention StBoC

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
	Evaluate impact of alternative skill mix on service delivery and patient outcomes.	Shetland			
Improved recovery outcomes for people using SMRS services	Delivery of appropriate Medication Assisted Treatment (MAT) standards (implementation overseen by Alcohol and Drug Partnership and is heavily monitored by Scottish Government – detail around action plan and local implementation can be shared by way of Government returns, on request) Improve effectiveness, consistency and timeliness of multi-disciplinary team working around prescribing, i.e. by protecting Specialist Pharmacist input. Continue to develop and improve support for family affected by (FAB) substance use to increase resilience and capacity to continue supporting	SMRS service user experience – this will be informed by the lived and living experience panel being supported by the Recovery Hub SMRS 3 week waiting Time target Case study around family support Q1 23/24		Additional resource required to fund pharmacy time so input can be prioritised.	Tackling Inequalities Meaningful engagement Prevention/Early Intervention

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Dementia Assessment Service - stabilise and deliver on 8 pillar model of Dementia strategy	Continue to pursue recruitment to stabilise service with substantive staff. Re-establishment of Post-Diagnostic Support post. Development post for AHP/Nurse Consultant secondary to recruitment issues. Improve Anticipatory Care Planning for people with Dementia in collaboration with family/carers to minimise instances of crisis and admissions. Link with ACP work and MCNs where appropriate.	Ability to deliver on 8 pillar model of Dementia strategy Increased uptake of meaningful post-diagnostic support Review needed to understand availability of this data. ACPs in place for people with dementia.	Recruitment/retention (1) Workforce capacity (7)		StBoC Prevention/Early Intervention Best Value

#	Risk	Consequences	Control Measures
1	Recruitment/retention (MH)	Unable to deliver core service due to lack of capacity, need to prioritise urgent care, unable to deliver preventative care, subsequent increase in unscheduled care, ED presentation, and acute mental ill health, longer waits for Psychological therapies affected by staffing issues within CMHT, limited capacity to support workforce development and shift to prevention.	Continue work with team to design sustainable workforce model with increased skill mix. Maintain links with HE and visiting students who may take up subsequent posts. Review of staffing structure to support staff wellbeing and appropriate working conditions, and improve attractiveness of posts. Actively manage risks through Health and Social Care Integrated Workforce Planning and implementation processes..
	Recruitment/retention (Dementia)	Poorer outcomes for patients with Dementia and their carers, inconsistency of service, inability to undertake service improvement work to align assessment and support and improve outcomes.	Explore alternative models to Nurse Consultant, e.g. AHP options. Work with HR and Promote Shetland around recruitment strategies. Explore flexible models to make post more attractive. Actively manage risks through Health and Social Care Integrated Workforce Plan.
2	Third sector partner capacity	MYH unable to deliver DBIs due to capacity/ability to recruit. Poorer service options and outcomes for service users. Increased pressure on acute and MH services supporting people with social distress. People with social-distress inappropriately medicalised leading to longer term issues.	Involve MYH and wider Third Sector Forum in planning process. Secure funding for remainder of service to offer more stability in any posts designed. Scope alternative support or delivery options to enhance fragile, small handed service so pathways can be maintained.
3	Finance	Unable to fund remainder of service (?£100k over 3 years) – service will not be delivered. People with social distress seen in inappropriate service, increased demand on core MH services, and acute (ED, Ward) services.	Application to IJB reserves for funding with appropriate available evidence/indication of cost/benefit. MYH will look for continuation funding streams available to third sector from external sources.

4	Staff/system engagement with change	Unable to implement change, or understand needs due to lack of engagement. Lack of use of new/developing service, leading to poorer outcomes and service failure.	Communication around planned change, involvement in change planning and design wherever possible. Strong leadership around change process and engagement across HSCP and wider partnership to promote understanding. Staff engagement through regular team meetings, involvement in change, and individual level supervision and appraisal process to understand development needs and aspirations linked to organisational priorities.
5	Service user/community engagement with change	Reputational risk of not meeting expectations. Poor uptake of available services and self-help, inappropriate referrals into services continue, continued pressure lengthening waits for those with clinical need.	Communication around planned change, involvement in change planning and design wherever possible.
6	National guidance does not fit local situation	Unable to implement better value and outcomes with new service models due to statutory restrictions (MWC)	Liaise with MWC around next steps in implementing change. Continue to gather evidence in support of new way of working.
		Disruption to local services trying to fit national models. Reporting and information requirements outwith the capacity of local teams – impinge on clinical and improvement delivery, or failure to meet SG standards for reporting.	Continue to engage with ADPs and national discussions around MATs standards development and feedback risks and issues. Report risks locally for understanding of likely impact.

7	Workforce capacity	Unable to engage in improvement or development work due to need to prioritise core services. Continued pressure on services as unable to implement new models effectively. Poor staff experience and wellbeing due to sustained pressure and inability to implement change.	Strong leadership and prioritisation of improvement work. Review service delivery models to increase time available through change in skill mix.
8	Regional partner boards unable to support regional model of on-call support	Unable to provide Psychiatrist on-call support, must continue to implement costly locum service in Shetland. Continued difficulty recruiting locally, risk to patients of not having access to appropriate level decision making to facilitate care.	Continue to engage with other boards and Royal Cornhill Hospital around requirements.