

## **Agenda Item 12**

### **Old Age Psychiatry (OAP) Services**



## Falkirk Integration Joint Board

4 September 2020

Old Age Psychiatry (OAP) Services

For Noting

### 1. Executive Summary

- 1.1. The report presents for information, the Old Age Psychiatry Services report that was approved by NHS Forth Valley Board.
- 1.2. This set out the business case for investment of an additional £400,000 per year (on a Forth Valley area wide basis) to increase the permanent establishment by 3 additional Consultant Posts in Old Age Psychiatry and to covert an Associate Specialist post to that of Consultant. This funding is in addition to that delegated to the Integration Joint Boards in their planning and commissioning roles.

### 2. Recommendations

The Integration Joint Board is asked to:

- 2.1 note the content of the report and that NHS Forth Valley has approved the proposal and the associated financial risk.

### 3. Background

- 3.1 Due to national and global recruitment shortages in Old Age Psychiatry all services across the UK are competing for an ever smaller number of Consultants. The paper sets out the investment required in Old Age Psychiatry workforce to create jobs that are competitive and appealing in order to have the best chance of recruiting permanent staff. The Board will note that this service forms part of the set aside budget.

### 4. OAP Services Proposal

- 4.1 The NHS Board report describes the staffing challenges within Old Age Psychiatry services that in recent years have required significant support from locum staff. This has impacted on local budgets and service continuity. The report is attached at Appendix 1 for information.

- 4.2 Considerable efforts have been made to remedy the local situation including introducing new ways of working which are less reliant on medical staffing. However, the service still require a critical number of senior clinical decision makers for our service to run safely (and which is also a legal requirement for Mental Health Act work).
- 4.3 NHS Forth Valley Board approved the proposal presented to them at their meeting on 25 August 2020. This was to invest an additional £400,000 per year to increase the permanent establishment by 3 additional Consultant Posts in Old Age Psychiatry and to covert an Associate Specialist post to that of Consultant. This funding is in addition to that delegated to the Integration Joint Boards in their planning and commissioning roles.
- 4.4 As previously reported to the NHS Board, financial pressures related to set aside services are met by NHS Forth Valley, therefore in approving the proposal the NHS Board has agreed that the associated financial risk will be managed by NHS Forth Valley. In effect, the NHS Board is already managing this pressure by funding the locum spend each year (which translates as an overspend within set aside services). The proposal is to effectively switch the existing locum spend to support an employed sustainable workforce. This will require identification of a recurring funding source.

## **5. Conclusions**

- 5.1 The report sets out the decision taken by NHS FV Board to invest additional funding to support Old Age Psychiatry Services and is presented to the IJB for information.
- 5.2 The additional investment is welcomed to ensure the needs of older people are supported, particularly given the increase in dementia and the alignment with the Strategic Plan priority to improve mental health and well-being.

### **Impact on IJB Outcomes and Priorities**

The HSCP Strategic Needs Assessment identified the growing numbers of people diagnosed with dementia. The additional capacity will support the HSCP Strategic Plan priority to improve mental health and well-being.

### **Legal & Risk Implications**

The NHS FV report notes there are risks to future service provision and financial risks that by recruiting to the posts would be lowered.

### **Consultation**

Clinicians working in all professional disciplines in Old Age Mental Health services have been fully consulted, particularly as NHS FV have been moving towards new multidisciplinary ways of working. The System Leadership Team discussed this paper and supported the recommendations being presented to the NHS Forth Valley Board at their meeting on 25 August 2020.

### **Equalities Assessment**

Equalities implications have been considered. There is no indication for a formal equalities impact assessment.

## **6. Report Author**

Jillian Thomson, Chief Finance Officer  
Suzanne Thomson, Senior Service Manager

## **7. List of Background Papers**

Not applicable

## **8. Appendices**

Appendix 1: NHS Forth Valley Board Report: Old Age Psychiatry Services,  
25 August 2020

**FORTH VALLEY NHS BOARD**  
TUESDAY 25 AUGUST 2020

## **6.2 Old Age Psychiatry Services For Approval**

**Executive Sponsor:** Mrs Cathie Cowan, Chief Executive

**Author:** Mr Andrew Murray, Medical Director

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### **Executive Summary**

There are a number of staffing challenges within our Old Age Psychiatry services and, in recent years we have required significant support from locum staff which has impacted on local budgets and service continuity.

Considerable efforts have been made to remedy the local situation including introducing new ways of working which are less reliant on medical staffing. However, we still require a critical number of senior clinical decision makers for our service to run safely (and which is also a legal requirement for Mental Health Act work).

Due to national and global recruitment shortages in Old Age Psychiatry all services across the UK are competing for an ever smaller number of Consultants. We therefore need to invest in our Old Age Psychiatry workforce and create jobs that are competitive and appealing in order to have the best chance of recruiting permanent staff. This funding is in addition to that delegated to the Integration Joint Boards in their planning and commissioning roles.

### **Recommendation**

The Forth Valley NHS Board is asked to:

- **approve** the investment of an **additional** £400,000 per year to increase the permanent establishment by 3 additional Consultant Posts in Old Age Psychiatry and to convert an Associate Specialist post to that of Consultant

### **Key Issues to be considered**

There have been multiple attempts to recruit to our vacant Old Age Consultant Psychiatrists posts over the last 5 years and every alternative option to find a solution has been explored. Our current services are already running with a low number of staff and some of existing staff have been approached regarding posts in other areas. Any further job losses would place the existing service under tremendous pressure and impact on our ability to deliver high quality, sustainable services.

Dementia is one of the most challenging and difficult health issues facing society and the NHS. Rates of the condition have doubled every 10 years, and are projected to do so going forward. Although life expectancy continues to increase we are sadly no closer to being able to treat the disintegration of the human brain that also occurs as we age. Managing the increasing numbers of individuals who will have dementia in the next few decades is, alongside global warming, arguably the main issue faced by societies around the world and certainly one of the biggest challenges faced by health and social services. By investing in our Old Age Psychiatry workforce now, we will be able to future proof our services with senior clinical leaders for the next 10 to 15 years.

## Financial Implications

### Cost

The proposal is to recruit an additional 4 consultants at a full year cost of £0.520m, increasing total consultants in post from 5.0 wte to 9.0 wte.

### Budget Investment

There is one funded vacancy within the recurring staff budget and therefore the additional net investment required is equivalent to 3 additional consultant posts at **£0.400m on a full year basis**, taking the total consultant staffing budget to £1.139m.

### Funding Source

Consultant locum costs, in addition to the employed posts, have historically averaged between £0.400m and £0.500m per year, subject to availability. The proposal is to switch this locum expenditure, which currently appears as an overspend, into recurring budget to provide a more sustainable service, improved value for money and reduced financial risk. The service would commit to no further locum spend once the additional consultant posts are recruited to. This approach has been shared with Chief Financial Officers in each of the Integration Joint Boards.

## Workforce Implications

If approved and we are successful at recruitment we would be fully staffed in Old Age Psychiatry, and almost fully staffed across the Psychiatry workforce. This would be a tremendous achievement in view of the national recruitment crisis currently affecting Psychiatry.

## Risk Assessment

There are risks to future service provision, continuity and training and development. Recruiting permanent staff whose training and development we could oversee would lower this risk.

There is a risk that by creating 4 new permanent posts, we would be exposed to the financial risk of having to employ 4 Consultant locums (as opposed to the 1 or 2 our services have used, when they have been available in recent years). However there is a guarantee from the Associate Medical Director that, if approved, the new budget would not be overspent going forwards. If, for example only 1 or 2 permanent Consultants could be recruited, we would clinically make up any service gap through employing locum Speciality Doctors (rather than Consultants).

## Relevance to Strategic Priorities

Shaping the Future, section 6.3 identified the growing numbers of people diagnosed with dementia and a need for additional capacity in Old Age Psychiatry. Dementia is also a key priority in each of the Integration Joint Board's Strategic Commissioning Plans.

## Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

## **Consultation Process**

Clinicians working in all professional disciplines in Old Age Mental Health services have been fully consulted, particularly as we have been moving towards new multidisciplinary ways of working. However there remains an ongoing need for Consultant Psychiatrists to provide ongoing safe, effective and sustainable services.

The System Leadership Team discussed this paper and supported the recommendations being presented to the NHS Board.

## **SBAR for Senior Leadership Team regarding Consultants in Old Age Psychiatrists Situation**

NHS Forth Valley, like many NHS Boards, has faced significant challenges recruiting Consultants in Old Age Psychiatry (OAP) in recent years. This has resulted in difficulties retaining existing staff, increased reliance on locum staff which has led to considerable budget overspends and reduced the continuity of care.

### **Background**

7 Consultants in OAP have retired or left Forth Valley since 2012. As a smaller more rural health board NHS Forth Valley traditionally struggles to attract psychiatrists compared to the larger, more urban centres such as Glasgow & Edinburgh.

There is an ongoing national and global work force shortage in OAP. The 2019 national workforce census shows that 20 out of 84 national posts are vacant (24%). There are very few trainees nationally due to qualify as Consultants to fill these gaps (8 in 2020 and 4 due in 2021).

We have reviewed new ways of working and multidisciplinary models which rely less on medical staffing, and over time we will covert our existing middle grade doctor posts to other clinical roles (within the next 5 years two of our middle grade doctors are due to retire). However, there will always remain tasks that require senior decision makers at Consultant level (and this is a legal requirement for Mental Health Act work).

Since October 2018 we have worked with a recruitment agency (Head Medical) to search nationally and internationally for potential candidates to fill our posts, however this has produced no candidates. NHS Forth Valley also participated in the Scottish Governments International Recruitment Drive. In May 2019 we campaigned strongly for the only Old Age Psychiatrist this process identified to be placed in Forth Valley. However the individual doctor identified subsequently failed their professional examinations which meant they were not qualified to work as a Consultant.

All the Health Boards in Scotland are competing for an ever smaller field of potential candidates from within the existing workforce which means there are ongoing workforce pressures to attract and retain suitably qualified and experienced medical staff.

The Forth Valley Consultant Old Age Psychiatry posts cover a catchment area of 12,000 compared to Lanarkshire jobs which have a catchment area of 8,000, Greenock 8,000 and Aberdeen 7,000. This makes it difficult to attract and retain potential candidates.

We currently have 1 WTE vacancy in Falkirk which has been nationally advertised several times since 2014. Over a five year period since 2015/16 we have spent significantly on locum staff, peaking between £400,000 and £500,000 per annum, to staff our service. Over reliance on locum staff can also impact on the quality and continuity of care. We need to move to a position where we can attract permanent staff from other Health Boards, by investing in jobs which are more attractive than those in other Health Boards.

### **Assessment**

If we were able to redesign our Consultant level jobs to be comparable with other Health Boards this would give us the best chance of recruiting permanent staff. This would require catchment areas of no more than 7,500 which in turn would require an additional 3 Consultants (and converting a current Associate Specialist vacancy to a Consultant post).



The cost of this would equate to the amount we are currently spending annually on locum costs (see finance section). This investment would ensure we are able to provide a high quality service, and it would also future proof the service (as rates of dementia are doubling every 10 years).

Being able to advertise jobs that are more attractive than other areas in Scotland would provide the best chance of being able to recruit from the pool of 4 trainees who are due to complete training in 2021. This would follow the very successful approach we previously used to attract Consultants to General Adult Psychiatry in 2019 (5 Consultants recruited). However to be successful and ahead of our competitors we would need to act very rapidly (see appendix 1 for timescales).

Investing in the Old Age Psychiatry workforce would also fulfil a key priority identified by the Specialist Mental Health & Learning Disability Services Plan 2020-2025.

If we are not able to recruit to our current posts this increases the potential risk of our service being destabilised through our existing Consultants moving to other Health Boards, which would result in even higher locum costs than we are currently experiencing.

### Financial implications

AMD Mental Health							
Old Age Psychiatry - Staffing Forecast 2020/21							
	Est. WTE	Budget £	In post	Recommendation - add <u>4.00 consultants</u>	Est. WTE	Budget £	Funding required £
<u>Current Staffing</u>							
Consultant	4.60	618,577	5.00	Consultant	9.00	1,138,577	520,000
Speciality Doctor MI / Old Age	2.55	240,639	2.55	Speciality Doctor MI / Old Age	2.55	240,639	0
Associate Specialist Psychiatry	1.00	119,349	0.00	Associate Specialist Psychiatry	0.00	0	-119,349
Totals	8.15	978,565	7.55		11.55	1,379,216	400,651

### Cost

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### Budget Investment

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### Funding Source

Consultant locum costs, in addition to the employed posts, have historically averaged between £0.400m and £0.500m per year subject to availability. The proposal is to switch this locum expenditure, which currently feeds through as an overspend, into recurring budget to provide a more sustainable service, improved value for money and reduced financial risk. The service would commit to no further locum spend once the additional consultant posts are recruited to.

## Recommendation

The Board invests an additional £400,000 per year to increase the permanent establishment by 3 additional Consultant Posts in Old Age Psychiatry and to convert an Associate Specialist post to that of Consultant.

With enough senior decision makers recruited to enable our service to run safely we will then be able to look at the wider workforce plan. Over the next 5 years two Speciality Grade doctors are due to retire. We will be able redirect this resource to develop alternative roles for example Advanced Nurse Prescribers / Pharmacy Prescribers which will help further

## Appendix 1 – timescales required to recruit higher trainees due to qualify as Consultants in 2021

1 <sup>st</sup> August 2020	Vacancy requests to be signed off. Medical workforce to process jobs to advert and arrange interview panels
September /October 2020	Promote new posts to higher trainees across Scotland (personal approaches, teaching sessions, presentations)
1 <sup>st</sup> October 2020	Advertise jobs nationally.
31 <sup>st</sup> December 2020	close jobs for applications
5 <sup>th</sup> February 2021	Earliest date trainees due to complete specialist training can be interviewed for consultant posts
5 <sup>th</sup> August 2021	Trainees complete specialist training and start work as Consultants in Forth Valley