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**To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee**

**On: 18 June 2021**

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**Report by: Chief Officer**

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**Heading: Mental Welfare Commission Older People Themed Visit 2020**

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## **1. Summary**

- 1.1. In 2019 the Mental Welfare Commission (MWC) carried out a series of themed visits across all NHS Scotland wards that provide assessment and treatment for older people with a functional mental illness. On 16 April 2020, the MWC's findings and recommendations were published in the 'Older People's Functional Mental Health Wards in Hospitals: Themed Visit Report 2020'. The report made seven recommendations for Integration Authorities, outlined in section 3.4 below.
- 1.2. In response to the MWC Report, Renfrewshire Health and Social Care Partnership (RHSCP) developed an Older Peoples Mental Health Action Plan 2020/21 (the Action Plan) and detailed in Appendix 1 of this report. The Plan sets out the actions taken to meet the recommendations, factors affecting the delivery of those actions, timescales, and any next steps.
- 1.3. This report provides a progress update of the Action Plan 2020/21 against the recommendations, and the approach to the development of the NHSGGC board-wide Older People's Mental Health Strategy.
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## **2. Recommendation**

It is recommended that the IJB Audit, Risk and Scrutiny Committee is asked to note:

- a. The content of the report; and
- b. The content of Appendix 1, which details the required actions and timescales that are necessary to comply with the recommendations and findings of the Mental Welfare Commissions Themed Visit 2020.

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### **3. Background**

3.1. The MWC is a statutory body carrying out duties on five main areas of work – visiting people, monitoring the Acts, investigations, information and advice and influencing and challenging. To fulfil their statutory role, the Commission produce themed visit reports on areas of care and treatment where they have concerns. These reports identify any legal issues and recommend changes to policy makers and service providers.

3.2. The MWC last carried out these themed visits in 2015 and made recommendations to make improvements to:

- Person-centred care planning;
- The level of activity provision;
- The provision of clinical psychology;
- Ensuring that any restrictions placed on patients respect the rights of the individual;
- The provision of information for patients, their right of access to advocacy, respect for privacy, dignity and family life; and
- The physical environment and access to pleasant, safe and secure outdoor areas.

3.3. Since the 2015 themed visit, the MWC has continued to visit wards as part of its local visit programme as well as consulting with patients, staff and relatives. This information informed the main areas of focus for the 2019 themed visit:

- Care and treatment (including physical health)
- Provision of activity;
- The physical environment; and
- Involving family/carers.

3.4. To measure improvements between 2015 and 2019, the themed visit was repeated and the following recommendations to improve patient care were made for Integration Joint Boards:

- Review and increase where necessary the provision of psychological intervention for older people with mental illness.
- Ensure people with dementia are not admitted inappropriately to wards for older people with functional mental illness.
- Where wards are mixed (admit people with dementia alongside those with a functional mental illness), the physical environment should provide privacy and dignity for both patient groups and

staff should be suitably trained and resourced to meet the complex and diverse needs of both groups.

- Review the skill mix in wards for older people with functional mental illness to ensure there is adequate availability of staff to recognise and manage physical health needs.
- Invest in the provision of staff who are trained and resourced to provide a range of therapeutic and recreational activities.
- Ensure clear protocols, that include social work, are in place for patient transition from adult to old age services and decisions to transition are based on individual need and not on arbitrary age limits or the needs of the service.
- Provide a range of community services to support older people with mental illness, particularly in relation to crisis and preventing unnecessary admission to hospital.

3.5 As noted in 1.2 above, the Action Plan 2020/21 is detailed in Appendix 1 and contains progress updates for each recommendation, therefore not duplicated within the body of this report.

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## 4. Older Peoples Mental Health Strategy

4.1 Work on the NHSGGC board-wide Mental Health Strategy was commenced in 2017 as a key part of the Moving Forward Together Programme. This work is also key to delivering the IJB's Strategic Plan 2019/22. The Adult Mental Health Programme Board oversees the strategy and work on a specific Older People's Mental Health (OPMH) Strategy began in 2018. The Programme Board includes clinical, managerial and staff representatives from across the NHSGGC Mental Health System. The approach has been to view Mental Health Services in one integrated system, albeit serving different needs with specific care pathways. Supporting work-streams have been implemented:

- COVID-19 recovery planning;
- Capacity, effectiveness and efficiency of community services;
- Inpatient bed modelling and estate;
- Workforce planning;
- Unscheduled care;
- Overall financial framework; and
- Environment and involvement.

4.2 In recent months a specific focus has been reviewing and refreshing the draft OPMH Strategy in light of our response to the pandemic. A key assumption in recovering planning is that the demand for mental health services will increase post-pandemic and unquantifiable at this stage. It

is planned to conclude work on the OPMH Strategy later this year, details of which will be reported to the IJB.

4.3 The purpose of the five year board-wide NHSGGC OPMH Strategy is to design a system of care that is patient-centred, which aims to shift the balance of care away from beds and institutional based services to supporting older adults with mental health problems to live independently in their own home for as long as possible, and with the ability to quickly and easily access specialist services when needed. The strategy takes a whole system approach, linking the planning of services across NHSGGC, incorporating the planning priorities of the six HSCPs and aligned with the delivery of the Scottish Government's Mental Health Strategy 2017-2027. The strategy has a range of work-streams that report to a Programme Board. The strategy group has focused on:

- Developing the community health and social care infrastructure required to meet future needs and changes in inpatient care, including a coordinated system of unscheduled care;
- Reviewing the inpatient bed model for NHSGGC, including commissioned beds and residential care models
- Designing an efficient and sustainable overall OPMH system of care, underpinned by an agreed financial framework; and
- Develop an HSCP older people mental health performance and accountability framework.

4.4 Progress on two key strands of the strategy – community services and the inpatient bed model together with the key emerging issues are summarised below.

4.5 The emerging thinking on the Community Model is that:

- We take a staged approach in line with, but in advance of, changes in inpatient services (bridging resources might be required)
- Needs because of future demographic changes in the over 65 population should be met through the development of community services rather than more inpatient beds
- We should build on learning from the impact of the COVID-19 pandemic, considering the changed environment within which services now operate; and
- Include commissioning intentions for third and independent sector support, including housing

4.6 The specific areas of focus for development of community services include:

- Early intervention & prevention and health education messages, particularly highlighting healthy lifestyles with prevention or delay of onset of dementia
- Implement the effective and efficient teams model so that community teams have capacity to focus on patients with more complex needs; and,
- As a first step, prioritise community based “crisis” or “intensive support services”. It has been highlighted that there is a gap in crises response services for older adults, both for those in the community and in care homes.

4.7 In respect of dementia it is proposed that HSCPs build on the pathfinder approach to care co-ordination in Inverclyde and develop similar care co-ordination pathways for people with dementia, as an integral part of the community model for OPMH.

4.8 A detailed analysis has been undertaken of bed occupancy rates, bed usage, data on so-called ‘boarders’ both external and internal to NHSGGC, the results of last year’s day of care audit, and local and UK benchmarking data. The conclusion from this work was that compared to other healthcare systems, for NHSGGC it is possible to reduce bed numbers over time without de-stabilising the care system, and considerable scope for a more efficient use of existing bed capacity.

## 5. **Impact of COVID-19**

5.1 Underpinning the OPMH Strategy is the Community Services framework. The purpose of the framework is to:

- Describe a model for development of community based OPMH services across all HSCPs within NHSGGC by:
  - setting out the range of services and support that will be accessible to older adults with mental health problems, and their carers in their community; and,
  - describe the roles and skills required within Community Older People’s Mental Health Services.
- Provide an opportunity to identify and focus on best practice in patient centred processes; and,
- Support and facilitate the sharing of learning and expertise.

5.2 As we move to a new Community Model, we will consider the impact of COVID-19 on how we deliver services and work as community teams going forward. During this period the ability of teams to deliver services was restricted and new ways of working including using technology e.g. facilitating virtual visiting through provision of iPads, remote working and

remote consultations were all adopted successfully. As we develop a new model of services and delivery for services, we will capitalise on the benefits technology can bring to, not simply in how the service connects with patients and families, but how we assess and care for them.

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## **6. Provision of Psychiatry Services**

- 6.1 A key finding of 'The Older People's Functional Mental Health Wards in Hospitals: Themed Visit Report 2020' is around the difference in psychiatric provision and range of old age mental health services. Psychiatrists were surveyed about good practice and in particular, what services psychiatrists find helpful in preventing hospital admissions for older people. Significantly, all identified services by psychiatrists are already embedded with Renfrewshire and detailed in Appendix 2.
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## **7. Conclusion**

The report updates the IJB Audit, Risk and Scrutiny Committee on the work done to date against the recommendations of the Mental Welfare Commission 'Older People's Functional Mental Health Wards in Hospitals: Themed Visit Report 2020' and the approach to the development of the Older People's Mental Health Strategy. The Action Plan 2020/21 will continue to be updated in line with the delivery of local/national strategic priorities and the ongoing recovery from COVID-19.

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## **Implications of the Report**

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – The Mental Welfare Commission is a statutory body.
5. **Property/Assets** – Property remains in the ownership of the parent bodies.
6. **Information Technology** – none.
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – Failure by services to implement the recommendations from the Mental Welfare Commission could lead to poor visit and monitoring results and

enforcement action from the Mental Welfare Commission, as well as negative outcomes for service users and carers. Reputational risk also.

**11. Privacy Impact** – none.

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**List of Background Papers**

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## Older Peoples Mental Health (OPMH) Action Plan 2020-2021

	Not started
	On track/completed
	Monitor progress to ensure timeline adhered to
	Work required to ensure timeline adhered to

**Factors Key:**  
External, Capacity,  
Operational, Resources,  
People

<b>Date Developed:</b>	25/05/2021
<b>Date last updated:</b>	25/05/2021

No.	Mental Welfare Commission - Older People's Functional Mental Health Wards in Hospitals - Themed Visit Report Recommendations 2020	Area of Focus	Factors affecting recommendation delivery	Timescales	RAG	Progress Update	Relevant Documents	Next Steps
1	<b>Review and increase where necessary the provision of psychological intervention for older people with mental illness.</b>	Provision of activity	<ul style="list-style-type: none"> <li>External: impact of COVID-19 over last 14 months to date.</li> </ul>	Apr-21		<ul style="list-style-type: none"> <li>Increased psychological intervention for OPMH. 1 x WTE Principal Psychologist in post with 1 x 0.5 day session p/w in Ward 39 OPMH Functional Ward. Activities include:               <ul style="list-style-type: none"> <li>- Assessment where uncertainty around diagnosis</li> <li>- Specific neuropsychology queries</li> <li>- Queries around functional MH diagnosis</li> <li>- Assisting Team with a biopsychological formulation on presentation</li> <li>- Supervision of Low Intensity Psychological Therapy (not ongoing at present)</li> <li>- Psychological Therapy - limited scope at present. Would be CBT therapy</li> </ul> </li> <li>For Dementia Ward (Ward 37 RAH) Principal Psychologist input is also 1 x 0.5 day session p/w. Work is focused on implementing Psychological Interventions in response to Stress and Distress in Dementia Model of Care.</li> <li>Increased Psychology time would allow for more MDT work (4 MDTs per week usually) and more direct CBT work with patients. Consequently, Professional Lead for Older Peoples Clinical Psychology Services is currently in discussions with Renfrewshire MH Leads with a view to increasing Clinical Psychology Resource when funding available.</li> <li>Behavioural Activation training provided to staff.</li> </ul>		<ul style="list-style-type: none"> <li>Clinical Psychology Resource to be reviewed when funding available.</li> </ul>
2	<b>Ensure people with dementia are not admitted inappropriately to wards for older people with functional mental illness.</b>	Care and treatment (including physical health)	<ul style="list-style-type: none"> <li>Environment: Renfrewshire have separate Organic (Ward 37 RAH) and Functional (Ward 39 RAH) OPMH Wards.</li> </ul>	n/a		<ul style="list-style-type: none"> <li>Renfrewshire have separate Organic (Dementia) and Functional OPMH wards. Occasionally, patients with organic brain disorders are admitted to Ward 39, mostly when no formal diagnosis or patient is mild to moderate, more functional and independent.</li> <li>If dementia admission and no bed within Renfrewshire, a bed would be secured out with Renfrewshire across GGC estate as part of our whole system approach. Where not possible, admission to Ward 39 would take place but transferred to a dementia focused ward asap.</li> </ul>		
3	<b>Where wards are mixed (admit people with dementia alongside those with a functional mental illness), the physical environment should provide privacy and dignity for both patient groups and staff should be suitably trained and resourced to meet the complex and diverse needs of both groups.</b>	The physical environment.	<ul style="list-style-type: none"> <li>Environment - Renfrewshire have separate Organic (Ward 37 RAH) and Functional (Ward 39 RAH) OPMH Wards.</li> </ul>	Ongoing		<ul style="list-style-type: none"> <li>We have a mixed estate. Ward 39 is an older style dorm. Complex care wards (North/East Wards, Debar) may sometimes be mixed but are all single rooms with en-suite facilities. In line with the OPMH Strategy, the OPMH Strategy Group is currently reviewing the inpatient bed model for NHS GGC including commissioned beds and residential care models.</li> <li>Current Staff Skill Mix is Multi-Disciplinary: Registered Mental Health Nurses, Health Care Support Workers, Occupational Therapists, Physiotherapists, Junior Medical Staff, Consultant Psychiatrists, Psychologists.</li> <li>Staff training provided on Behavioural Activation, Newcastle Model and Cognitive Behavioural Therapy (CBT)</li> <li>Voluntary 12 hour shift pilot to promote continuity of care.</li> </ul>		<ul style="list-style-type: none"> <li>In line with OPMH Strategy, further work on both community and inpatient service models, including commissioning implications for third and independent sector support including housing is underway.</li> </ul>

4	Review the skill mix in wards for older people with functional mental illness to ensure there is adequate availability of staff to recognise and manage physical health need.	Provision of activity	<ul style="list-style-type: none"> <li>•External: impacted by COVID-19 but now in recovery phase</li> <li>•Resources: given demands of COVID-19 there have been challenges to recruitment for nursing staff within Renfrewshire, across GGC but also nationally.</li> </ul>	Apr-21	<ul style="list-style-type: none"> <li>•Voluntary 12 hour shift pilot to promote continuity of care.</li> <li>•Resources: currently reviewing recruitment and retention of Band 5s and whether recruitment should be focused on Band 6s. Notably, NNHSGGC have had a great response from retired nurses who returned to work due to COVID-19.</li> <li>•Review of training needs assessment completed in Ward 39.</li> <li>•AHP support for Ward 39 includes Occupational Therapists, Physiotherapists, Speech and Language Therapists and Dieticians</li> <li>• Activities Co-ordinator role introduced within Ward 39 to provide programme of meaningful activities 5 days p/w</li> <li>• Development Programme in place for staff which includes physical healthcare, palliative care, Behavioural Activation, CBT, Stress &amp; Distress, record keeping, care planning, NEWS2, clinical supervision, medical emergency, violence reduction and leadership training</li> <li>• Line management supervision and annual staff performance reviews (TURAS) in place -</li> <li>• Professional leads actively involved in staff development.</li> </ul>		<ul style="list-style-type: none"> <li>•In line with OPMH Strategy, continue to develop a sustainable workforce plan that reflects the shifting balance of care and practical constraints around consultant recruitment and other recruitment challenges.</li> </ul>
5	Invest in the provision of staff who are trained and resourced to provide a range of therapeutic and recreational activities.	Provision of activity	<ul style="list-style-type: none"> <li>• External: due to COVID-19 restrictions on some activities involving external agencies have been paused during pandemic, including Therapist and Music Therapy. Will recommence when restrictions ease.</li> </ul>	Jul-20	<ul style="list-style-type: none"> <li>• Recent investment of ACTION 15 provided 6 x Band 3 therapeutic support workers aligned to each inpatient ward area (North/East ward x 1 April 2021, Ward 37 x 1 Dec 2019, Ward 39 x 1 May 2020, South Ward x 1 May 2020, South Ward x 1 May 2020, Arran ward x 1 Aug 2020 and Leverdale 3b x 1 Aug 2020). Posts designed to enhance therapeutic interventions into each of the inpatient MH Wards in Renfrewshire in line with the OPMH Strategy and Dementia Strategy recommendations. Posts have had a positive impact in reducing stress and distress symptoms and promoting MH recovery. Post holders responded well to additional challenges COVID-19 presented and provided an invaluable resource to inpatient services.</li> <li>•Training programme for Nursing Staff in place, covering behavioural Activation, CBT, Stress &amp; Distress -</li> <li>• Occupational Therapist and Occupational Therapy Technicians</li> <li>• Activities Co-ordinator role introduced within Ward 39 to provide programme of meaningful activities 5 days p/w</li> <li>•Posts released and being advertised to increase availability of OT Technicians</li> <li>•Activity/Group area in Wards</li> <li>•Weekly programme of activities</li> </ul>		<ul style="list-style-type: none"> <li>•As part of COVID-19 recover planning a review of activities provided by external agencies to be reviewed in line with current restriction guidelines.</li> </ul>
6	Ensure clear protocols, that include social work, are in place for patient transition from adult to old age services and decisions to transition are based on individual need and not on arbitrary age limits or the needs of the service.	Care and treatment (including physical health)		n/a	<ul style="list-style-type: none"> <li>• Renfrewshire position individuals tend to remain in adult services until age of 70, rather than 65. Adult and OPMH Services work closely and with flexibility. Both Clinical Directors ensure flexibility as patient needs come first and are part of the same management team.</li> <li>•NHS GGC CMHT Operational Framework 2016 states: 'No-one will be excluded from access to any service on the basis of chronological age alone'. 'Graduate transitions between Older Adult and general Adult services will continue to be defined by needs, rather than age'.</li> <li>• MDT decision on patient transition from Adult Mental Health to OPMH in line with <b>NHS GGC MHS Guidance for the Transfer of Graduate Patients from General Adult to Older Adult Psychiatry August 2018</b></li> </ul>	<ul style="list-style-type: none"> <li>• NHS GGC MHS Guidance for Transfer of Graduate Patients from General Adult to Older Adult Psychiatry August 2018</li> <li>• NHS GGC CMHT Operational Framework 2016</li> </ul>	

7	<p><b>Provide a range of community services to support older people with mental illness, particularly in relation to crisis and preventing unnecessary admission to hospital.</b></p>	<p>Care and treatment (including physical health)</p> <p>Involving the family/cares.</p>		Ongoing	<p>• Board wide 5 year NHSGGC OPMH Strategy. A key part of strategy is a framework for the development of community OPMH services. Aims to shift balance of care away from beds and institutional based services to supporting OPMH to live independently in own home as long as possible and with ability to quickly and easily access specialist services when needed. Purpose of framework is to:</p> <p>1. describe a model for development of community based OPMH services across all HSCPs within NHSGGC by:</p> <ul style="list-style-type: none"> <li>- setting out range of services and supports accessible to OPM, and their carers, in their community; and,</li> <li>- describe roles and skills required within Community OPMH Services.</li> </ul> <p>(b) provide an opportunity to identify and focus on best practice in patient centred processes; and,</p> <p>(c) support and facilitate the sharing of learning and expertise.</p> <p>•Older Persons Community Mental Health Team (OPCMHT) is a fully integrated Multi-Disciplinary Team including medical, nursing, social work, psychology, O/T and physiotherapy staff. Community Services include:</p> <ul style="list-style-type: none"> <li>• IHTT (Crisis Service)</li> <li>• Social Care Packages (SDS)</li> <li>• Mental Health Care Home Liaison Service - established in 2016 consisting of 3 x nursing staff and consultant psychiatrist</li> <li>• Extended Hours CPN Service - provided by IHTT inside hours then IHTT phonelines are diverted to NHS 24 Mental Health via 111 for help and assistance. If assessment required out with hours, referral allocated to MHAU.</li> <li>• Commissioned Third Sector services include RAMH, Roar, Connections For Life and Renfrewshire Carers Centre</li> </ul>	<p>• NHSGGC Older People Mental Health Strategy</p> <p>• NHSGGC Older Peoples Mental Health Strategy Framework for Community Services</p>	
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## Appendix 2 – Provision of OPMH Psychiatrist Services within Renfrewshire

Service	Description
Intensive Home Treatment Team (IHTT)	Team of psychiatrists, community psychiatric nurses and occupational therapists offering treatment, care, information, advice, and support for those with mental health problems and carers.
Support team for care home patients	Mental Health Care Home Liaison Team established in 2016 consisting of three nursing staff and a consultant psychiatrist. Each care home liaison nurse is allocated to a specific care home to ensure effective and open communication and ongoing mental health input for residents.
Hospital liaison service	Acute Psychiatric Liaison team established in 2017 consisting of 1.5 nursing staff and a consultant psychiatrist. This enabled strong working relationships to be built between liaison nurses and the acute hospital RAH.
Supported accommodation	Several supported accommodations, accessible by Locality Social Workers or OPMH services, with hospital input from MH Hospital Discharge Team. Additional support provided by OPCMHT Social Work Team to ensure no delayed discharges.
Urgent referrals team	Same day assessments managed primarily by IHTT or OPCMHT depending on need and capacity. GPs and other agencies contact OPCMHT for urgent referrals.
Crisis Assessment and Support Team (CAST)	IHTT remit. If social or environmental health crisis, allocated to CPN or social worker to ensure crisis management using existing care providers.
Extended hours CPN service	IHTT remit. Out of hours response provided by NHS 24 Mental Health Hub via 111. If assessment required referral allocated to MHAU.
Early identification of delirium	Achieved in several ways. GP assessment of acute MH presentations and part of screening referrals. CPNs equipped at understanding need for physical health assessment to assess presence of delirium. Liaison Team work closely with acute hospital staff to identify and

	effectively manage delirium. Follow up work provided by OPCMHT to assess lasting effects and provide post-diagnostic support.
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