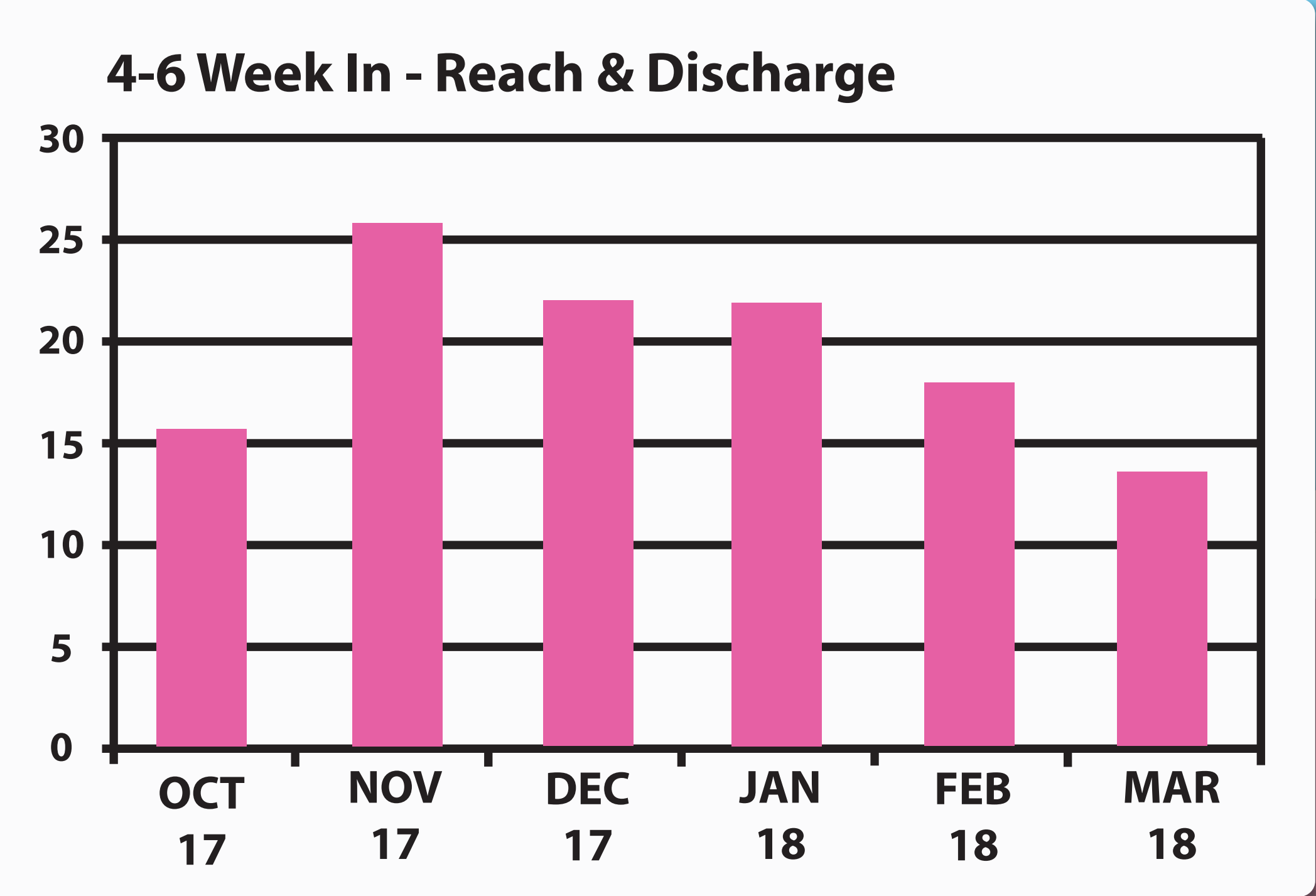


Aim/Objectives/Situation

Phase 3 of the Moray Mental Health Strategy includes a redesign of services. After consultation with the people of Moray, community representatives, Health and Social care, third sector and others through the ‘Making Recovery Real’ project (facilitated by Scottish Recovery Network) this pilot began in Oct 2017. The aim was to assist individuals with major mental illness to achieve their full potential, function at optimum levels and live as independently as possible in their own homes and be engaged with their local communities. In essence to have the right support at the right time from the right resources. Progressing fuller integration with 3rd sector partners to enhance progress already made from the integration of health and social care.



“During the last 6 months we had have extra support from SAMH Support Workers who have been able to pick up patients who are still currently inpatients with no discharge dates. They have enabled patients who have little contact with relatives and other services, to have time off the ward for social activities. As there has been no age limit it has been especially useful for our older adults, the extra support to the ward was invaluable during our staffing crisis”

(Ward 4 Manager)

Method/Background

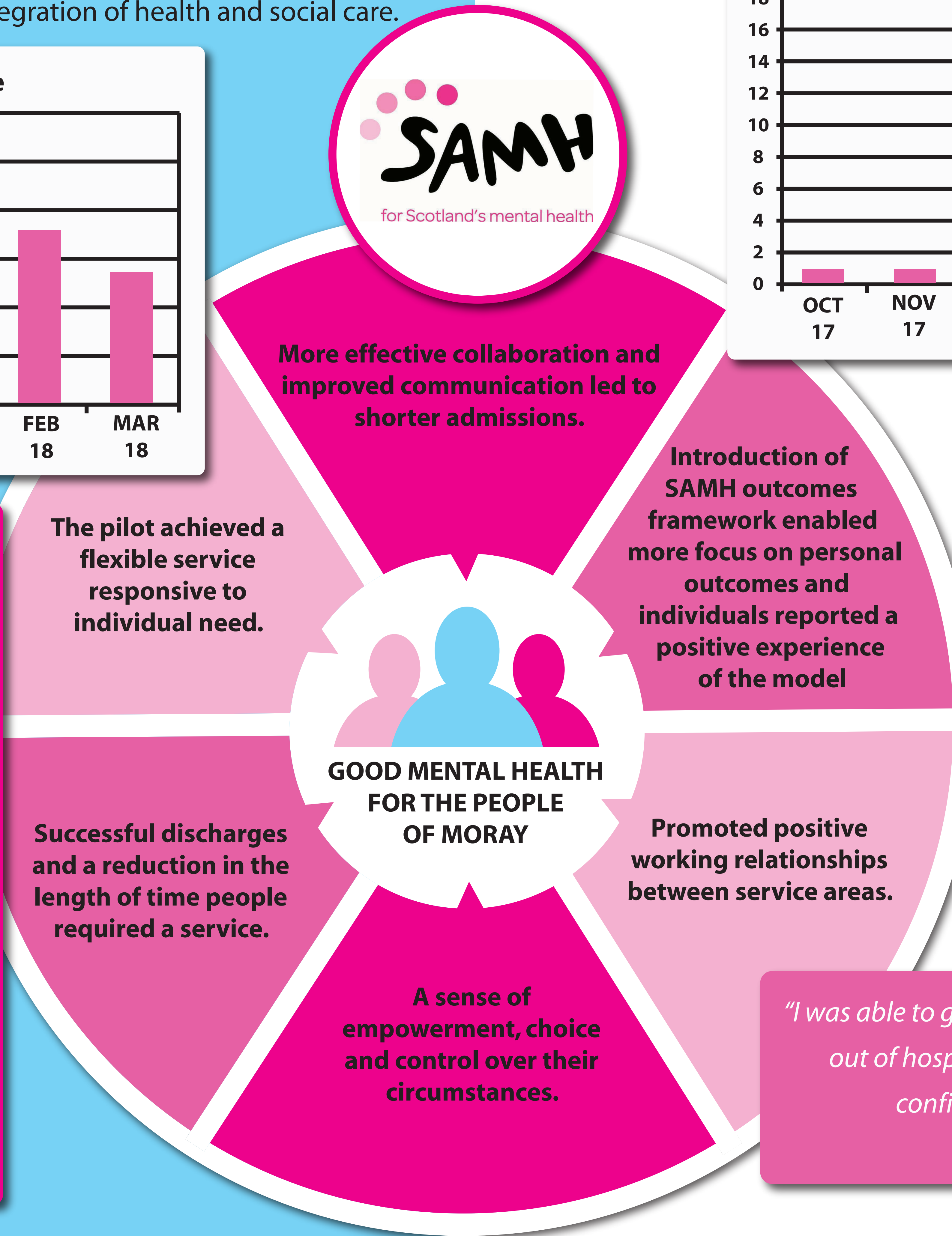
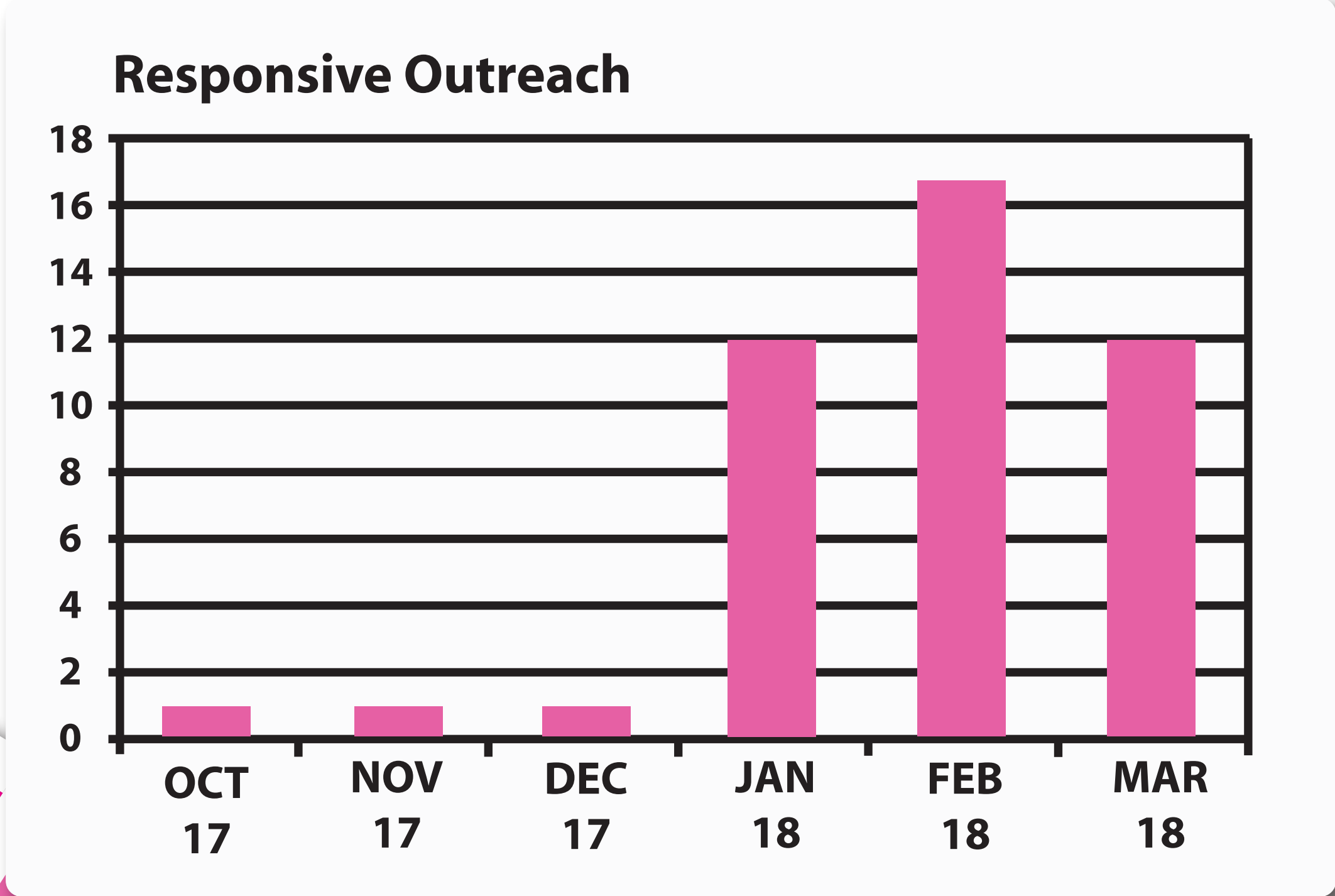
A new service delivery model was developed by SAMH in collaboration with Health and Social Care Moray. This is referred to as SPAN which is seamless partnerships – anticipating needs. The model has 3 pathways and was available across the whole of Moray. 4-6 week in reach and discharge support. 2 week post discharge/responsive outreach, to support successful discharges and prevent unnecessary admissions. 12 week community inclusion and reablement support. The 3rd Sector Service Lead met with ward nursing staff every week to prioritise and plan support for current inpatients and also attended the weekly SPAR/MDT meetings to contribute to the work flow management of the community mental health team as an equal partner. This facilitated a CMHT response that was proactive and preventative making best use of the resources available.

“The transition and planned discharge of my patient to home was a real success”

(Consultant Psychiatrist)

Results/Assessment

The pilot achieved a flexible service responsive to individual need and promoted positive working relationships between service areas. More effective collaboration and improved communication led to shorter admissions, successful discharges and a reduction in the length of time people required a service. Introduction of SAMH outcomes framework enabled more focus on personal outcomes and individuals reported a positive experience of the model - a sense of empowerment, choice and control over their circumstances.



“The SAMH services have contributed to a number of long term clients being helped to move on. Currently these clients are either independent of services or receiving mainstream services for independent living and promotion of good mental health”

(Social Worker)

“I was able to go home and I have managed to stay out of hospital, the SAMH staff gave me the confidence to believe in myself”

(Service User)

Conclusion/Recommendation

This test of change between third sector partners and Health and Social Care Moray has informed the future recommissioning of outreach services and paved the way for phase 4 of the strategy implementation, workforce development and embedding integrated practice. Individuals within Moray who have mental health needs can access person centered cohesive and flexible support when it is most needed, and thus achieve the ethos of **‘Making Recovery Real in Moray’**

