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Item No: 10

Meeting Date: Wednesday 27th April 2022

**Glasgow City
Integration Joint Board**

Report By: Jacqueline Kerr, Assistant Chief Officer, Adult Services & North West Operations / Interim Chief Social Work Officer

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Cossette Report – NHSGGC / Glasgow City Response

Purpose of Report:	The purpose of this paper is to seek approval to implement the proposed 'screen and signpost' service model that responds to the Scottish Government Cossette Report on the mental health needs of patients hospitalised with Covid.
Background/Engagement:	The proposals have been considered by the Mental Health Programme Board; Board-wide Mental Health Heads of Service group; HSCP Chief Officers meeting; NHSGGC CMT.
Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input checked="" type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/> See background/engagement</p> <p>Not Applicable <input type="checkbox"/></p>

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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none">a) Approve the proposed 'screen and signpost' service model sitting alongside GGC Liaison Services and hosted within Glasgow City HSCP Specialist Mental Health Services; andb) Agree recruitment of 0.3 WTE Consultant Psychiatrist, 0.3 WTE Consultant Clinical Psychologist, 4.0 WTE Band 6 mental health practitioners, 1.0 WTE Band 4 Administrator and 1.0 WTE Band 6 Nurse for Liaison.
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Relevance to Integration Joint Board Strategic Plan:

Implementation of the proposed model, responding to the Cossette Report, will support the IJB's key priority of prevention, early intervention and harm reduction.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The strategy and spending plans are relevant to all nine National Health and Wellbeing Outcomes.
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Personnel:	Staff partners will be involved in shaping these workforce developments and additional staff will be recruited subject to approval.
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Carers:	None
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Provider Organisations:	None
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Equalities:	An EQIA will be completed as part of the development of the model. Due to the requirement to put in place a plan to meet the requirements laid out by the Scottish Government timeously, it has not been possible to complete the EQIA prior to approval of the model. The HSCP will carry out the EQIA as a matter of urgency and implement any and all actions required to mitigate any identified negative impacts on groups with protected characteristics.
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Fairer Scotland Compliance:	None
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Financial:	The proposals have been developed to fit within the allocation from Scottish Government.
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	Key risks will include ability to recruit, and capacity within primary care or other services to accommodate unanticipated demand
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	<input type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input checked="" type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

1. Purpose

- 1.1. The purpose of this paper is to seek approval to implement the proposed service model that responds to the Scottish Government Cossette Report on the mental health needs of patients hospitalised with Covid.

2. Background

- 2.1. The Scottish Government commissioned Dr Nadine Cossette, a Consultant Liaison Psychiatrist from the Royal Infirmary Edinburgh, in July 2020 to examine the mental health needs of patients hospitalised due to COVID-19.
- 2.2. The Cossette report, [Coronavirus \(COVID-19\): mental health needs of hospitalised patients](#), published Sept 2020, highlighted the experience of severe Covid, including patients being admitted to strange environments, interacting with staff in full personal protective equipment and, particularly at that time, awareness of fellow patients dying and the fear that they themselves will not survive. The effects of this, which often continue after patients leave hospital, include depression, anxiety, PTSD and cognitive problems.
- 2.3. The report outlined how mental health services in Scotland were not configured to meet such needs nor was there capacity. It made a number of recommendations as a result.

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- 2.4. The Scottish Government subsequently wrote to Health Board Chief Executives outlining their expectations. The letter received by NHSGGC stated “It is intended that, within the first year, NHS Greater Glasgow and Clyde should aim to contact all people who have been hospitalised due to Covid-19 within the Board area and assess their mental health needs. Screening questionnaires will help facilitate the assessment process. If treatment is required, this can be delivered directly by the appointed clinicians or through signposting to appropriate local mental health services. A stepped care model would be utilised to inform care and treatment. It is anticipated that treatment would be provided to approximately 900 people.”
- 2.5. The national budget for mental health assessment and treatment following hospitalisation with Covid was allocated based on NHS Scotland Resource Allocation Committee (NRAC) formulation, despite 33% of patients hospitalised with Covid being treated within NHSGGC.
- 2.6. NHSGGC was identified as the host for the National Advisory Group (NAG), a group of senior clinicians who will provide induction for staff appointed to the Post Covid mental health teams across Scotland and provide information to HSCPs to inform service delivery. Staff have been recruited through additional sessions, and resource transfer has been agreed with other board areas.

3. Greater Glasgow & Clyde Modelling

- 3.1. Data analysis for GG&C hospital admissions was completed in June 2021. 2733 patients were identified as in scope for the post Covid mental health response team and modelling was formulated on this basis. Those open to mental health caseloads are already in contact with mental health services and do not require additional screening. Hospitalisations have continued to increase, and further data analysis is underway to provide an up-to-date number for patients who require to be contacted.
- 3.2. It should be noted that patients who were not hospitalised were not included in the report and are not in scope for the planned work.
- 3.3. Breakdown by age and status as known to services are highlighted below (data source EMIS, June 2021):

	Under 18	18 – 64	65 and over	Total
Open to MH caseloads	1	247	503	751
Not open to MH caseloads	115	1093	1525	2733
Total	116	1340	2028	3484

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- 3.4. The service model requires to incorporate the following factors:
 - 3.4.1 The budget for implementing the Cossette report is £311,920 per year for 3 years. The model and staffing complement are constrained by the limited budget.
 - 3.4.2 There is additional budget to provide Project Management and administration sessions, with an allocation of £20,000 aligned to the National Advisory Group (NAG).
 - 3.4.3 Patients will be proactively contacted by the new team to inform them of the service and ask if they wish to be screened for the mental health sequelae of Covid. Administration and management of the screening process, including appropriate follow up of patients who did not respond to contact, is a core function of the process.
 - 3.4.4 Appropriate interfaces and pathways should be established to allow for referral on to appropriate services, and to accept referrals if patients require urgent assessment.
 - 3.4.5 The service model should ensure that there are defined pathways for patients who screen as high risk for severe mental health issues.
 - 3.4.6 GG&C data has indicated that 56% of patients are over 65 years, and therefore the impact of increased activity on Older People's Mental Health services required consideration.

4. Contact with patients

- 4.1. Contacting over 2,700 patients will be a significant administrative task. Scottish Government have agreed that patients should be contacted in batches. It is proposed that patients should be contacted in line with their date of discharge from hospital, and it is expected that ICU and HDU patients will be prioritised due to higher incidences of mental health symptoms noted in these patient groups. Data has been requested from business management to support the planning, although it is unclear whether it is possible to specifically identify ICU and HDU patients.
- 4.2. A digital platform has been proposed to aid patient contact, although In:Spire clinicians found that this had low patient engagement.
- 4.3. It has been agreed that all patients will be contacted by letter, other than those with open episodes to mental health services, and the National Advisory Group have produced a template letter for health boards to adapt.
- 4.4. Appropriate locality-based information on third sector supports will be sent with the initial contact letter informing patients of services available.

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5. Screening

- 5.1. Screening tools have now been finalised by the NAG, with the intention to assess initially with generic screening tools, with a suite of additional screening tools to be recommended should patients present with more complex symptoms.
- 5.2. The projected uptake for screening is unknown. In:spire found that 90% of patients who had been admitted to ICU/HDU accepted further input. NHS Lothian data indicates that approximately 45% of patients opted in for screening, and 40% had symptoms as indicated by the screening tools. NHS Lothian modelling predicts that around 550 patients would require further treatment after initial assessment for anxiety, depression, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder or cognitive issues.
- 5.3. The presumption is that patients will present with multiple issues and appropriate signposting to local services will be required. Pathways and patient information leaflets will be required for patients presenting with fatigue, common in Covid, which may complicate mental health issues. The National Advisory Group are due to advise on the management of fatigue.
- 5.4. Adjustment reactions to the sequelae of Covid will also require appropriate signposting – Covid grief and guilt, adjusting to loss of functioning, job loss, furloughing, financial issues and carer distress may present.
- 5.5. Studies have indicated an emergence of alcohol dependency in patients recently and therefore assessment and counselling, information sharing or appropriate signposting will be required.

6. Post Covid Mental Health Service Model

- 6.1. A range of models were considered to meet the requirements laid out by Scottish Government, including a treatment team, a commissioned third sector model and Primary care. The model however is constrained by the budget available, which is based on NRAC formulation rather than the prevalence of patients hospitalised with Covid. Capacity concerns have been highlighted to Scottish Government and the National Advisory Group and will be monitored when the team begin to contact patients.
- 6.2. The proposed model is a post Covid mental health team that will screen patients and signpost accordingly and provide brief interventions where required. Four Band 6 mental health practitioners will screen all patients who respond, providing support and advice, and psychologically informed brief interventions where clinically indicated. The team will be supported by a Consultant Psychologist and Consultant Psychiatrist, who will have patient contact with those assessed as requiring further psychiatric care or psychological formulation to form assessment before discharging to community services.

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- 6.3. Screening tools with validated outcomes will support staff to assess mental health need and reassure and discharge patients if the presenting symptoms do not require ongoing treatment. It is likely that a number of patients will require primary care or community mental health support, although it is anticipated that those with the most severe presenting mental health conditions will have been referred by In:Spire or Primary Care over the past 22 months.
- 6.4. Pathways into Primary Care or other services will be critical, as the mental health team will not have the capacity or governance to manage physical health conditions. The team will establish links with acute services including rehabilitation and respiratory care and facilitate onward referral where required.
- 6.5. There may be challenges in relation to the recruitment of staff, although mental health practitioner posts open recruitment to nursing, OT and AHPs. Consultant Psychiatry and Consultant Psychology input will be managed through additional sessions.
- 6.6. The post Covid mental health team will be hosted alongside the board-wide Liaison service, which should offer the opportunity to utilise the budget more efficiently. Operational support will be provided to the National Advisory Group by the existing Liaison operational manager (NHS Band 8a), and a Band 7 practitioner will be realigned as Team Leader to the post Covid mental health team and backfilled by a Band 6 nurse.
- 6.7. The staffing model is detailed below and can be accommodated within the £311,920 budget received from Scottish Government by utilising the additional £20,000 for administration and project management.

Table 1: Staffing for Screen and Signpost Interventions model

SG funding received for 21.22

£331,920

	GRADE	NO.	COSTING
OPS MANAGER INC PROJECT MAN	BAND 7 with input from 8A	1	£56,068
CONSULTANT PSYCHIATRIST		0.3	£34,500
CONSULTANT CLINICAL PSYCHOLOGIST	BAND 8C	0.3	£29,040
NURSE/OT	BAND 6	4	£181,600
ADMIN	BAND 4	1	£30,700
TOTAL			£331,908

AVAILABLE BUDGET

£331,920

STAFFING COSTS

£331,908

OUTSTANDING

-£12

7. Recommendations

7.1. The Integration Joint Board is asked to:

- a) Approve the proposed 'screen and signpost' service model as outlined above, sitting alongside GGC Liaison Services, and hosted within Glasgow City HSCP Specialist Mental Health Services; and
- b) Agree recruitment of 0.3 WTE Consultant Psychiatrist, 0.3 WTE Consultant Clinical Psychologist, 4.0 WTE Band 6 mental health practitioners, 1.0 WTE Band 4 Administrator and 1.0 WTE Band 6 Nurse for Liaison.

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Direction from the Glasgow City Integration Joint Board

1	Reference number	270422-10
2	Report Title	Cossette Report – NHSGGC / Glasgow City Response
3	Date direction issued by Integration Joint Board	27 April 2022
4	Date from which direction takes effect	27 April 2022
5	Direction to:	NHS Greater Glasgow and Clyde only
6	Does this direction supersede, revise or revoke a previous direction – if yes, include the reference number(s)	No
7	Functions covered by direction	Mental Health Services
8	Full text of direction	NHS Greater Glasgow and Clyde are directed to implement the preferred 'screen and signpost' model identified in the 'Cossette Report – NHSGGC / Glasgow City Response' report in relation to responding to the needs of those hospitalised with Covid in Glasgow City Health and Social Care Partnership and the mental health recovery and renewal fund.
9	Budget allocated by Integration Joint Board to carry out direction	The funding allocation for this Direction is £331,920
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	April 2023

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