NHS Board Meeting
27 May 2020

Lanarkshire NHS Board
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SUBJECT: RECOVERY AND RECONFIGURATION - MENTAL HEALTH

1. PURPOSE

This paper is coming to the Board:

For approval	☐	For endorsement	☐	To note	☒

2. ROUTE TO THE BOARD

The paper has been:

Prepared	☐	Reviewed	☒	Endorsed	☐

by the Corporate Management Team.

3. SUMMARY OF KEY ISSUES

3.1 On 1st May 2020, the Scottish Government issued some Mental Health services principles designed to support active local decision making and promote consistency to provide safe, person-centred and effective service responses for people using NHS and local authority social care services during Covid-19 mobilisation.

3.2 The purpose of the principles is to:

- Remind Health Boards and Local Authorities of guidance, including the Mental Health Act Principles, already in place which will help guide decision-making at this time.
- Provide advice on a number of operational questions relating to mental health services which have arisen since 27th March.

3.3 One of the key elements within the guidance was around the responsiveness of services in triaging new referrals and providing support. This included clarification of the approach to waiting list management, noting that these will be maintained and managed throughout the period, in line with usual arrangements:

- Those waiting the longest should be contacted first;
- Those contacted who meet your services local priority criteria for assessment should be offered an appointment – during the Covid-19 pandemic, via Near Me video link) and provide any treatment required;

- Anyone contacted who does not your meet criteria for assessment, should be offered advice, information and online support, including digital services, but also reminded that they should re-contact the service in the future if their needs change.

3.4 All Boards, in conjunction with Health and Social Care Partnerships, were asked to provide the Scottish Government with their existing policies for managing waiting lists, and additionally describe what they are doing during the Covid-19 pandemic emergency period. The Lanarkshire response is included in Appendix 1.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
Government directive	☒	Statutory requirement	☐	Achieving Excellence/ local policy	☐
Urgent operational issue	☐	Other	☐		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

The service continues to monitor progress against the waiting times standards, in line with the local and national performance frameworks.

7. FINANCIAL IMPLICATIONS

All financial implications are captured within the Board's mobilisation plan.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risk assessments sit within the corporate Covid Risk Register in line with the existing command structure.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☐	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance Management	☒	Equality	☒
Sustainability Management	☐				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Equality and Diversity Impact Assessments will be undertaken in line with the recovery and redesign developments.

11. CONSULTATION AND ENGAGEMENT

Any future service changes through the recovery and redesign process will go include staff, service user and carer engagement.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	☐	Endorse	☐	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	☐

The Board is asked to:

- the NHS Lanarkshire position on responsive provision of Mental Health services.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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Appendix 1: Mental Health Principles – Waiting Times

Health Boards in conjunction with HSCPs are asked to provide the Scottish Government with their existing policies for managing waiting lists, and additionally describe what they are doing during the Covid-19 pandemic emergency period. The current position for NHS Lanarkshire is described below.

Psychiatry

Routine management of clinics and waiting lists within psychiatry

Clinic waiting times are monitored and fed back to clinical directors for each subspecialty on a monthly basis. The figures are a locality level and allow identification of longer waits quickly. Admin sources are checked to ensure validity of the data initially. Then resources are targeted to prioritise waits of greater than 12 weeks, and areas were the waits are increasing so that can be addressed by movement of staff and/or extra clinics which are carried out within agreed job plans. This process is overseen by the Associate Medical Director. There is no set Policy for this practice.

Management of clinics and waiting lists within psychiatry during Covid time period

Currently patients with high levels of need (for example high risk) are being seen quickly by locality services. Those who are not presenting with high levels of need are contacted by the locality team (usually nursing staff) who monitor the situation (once per month by phone) and ensure there is a process for contacting the service and escalating should the need increase.

Mental Health Officers

Psychiatrists and Mental Health Officers continue to work together to facilitate access to treatment and support for our most vulnerable and mentally unwell service users. Communication and assessments are undertaken by telephone and use of Near Me technology, as well as, when necessary on a face to face basis where full PPE is utilised. Because of the good working relationships between council and NHSL professionals, those experiencing deterioration of their mental health are supported to have their legal rights met, whilst treatment is provided.
To support statutory intervention and legal duty we have employed 5 sessional MHO's and 3 MHO's from SSSC return to work scheme, because of these additional efforts, we have been able to continue to provide a responsive service to the public and availability to psychiatry.
The needs of those service users who are no longer able, on account of impaired capacity, to make decisions for themselves, are also identified and safeguarded through the process of collaboration between NLC, SLC, NHSL staff and families.

Community Mental Health Teams Nursing Adult/Older Adult

In relation to all Community mental health nursing teams for adult and older adult services, the nursing staff continue to triage and allocate referrals for assessment based on clinical need/risk, this is in line with their existing operational policies with regards to new and urgent referrals. Given the difficulties with social distancing, referrals are being triaged with information gathered on best approach, taking patient and carer choice and preference into consideration whether this is face-to-face with PPE and precautions; telephone contact and assessment; or 'Near me' technology. Where initial deferred letters were sent to those on the psychiatry waiting list, a member of the team is having regular contact with the patient ensuring there is no significant changes to their current situation that requires more urgent or immediate attention. There is currently no lengthy waits or breach in nursing waiting times across Lanarkshire.

Learning Disabilities

In relation to Learning Disability services within Lanarkshire, the nursing staff continue to exercise their existing operational policies with regards to triaging new and urgent referrals. Each referral is considered upon receipt, then discussed and allocated immediately with no current wait times. Given the difficulties with social distancing, referrals are being triaged with information gathered on best approach, taking patient and carer choice and preference into consideration whether this is face-to-face with PPE and precautions; telephone contact and assessment; or 'Near me' technology where available. All return patients to be seen are having regular contact with the team, ensuring there is no significant changes to their current situation that requires more urgent or immediate attention. Given the vulnerability of this group, there continues to be a robust multi-disciplinary approach in response to all referrals.

Psychological Services:

- Adult Psychological Therapies Teams
- Psychological Services for Adults with Learning Disabilities
- Psychological Therapies for Older People
- Clinical Health Psychology
- Veteran's First Point Psychology
- EVA Psychology
- Addiction Psychology
- Forensic Psychology

Each department has its own operational policy, which describes management of referrals and waiting lists. However, these policies are generally consistent with each other. The largest service, by far, is Adult Psychological Therapies Teams, comprising of ten, locality based, teams. The undernoted is excerpted from the PTT Operational Policy:

Referral Management
Referrals to the Adult Mental Health Service are sent to a designated address within each locality. GPs are asked to use SCI Gateway. All referrals received (with exception of urgent psychiatric assessments) are discussed at the weekly One Door Access (ODA)/Allocation Meeting. Each PTT has a named staff member who attends this meeting.

The meeting decides the best match of identified needs to service(s), based on the information available and records the decisions. This meeting may decline referrals, suggest re-direction or agree that further information is required. All formal referrals are expected to be in writing via letter or preferably the referrer uses the appropriate referral forms sent either electronically or via post.

Outpatient Services
The PTT accepts referrals from acute psychiatric wards (Consultant Psychiatrist or other staff working in acute wards with Consultant's knowledge), GPs, Public Health Nurses with GPs agreement, Community Mental Health Teams (CMHTs), Lanarkshire Addictions Services, SALUS (Occupational Health Service), Learning Disability Services, TESS (Tier 3 Eating Disorders Service), EVA (End Violence and Abuse against Women) and from Child and Adolescent Mental Health Services for adults in families and young people transferring to Adult Mental Health Services.

Following discussion and allocation to one or more services at the ODA/Allocation meeting, referrals accepted by the PTT are further allocated within the Team. This allocation matches the appropriate competencies to need based on the information available.

Referrals are added to locality Waiting Lists(s) categorised as Tier 2 (clients presenting with moderate mental health problems and occasionally clients with more chronic/complex mental health problems who require high intensity interventions) and Tier 3 (clients presenting with moderate/severe and/or chronic and/or complex mental health difficulties). Camglen PTT operates 3 waiting lists (Primary Care (Gateway), Intermediate and CMHT) Psychologists in Camglen are integrated within the CMHT and the Gateway Primary Care Team became part of the PTT in October 2015. The gateway team continue to accept self-referrals for mild to moderate mental health problems.

Waiting Times are monitored by the Locality Co-ordinator. There are no criteria for prioritisation other than war veterans in line with national guidance. However the Locality Co-ordinator may prioritise referrals for clinical reasons. These decisions can be related to the evidence base for timing of the intervention or timing assessment and/or intervention as component of a multi-professional care plan.

Opt-in arrangements
All PTTs operate an opt-in system to the service. Patients are sent a letter (opt-in) asking them to return a tear-off slip or telephone to indicate that they still wish to be seen. If the client does not reply to the opt-in letter, he/she will be discharged from the waiting list and a letter sent to the GP notifying them of this and this letter is also copied to the client.

CAMHS

Referrals are accepted from a wide range of professionals working with young people. This includes GPs, Paediatricians, Accident and Emergency staff, Adult Psychiatrists, Physicians, Health Visitors, Social Workers, Reporter to the Children's Panel, Clinical and Educational Psychologists and Schools. All Referrals must be made with the expressed consent of the child, young person and/or parents/Guardians. All Referrals must comply with GIRFEC procedures. Admin staff will also check that the referral has been sent to the correct CAMHS locality team as per catchment areas.

The service requires that professionals referring young people to the service have recently met with the young person and carried out an independent assessment to ensure that the referral to CAMHS is appropriate and the young person and parent/carer (if appropriate) have fully consented.

If the referral comes from a professional other than the young person's GP, it is helpful that the GP be informed of the referral by that professional. This is because the GP often has important information about the young person, which may not be available to the professional making the referral.

In urgent circumstances referrals can be made over the telephone but we require the telephone referral to be followed with a written referral. Faxed information should only be sent to and from an identified Safehaven fax. All faxed Referrals should be made in conjunction with a telephone call to the team. There is no system for accepting electronic referrals.

On receipt of written referrals CAMHS admin staff will log the referral on the IT system and ensure that all systems (e.g. previous data bases, team duty folder) are checked to identify any previous records or child protection activity which should be attached to the current referral. If a child protection alert is present, the team is responsible for clarifying the nature of the concern with the relevant social work team.

Referrals are reviewed by the Team Co-ordinator, Consultant Psychiatrist or nominated depute on date of receipt to identify those cases which require an urgent response.

Referrals are prioritised and vetted for allocation. Decisions on priority are made according to the level of risk to a young person or others based on the available information

The various pathways are:

1. **Offer of Appointment:** when a decision is made to offer an appointment the family will be invited to opt in to the service using a Patient Focused Booking approach.

2. **Waiting List:** The case will be put on the Waiting List and the family invited to opt in when they reach the top of the list as per the Patient Focused Booking system.

3. **Allocation for an urgent appointment:** If the referral requires an urgent appointment that the team feel is not appropriate for the Patient Focused Booking system an appointment will be offered as soon as possible within 2 weeks.

4. **Incomplete Referrals:** Where referrals are received which have insufficient information on which to make a decision on whether or not a referral is appropriate, Teams should contact the referrer directly to elicit the required information. Teams should spend no longer than 4 weeks in trying to gain the additional information. If the additional information is not forthcoming during that time the Team should either discharge the referral back to the referrer or accept the referral as appropriate.

5. **Referral not accepted:** If a referral does not meet the service criteria it will be returned with an explanation for the decision given and where possible suggestions for more appropriate service provision should be made. The CAMHS clinicians cannot redirect unaccepted referrals to any other services out with CAMHS as this requires informed consent. It is the responsibility of the CAMHS team to inform the referrer of this. In an urgent situation this should be done by telephone. The CAMHS Team will notify the young person/family of this decision.

6. Referrals which are not considered appropriate for the tier 3 locality team should be discussed with the relevant functional team and transferred if appropriate and agreed to the relevant CAMHS functional or tier 2 team. The team accepting the referral or the team rejecting the referral will notify the family and the referrer.

7. **Consultation.** Consultation discussions may be referred by another agency, where they retain responsibility for the case but are seeking a CAMHS perspective on their work with a young person or family. The agency referring the consultation is required to obtain written consent (Information Sharing Protocol) from the family. It is the responsibility of the CAMHS team to clarify that written consent has been obtained.

8. **Case Discussion /Information Gathering Meetings.** These cannot proceed without written consent from the family. They are different from consultation meetings in that the referrer has not instigated the meeting/referred guidance and support (the original referral has been made with the explicit intention of securing a direct service from CAMHS for the young person) and is used by the CAMHS Team to decide whether or not a case is appropriate.

Emergency Referrals
Where mental health problems present an immediate and significant risk of harm the young person should be assessed by CAMHS the same day if required and no later than the end of the next working day.

Urgent Referrals
Where a referral is received during office hours, which is considered by the service to be urgent an appointment will be offered within 2 weeks depending on level of presenting risk. Advice should be given about how to access support if required before the appointment. Urgent Referrals of this nature may be made by telephone but must be followed up in written form. Urgent Referrals should not be made by fax without telephone notification.

When young people have engaged in significant self-harm they should be advised to access medical assessment directly and urgently.

CAMHS do not offer an out of hour's emergency assessment service. Psychiatric emergencies presenting outwith office hours should be directed to NHS 24 or A&E, who may then refer on to CAMHS, during working hours if appropriate.

The team Duty Worker has a key role in co-ordinating urgent clinical response. Please see attached policies Admission of Young People to Hospital, DSH policy and role of CAMHS duty worker.

Telephone Availability
Locality CAMHS Teams are available by telephone (between the hours of 9am to 5pm, Monday to Friday) to discuss issues which may include the following:

- Appropriateness of a referral
- Urgent concerns.
- Information sharing.

Teams will have arrangements in place for a duty clinician to respond to such calls. A clinician may not be immediately available but wherever possible the call will be returned by the end of the working day.

Changes for CAMHS COVID Response Period.

Our normal operating procedures have been maintained. We are providing assessment and intervention by telephone and Near Me consultations and face to face only where unavoidable for high risk patients.

We have, as of 4th May, begun to offer assessment appointments (by phone and Near Me only) for cases currently on the wait list. We are working in chronological order starting with those waiting longest. We are writing to patients on the wait list inviting them to opt in to a telephone or Near Me appointment. Patients expressing a wish to wait for a face to face appointment will not be disadvantaged and will remain on the wait list. Following telephone or Near Me assessment, patients who do not meet the service clinical criteria for intervention will be discharged and signposted for self-help or alternative resources as suitable. Patients requiring a CAMHS intervention will have that intervention delivered by telephone, digital information and Near Me as required. Patients requiring intervention that can only be delivered face to face will be placed on the intervention wait list unless a face to face intervention is clinically indicated as an urgent requirement.