

# **Adult mental health: Submission from Jillian Galloway, Head of Health and Community Care Services, Angus Health and Social Care Partnership - 4 December 2023**

## **Summary the outcomes of Action 15 of the Mental health strategy posts in Angus Health and Social Care Partnership**

In Angus we utilised Scottish Government Action 15 funding to target the key areas of primary care, police, prison and A&E. We focused most of our budget on building the primary care model of support. Angus is a rural area with no natural centre and access can be a barrier to support. Situating support in general practice supports access, reduces stigma, supports good multi-disciplinary working and good pathways of care, with less duplication.

Action 15 funding has supported us to shift care upstream towards prevention and self management; providing support at the right time in the right place with the right person. Developing new roles to support this. We have moved toward a model of mental health and wellbeing care, support and treatment with no wrong door and no rejected referral.

### **Mental health and wellbeing support in Primary Care, based in GP Practices**

Action 15 and the Primary Care Improvement Fund have funded mental health and wellbeing peer workers in every GP Practice in Angus since 2020. This commenced initially for adults aged 16 plus, and was extended to include young people over 11 years old who attend secondary school. The young people's peer workers are funded through a different funding source, and their role includes a lot of inreach into local schools, but the connection with GP practices remain.

The peer model provides access to appointments within 2 weeks in a person's local area, and most initial appointments are within 3 days. The peer worker role is vital in Angus, offering a unique and empowering perspective, and their early intervention is often based on only a few words in a self referral. During appointments, peers share a range of coping strategies they have used personally or which they have been trained to deliver. The peers offer up to three support sessions, and support access to a range of online and local community resources, to meet ongoing need. The peer service has been commissioned from a third sector provider.

Action 15 enabled us to increase our Listening Service resource in GP practices and this alongside social prescribers funded by the Primary Care Improvement Fund are two of our other early intervention services, along with a huge range of community resources; reducing demand on other primary and secondary care services.

### **Enhanced Community Support Hub**

We have developed a Mental Health Enhanced Community Support hub, which co-locates Primary Care, Community Mental Health, Angus Integrated Drug and Alcohol Recovery Service, Angus Psychological Therapy Service, and Mental Health and Wellbeing Peer Support. The hub provides one referral route for mental health and wellbeing support, and triage of referrals. Evaluation has indicated that this has improved practice, provides better co-ordination of care, impact positively on multi-disciplinary working, and has a positive impact on patients. The provision of Action 15 funding for two enhanced community has supported this model to be successful.

This model is fully operational in North Angus and will be operational in South Angus by the end of January 2024. Mental health and wellbeing peer workers are a key part of the ECS hub, improving access to support, reducing demand on statutory services, supporting prevention and self management, and meeting the needs of people whose needs may have been missed previously.

Benefits to patients.

- ▶ Evidence of quicker access to support, care and treatment
- ▶ Patient fully informed at all times with letter and phone calls to patients after receiving referral
- ▶ Not telling their “story” multiple times to different professionals
- ▶ Choice and better access and flexible use of a range of service.
- ▶ A person centred approach to provision of care.

### **New roles in the Community Mental Health Service**

Due to the national shortage of Consultant Psychiatrist we have developed a Community Mental Health senior multi-disciplinary team, and are developing new pathways to meet patient need and reduce Consultant demand. Action 15 enabled us to recruit a one day a week Senior Pharmacist, and a Senior Pharmacy Assistant. These posts have enabled us to develop clearer pathways around the use of medicines; strengthening governance and improving patient safety. These roles have developed links between the Primary Care Team and Community Mental Health Team to support patients with their medications and up skill the Primary Care Team in managing these. Previously there was no specialist pharmacy support attached to the community mental health teams and a lack of flexibility within the primary care pharmacy model. We have self funded a joint mental health/substance use pharmacy post in Angus to further support this new way of working, after planned Scottish Government funding for this was not forthcoming due to cuts in the Scottish Government funding for new pharmacy posts.

Action 15 funded two trainee Advance Nurse Practitioners for the duration of their training, and three permanent Advance Nurse Practitioner posts. We have an Advance Nurse Practitioner (ANP) linked to each GP cluster area in Angus, and one for Angus Integrated Drug and Alcohol Recovery Service. The ANPs manage the complete clinical care for their patient, with a focus on mental health and physical health needs. These posts shift the balance of care from hospital to home and support people to remain in their communities. It integrates and enhances primary and secondary care pathways, and improves the physical wellbeing of people with mental illness by joining up specialist secondary care mental health services with wider primary care professionals.

Two Band 6 physical health monitoring nurses funded by Action 15 support the provision of holistic care. They lead on delivering and developing physical health monitoring clinics which are appropriately staffed and supported, with strong links to Allied Health Professionals and GP's. This is enabling us to develop a consistent holistic approach in identifying and enhancing physical and mental health wellbeing. We follow an early recognition, implementation and prevention model and this reduces demand on Primary care for routine physical health monitoring. Physical and mental health receive equal priority, and preventative support will reduce demand for urgent medical care in the future. A current

workstream is taking forward further improvement with community partners such as Angus Alive our leisure, sports and culture trust in Angus, primary care, specialist NHS services and other community organisations.

We recruited three part time Occupational Therapy Assistants (OTA) to provide interventions to people experiencing moderate to severe mental health problems. To support the provision of options other than medication to support good physical health and wellbeing of people with a mental health disorder and reduce the need for physical health intervention at Primary Care level. The three new Occupational Therapy Assistant posts should reduce demand on Primary care for routine physical health appointments and provide holistic care with physical and mental health receiving equal priority.

### **Family/Carer Support**

Funded by Action 15, we developed a role to support carers of people open to the community mental health team. This role was developed to reduce the impact of caring on the carer and reduce the demand on GP time for meeting the mental health and wellbeing and physical health needs of carers. The Triangle of Care is being utilised to identify carers, train staff to be carer aware, and provide appropriate support and information; utilising community resources. Eighty percent of carers experience an impact on their emotional well-being due to their caring role, and 60% experience impacts on their health and life balance. Adult carers are more likely to experience an impact on their health due to their caring role, and data suggesting that the health of 61% of adult carers was impacted by their caring role (Scot Gov, 2020).

### **Pathways of support**

We have developed a discharge sub team and this has been possible with funding for a social work post from Action 15. We have enhanced this post with two Band 4 Practitioner posts.

The discharge sub team has improved the pathway for discharge from inpatient mental health wards, and reduced readmission rates. This post reduces the impact on emergency services such as police custody and A&E for patients on pass and recently discharged patients who are at highest risk in the week post discharge.

This post provides a multi-disciplinary assessment of need and provision of appropriate care packages; with the social worker as the care co-ordinator ensuring that required supports are in place and communicated to all services. This reduces crisis post discharge and the resultant impact on A&E and police who manage out of hours mental health crisis. This post has strong links to community services and provides support from point of admission; follow up within 72 hours of discharge and up to six weeks post discharge post.

### **A Neurodevelopmental Pathway of Support**

A new Senior Neurodevelopment Nurse post, funded by Action 15 is responsible for developing and delivering the adult care pathway for neurodevelopmental conditions in Angus. A more robust ADHD and autism pathway provides patients with appropriate holistic care and support and reduces the reliance on GPs for support. The ADHD pathway bridges the gap and develops links between primary and secondary care, and support GPs in managing this condition. There is a growing population where ADHD is suspected and increased awareness has led to large increases in referrals locally, and large waiting lists

grew over the period of COVID19. This post has enabled us to develop a nurse led pathway and this includes development of neurodevelopmental champion roles. The staff member in post is undertaking a non medical prescribing course, to enable them to prescribe, and further shift this demand from Consultant Psychiatrists. We have a test of change developed which includes 3<sup>rd</sup> sector involvement in the initial stages of assessment but have not been successful in identifying a funding resource for this. Although this test of change was supported by GPs in the local area, it was deemed to not meet the criteria for the Primary Care Improvement Fund due to the prescriptive nature of the outcomes to be achieved from this funding.

### **Distress Brief Intervention**

Action 15 has funded Distress brief intervention in Angus and this provides support within 24 hours and primary care, police and the ambulance service are key referral routes.

### **Other supports**

Other support we have provided are new staff to support mental health and wellbeing in prison, and this is funded by the three health and social care partnerships in Tayside. We also fund a criminal justice 3<sup>rd</sup> sector support worker in Angus.

Action 15 funds a Development Officer, and this has been important in developing, evaluating and monitoring these new initiatives.

### **Report writer**

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28/11/23

## **Tayside Police Triage**

### **Background** - Community Police Triage

Back in 2017 a test of change was agreed between NHS Tayside and Police Scotland. The purpose of the test was to allow direct access telephone triage from Police Scotland to CRHTT for those in contact with Police Scotland (not being prosecuted/charged) deemed to be in mental health crisis. CRHTT offered telephone triage 24/7 (via a separate direct line). Triage was completed by a Senior Mental Health Nurse, with the option to option to escalate to face to face assessment at Carseview if clinically indicated. The test was funded by temp Mental Health Outcome Framework Money.

Unfortunately the test was never formally evaluated and has continued as initially agreed in 2017. Demand has increased significantly with now on average of 10 Referrals per day; however there have been many challenges for both NHS and Police Scotland. The biggest challenge is increasing demand/workload/expectations and waiting times for emergency assessment if the individual is triaged as requiring an emergency (face to face) mental health assessment (wait time 4 hours).

In 2022 it was recognised that a review of the 2017 Draft Protocol was required, initial review discussions were commenced including partners from NHS 24, Police Scotland, Mental Health Services and Dundee HSCP. It was agreed to pause as it was recognised that changing community services would influence what this would need to look like for the future

### **Current Plan**

As part of the Crisis and Urgent Care Review, CPT is now being reviewed acknowledging the introduction of both the Neuk and Hope Point. John Docherty, Chief Inspector, Police Scotland and I have agreed to co chair a SLWG (6 initial meetings/two weeks apart) to review the Joint NHST/Police Scotland 2017 Community Police Triage Protocol. First meeting will be in the new year (dates yet to be circulated) with all stakeholders participating and the focus will be how people in crisis access the right service at the right time.

### **Report writer**

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December 2023