

PERTH AND KINROSS COUNCIL

Housing and Community Care

14 August 2013

Mental Health and Wellbeing Strategy – Review of Progress

Report by Executive Director (Housing and Community Care)

PURPOSE OF REPORT

The Mental Health and Wellbeing Strategy 2012-2015 was presented to the Committee last year. This report updates Committee on work to cost and implement the Strategy.

1. BACKGROUND

- 1.1 The Mental Health and Wellbeing Strategy 2012-2015 (report 12/475) was submitted to Housing and Health committee on 31 October 2012 by the Executive Director (Housing and Community Care). While the Strategy was agreed, the Executive Director was instructed to return to Committee with a detailed Action Plan, including resource implications. This paper describes key actions completed or underway in the Strategy and provides a detailed action plan which notes timescales and performance indicators and is clearly budgeted.
- 1.2 The aim of the Strategy is to transform services for people with mental health problems, moving away from traditional models which can stigmatise to approaches which are focused on Recovery from mental ill-health and which are inclusive, flexible and efficient. The Strategy is a landmark shift in direction for Perth and Kinross moving beyond simply seeking to improve services designed to treat ill health towards a whole person and whole community approach which seeks to improve the wellbeing of all. Our Strategy is consistent in this aim with the National Mental Health Strategy for Scotland published in August 2012.
- 1.3 Securing the views of people with mental health problems, their carers and other stakeholders was an integral part of constructing the Mental Health and Wellbeing Strategy. A series of consultation events were attended by over 300 representatives from both statutory and voluntary agencies as well as service users and carers. The continuing involvement of service users in shaping their health and social care experience and the contribution which they can make to decision making will be key elements in shaping the nature of our future services.
- 1.4 Our continuing commitment to listen to people with mental health needs and their carers in the wake of the extensive consultation undertaken in 2012 for the Mental Health and Wellbeing strategy has seen us implement the following:

- A Citizen Leadership programme which will empower adults with mental health problems to direct their own care and support while assisting us in developing plans for future mental health services.
- The involvement of service users and carers in the competitive tendering interviews for the new Shared Lives service, to ensure their involvement in decisions regarding the services which may eventually support them.
- The development a new social networking site for people with mental health problems in Perth and Kinross, 'Place It', with the full involvement of local people who experience a mental health problem.
- The establishment of local structures to support the development of mental health services long term which include service users and carers.

A detailed action plan for the Strategy has been completed (appendix) which contains clear dates, performance measures and costings.

The Strategy is based upon 12 pledges whose content reflects the three themes of Community and Place; Mainstream Service Development and Specialist Responses. The Action Plan sets out a wide range of targets to be accomplished over the next 3 years. Within 9 months of the strategy coming into existence, however, a number of initiatives are now under way which will significantly expand the range of services available to local people and radically alter our overall approach to the promotion and maintenance of mental health. A selection of these initiatives is set out below:

2. PROPOSALS

2.1 Community and Place

We are developing Community Circles to support the mental wellbeing of communities and enable informal support networks. Community Circles were started in Iowa, USA, as a community self help programme and the model has spread across the USA and into the UK. Enable Scotland, a large national charity, have been commissioned to lead on this work in Perth and Kinross. They have already established a community circle with people from Letham area and are developing one in Highland Perthshire, based in Pitlochry.

We are planning a Mental Wellbeing Day for Perth and Kinross in October this year to raise awareness of mental wellbeing which will seek to challenge the stigma of mental ill-health and to highlight the steps which can be taken to support sound health in the workplace. It will also highlight and celebrate the recovery journey from mental-ill health of people living in Perth and Kinross.

A mental health and wellbeing awareness campaign was held during Mental Health Week 13 - 19 May 2013, with information displays in all libraries, Live Active centres and other council settings across Perth and Kinross. This followed the awareness week across Tayside during 28 January - 1 February 2013 which included a number of events in Perth, Crieff, Aberfeldy and Blairgowrie. Perth Association for Mental Health held a 'Who does what in mental health' day on 30 April 2013.

A social networking site has been set up by the local mental health charity 'Plus' as a citizen led Perth and Kinross mental health and wellbeing information hub. The network will be a valuable repository of mental wellbeing information created, sustained and used as a resource for mental health and wellbeing information by all the members. People can get engaged, stay involved, access information and contribute at times suitable to them. The network will also offer the facility for network members to discuss or collaboratively work on documents without the need for face to face meetings.

A Sports Academy has been developed with St Johnstone Football Club to support people with mental health problems and those with learning disabilities access sport and fitness activities. The Sports Academy has proved very successful in supporting recovery for people with a mental health problem and a Mental Health football tournament supported by the Scottish Football Association was held earlier this year in Perth. The Scottish Football Association described the project as 'trailblazing'.

2.2 Service Development and Provision

To further encourage the choice and control available to service users through Self Directed Support (SDS), we have allocated £30,000 to 'Perth and Kinross SDS Support Service' run by Cornerstone. These additional resources will go towards supporting people with mental health problems to use Direct Payments or individual budgets managed by Cornerstone to purchase the support which they require to aid recovery.

We have commissioned a new Shared Lives service (also known as 'Adult Placement') for Perth and Kinross. Shared Lives services offer cost effective tenancy support and respite or day service support for adults in need, provided by families living within or close to people's communities. After a tendering process involving service users and carers, Richmond Fellowship Scotland was selected as the managing agency. This service will offer personalised choice to those with mental health problems who cannot live without support, who struggle with living alone and are unconnected to their communities.

In the wake of the review of our mental health teams, we have developed three Senior Practitioner posts for the South, Perth City and North Localities to provide a community lead for Mental Health Officers and mental health social workers in each locality.

NHS Tayside are also funding three 'Peer Supporters' to be employed within our integrated Community Mental Health Teams. There is good evidence to support the proposition that people recovering from mental ill health can be helped in this process by those who have experienced mental illness health themselves.

We are developing a clear pathway for people seeking mental health day service support in Perth and Kinross. This is being developed into a Service Specification which will inform a redesign of our commissioned community mental health support services with our partners in the independent sector. This will, in turn, provide a much clearer access point and support options for people requiring it.

We have trained additional staff, (Health and Social Care) in Dialectical Behavioural Therapy (DBT) which is the key therapeutic support for people with Borderline Personality Disorder. This means that we can now offer DBT across Perth and Kinross and not just within Perth city, as previously. This is expected to be of significant benefit to those who have what can be an extremely debilitating condition.

We have trained 2 staff to deliver Scotland's Mental Health First Aid (Young People) and plan to train more staff. The two instructors will initially co-deliver the courses in Perth and in Dundee, with support from NHS Tayside (Public Health). Mental Health First Aid is intended to assist a range of professionals and voluntary sector practitioners in recognising the presence of certain mental health conditions and providing advice on how to respond.

We have also developed integrated meetings between our Community Mental Health Teams and Children and Family services to ensure that children and young people with parental mental health difficulties are supported and protected.

In order to increase flexible respite options for people with mental health problems, we have altered the contract of the Short Breaks Bureau so that it now will provide personalised individual respite options for people with mental health problems.

2.3 Specialist Response

We have brought together voluntary sector and public sector practitioners in regular meetings to facilitate the provision of integrated support to a range of people with complex needs. These Complex Case Integration Groups (CCIGs) are now in place in Perth Central, Letham, Pitlochry and Blairgowrie and support a range of people with mental health, drug/alcohol, housing, relationship and behavioural issues. Their membership extends to Police Scotland, Housing Services, Community Justice and Drug and Alcohol Services, Children's Services, Community Capacity Builders, Tayside Health Practitioners and a range of voluntary organisations. These Groups have yielded examples of high quality joint working between Council teams and Health Psychiatric Services which have served to further support and protect vulnerable individuals.

We are also developing plans for an out of hours Crisis Support Service for people who are at risk of self harm/suicide, have some degree of mental health problems, but are not detainable under the prevailing legislation. Our intention is to build upon existing crisis response services and identify critical gaps so that services provided to people through this medium form part of a wider, integrated network of local supports and services.

In order to better identify, understand and support those at risk of suicide, Perth and Kinross Council staff are linking with NHS Tayside and Dundee and Angus local authorities to form a Suicide Review Group. Led by a consultant for public health, this new group will endeavour to ensure that we learn from suicides and apply this knowledge in a way which reduces the future likelihood of similar occurrences in order to improve our future responses and save lives.

2.4 Additional Information on Resource Implications

In October last year Committee requested that additional costing information be brought back to Committee in 6 months time with regard to actions within the Mental Health and Wellbeing Strategy identified as requiring additional resources. These were:

- The development of an Out of Hours Crisis Response Service.
- The development of Social Prescribing and signposting.
- The training of Instructors/Trainers to expand the awareness of staff and the Mental Health training options within our various services.

The development of an Out of Hours Crisis Response Service

The concept of this proposed service has significantly changed as further research and fact finding has been completed. The original idea of a stand alone service commissioned to provide a Crisis or Safe House proved to be prohibitively expensive. We have now moved to a model that uses the significant resources we currently employ in the Council and with our health partners to support people in crisis. The new model will redesign what we currently provide with an additional staffing component and is anticipated to cost in the region of £70,000 per annum. £25,000 has been identified from within the 'Choose Life' funding. The remaining £45,000 has been identified as a pressure for consideration at the next budget process.

The development of Social Prescribing and signposting

A partnership agreement has been reached within the Health and Social Care Partnership which will see the secondment of a member of Health Care staff to support the development of Social Prescribing across Perth and Kinross while £10,000 non-recurring funding has been secured from Perth and Kinross Council to support administration costs, and the facilitation of training and development events in relation to this joint enterprise. In the meantime, a Social Prescribing pilot is under development with the Ardblair Practice in Blairgowrie while discussions are also under way with 2 other GP practices.

The training of Instructors/Trainers to expand the awareness of staff and the Mental Health training options within our various services

As noted earlier, two Perth and Kinross Council staff have already been trained as Mental Health First Aid trainers, while a further three have now

been identified. £15,000 has been secured to support training and development of staff during the current financial year and this will see further staff trained as trainers in relation to Mental Health First Aid, Mindfulness and other mental health-related competencies.

3. CONCLUSION AND RECOMMENDATION(S)

The Mental Health and Wellbeing Strategy is ambitious in its scope to support not just those with severe and enduring mental health problems, but also those affected by poor mental wellbeing in Perth and Kinross. Our aim is to transform services for people with mental health problems by improving our responses to the challenges of mental ill-health at every stage – from prevention of serious illness to co-ordinated support towards recovery. The actions detailed above, undertaken within six months of the Strategy launch, demonstrate our commitment to achieving this ambition. A detailed action plan noting timescales and performance indicators is attached as an appendix to this report.

It is recommended that the Committee:

- i. Agree the detailed action plan
- ii. Note the progress to date
- iii. Note the budgetary proposals included in the above

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Approved

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*Reports to be presented to a Member / Officer Group, Committee, Sub-Committee or the Council **must be signed off** by the Chief Executive or the relevant Executive Director.*

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Council Text Phone Number 01738 442573

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed

Strategic Implications	Yes / None
Community Plan / Single Outcome Agreement	Yes
Corporate Plan	Yes
Resource Implications	
Financial	Yes
Workforce	Yes
Asset Management (land, property, IST)	Yes
Assessments	
Equality Impact Assessment	Yes
Strategic Environmental Assessment	No
Sustainability (community, economic, environmental)	Yes
Legal and Governance	Yes
Risk	No
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	

1. Strategic Implications

Community Plan / Single Outcome Agreement

- 1.1 The Strategy supports the following outcomes from the Community Plan/ Single Outcome Agreement and Corporate Plans respectively:
- Supporting people to lead independent, health and active lives.
 - Developing educated, responsible and informed citizens.

Corporate Plan

- 1.2 The strategy supports the Council's Corporate Plan for the same reasons as those outlined in relation to the Community Plan.

2. Resource Implications

Financial

- 2.1 This report carries the following Resource Implications:
- Financial – where funding is required, this is now in place with the exception of partial funding to support the development of a Crisis Response Service. Certain action plan targets are being achieved through redirection of existing funds. Other targets are being met by extending access to projects funded under different strategies to service users with Mental Health needs. The training of trainers to

support future delivery of specific Mental Health courses is facilitated through non-recurring funding from Perth and Kinross Council, while some £25,000 of the estimated £70,000 required to fund a Crisis Support Service has been identified from within 'Choose Life' funding – leaving a balance of some £45,000. As noted earlier, this balance of £45,000 has been identified as a funding pressure for the next budget process (Table 1 beneath sets out the total funding to support the Mental Health Strategy Action Plan, the origins of that funding and the duration).

- **Workforce** – this report describes a programme of developing competencies across a wide range of staff through the provision of targeted training in relation to Mental Health. Staff will require to be released for the period of these training sessions, although most will last no longer than 1 or 2 days
- **Asset Management** – the closer integration of Health and Social Care Community Mental Health Teams, as described in this paper, will be supported by the development of a joint base within Jessie Street, Blairgowrie. Funding to support the development of this exercise is already included within the Capital Programme and work is due to commence later this year.

Table 1

Action Plan Development	Funding Source	Duration of Funding	Comments
Development of 'Community Circles' to support Mental Wellbeing of communities and enable informal support networks	£30,000	Time limited	
Develop Sport Academy at St Johnstone	£40,000	Time limited	
Promote Scotland's Mental Health First Aid	£19,600	£15,000 non-recurring funding from Perth and Kinross Council £4,600 non-recurring funding from NHS Tayside	
Develop accessible community-based signposting service to support Social Prescription	£10,000	This funding is to support web development; laptops; communication; travel/volunteer expenses; venues	
Self Directed Support to increase number of Direct Payments to individuals with Mental Health needs	£25,000	Allocated from Scottish Government funding to Perth and Kinross Council for introduction of SDS. Recurring funding for 2 years.	
Introduction of 'Shared Lives' service	£60,000	From Perth and Kinross Council to support Learning Disabilities strategy. Time limited	Project to be extended to include people with Mental Health needs
Support the introduction of an Out of Hours Crisis Response Service linked into other Out of Hours Services	£70,000	£25,000 of funding secured from Choose Life - recurring	

Asset Management (land, property, IT)

- 2.3 Not applicable.

3. Assessments

Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

The proposals in this paper have been considered under the Corporate Equalities Impact Assessment procedure with the following outcome.

Equality Impact Assessment

This strategy will promote the greater inclusion of people at risk of exclusion through their involvement in identification, planning and delivery of key services which they require. It will also support their inclusion for their involvement in interviews and panel exercises to determine the appointment of new 'service providers'.

- 3.2 Under the provisions of the Local Government in Scotland Act 2003 the Council has to discharge its duties in a way which contributes to the achievement of sustainable development. In terms of the Climate Change Act, the Council has a general duty to demonstrate its commitment to sustainability and the community, environmental and economic impacts of its actions.

The relevant element within the action plan attached to this report is that of sustainability. Through the extension of staff competencies and the development of Social Prescribing, we will contribute towards the longer term sustainability and increased effectiveness of Mental Health Services in Perth and Kinross.

Legal and Governance

- 3.3 There are no direct legal implications arising from this report.

4. Consultation

Internal

- 4.1 The Head of Legal Services and the Head of Human Resources have been consulted in the preparation of this report in relation to workforce development and resources. The action plan attached to this report identifies costed

proposals, the majority of which have already been funded. Only that element relating the development of a Crisis Response Service is not fully funded at this time. Endeavours to identify the balance of the funding continue at this time.

External

- 4.2 The General Manager, Community Health Partnership, the Divisional Commander of Police Scotland and the Chief Executive of Perth and Kinross Association of Voluntary Service have been consulted in the preparation of this report.

5. Communication

- 5.1 As noted in the Action Plan, action is already underway to promote improved access to information online.

2. BACKGROUND PAPERS

3. APPENDIX

Mental Health Strategy Action Plan.

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
COMMUNITY AND PLACE				
1. Communities will become mentally healthy places, where individuals feel empowered, responsible for, and in control of their own lives experiencing a true sense of belonging, purpose and connectedness within their neighbourhood				
1.1		- Improved mental wellbeing and sense of community. - Community Circles in operation / service user consultation.	Within existing resources/ one off funding and charitable grants. £30,000	- Communities and Place Group - PKC (Paul Henderson)
1.2	Annual Oct 13			
1.2	Ongoing	- Website usage statistics - Local Physical Activity and Health Alliance annual action plan progress report - Data of referral/signpost for targeted Physical Activity programmes - Sports Academy in place and appropriately used	Within existing resources £40,000	Gill McShea
1.3				
1.3		Promote community referral to existing community groups and community activities to help support people within their own locality. – See 3.3		

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
2.All people in P&K will understand that their mental wellbeing and their chance of developing mental illness are affected by their life circumstances, the choices they make and actions they take in life and that our mental wellbeing is susceptible to changes at different times in our lives				
2.1 Promote campaigns and awareness raising activities to increase knowledge and understanding of mental wellbeing in the general public. Set up community events and activities which contribute to mental wellbeing. • Hold a Perth and Kinross Annual Mental Health and Wellbeing Fair (during mental Health Week in October) • Use information screens in supermarkets, libraries and community campuses to share information around mental health and wellbeing.	Annual Oct 13 June 13	• Events and campaigns are held. • Feedback on events and campaigns • Number of participants • Number of screens used	Within existing resources	• Communities and Place Group
2.2 Undertake anti stigma campaigns including anti self-stigma and continue to promote the See Me message within local communities. • Target groups: public facing staff in statutory sector, public transport, retail, private sector organisations. • Scope and devise an action plan prior to NHS Tayside signing the See Me Pledge, ensuring that actions are consistent with those of partners.	Ongoing	• No, organisations in P&K signed the See Me Pledge • Reports from 'mystery shoppers' / service users • Number of staff trained	Within existing resources	• Susan Scott (PLUS) and David McPhee
2.3 Map activities for all ages which contribute significantly to improving mental wellbeing.	December 2014	• Activities mapped and information disseminated	Within existing resources	• Communities and Place Group
2.4 Raise awareness and train local people, community 'champions' and community based	Annual	• Uptake of training by local people	Additional funding required for new	• Deborah Gray

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
workers in mental health issues and how to promote mental wellbeing. A: Promote Scotland's Mental Health First Aid (SMHFA) available and accessible to local people and community-based workers. • Increase capacity by training more SMHFA instructors • Support Instructors by providing centralised admin for bookings, ordering materials etc • Use community venues and provide crèches and carer support to make SMHFA and other training more accessible for local people •		• Feedback from participants	instructors T4T. £10,000 from PKC £3,000 from NHS Working well 'Challenge Fund' - £1,600	
2.5 B: : Promote 5 ways to wellbeing messages and roll out mental health awareness programmes in community settings including adult care, general community settings, sheltered housing, supported living, residential care, day care and other sectors working with older people. • Raise awareness with community based workers through existing Continuing Professional Development opportunities. • Cascade training to key staff groupings through dedicated sessions or augment various existing training modules and courses.	Ongoing	• Number of awareness raising activities/sessions • Messages visible in community settings and included in community work • Number of agencies	Within existing resources	• Deborah Gray
2.6 C: Roll out mental health awareness programmes in schools and youth work settings. Young People version of SMHFA (for delivery to people who work with YP from age 11) is now available.	2014	• Uptake of training • Feedback from participants, schools and youth work	Free places obtained to train 'Trainers'. One-off funding from	• Deborah Gray

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
- Develop supporting infrastructure and train Instructors. - Roll out YP SMHFA to P7 and secondary school staff and youth workers		agencies	Council (£15,000 in place)	
2.7	December 2013	- Uptake of training - Feedback from participants and pupils	Within existing resources	- Teachers, Educational Psychology - Council Learning and Development Section
2.8	2014	Overview of training	Within existing resources	Communities and Place Group
2.9	2014	Feedback on change in attitudes in participants.	Within existing resources	- ECS - Schools Division - Plus Perth
2.10	Ongoing	- Feedback from school staff and young people. Possible use of WEMWBS - Personal and Social Education programmes for PKC –Guidance staff give consistent message to young people. - School participation and progression of Healthy Working Lives Programme	Within existing resources	- Sarah Axford - Sarah Axford - Sarah Axford

Actions		Timescales	How we know it's working	Resources and costs	Lead Agencies
2.11	Support Health Promoting Schools	Ongoing	Accreditation of HPS and schools self evaluation	Within existing resources	NHS Tayside Healthy Education and PKC ECS
2.12	D: Encourage and support workplaces to participate in the Healthy Working Lives Programme and introduce mental health awareness programmes within their workplaces. - Promote Mentally Healthy Workplace Training for managers/supervisors/team leaders in workplaces throughout Perth & Kinross. - Encourage workplaces to participate in "train the trainers" in order to have the capacity to deliver Mentally Healthy Workplace training in house - Encourage workplaces to participate in See Me Campaign and promote stress/mental health and wellbeing on a regular basis.	Ongoing	- Uptake of services by workplaces - Feedback from staff - Evidence of workplaces achieving awards	Within existing resources	Pat Davidson
3. All people in P&K will know where to find reliable information and resources to enhance, protect and improve their mental wellbeing and that information is accessible to them whenever they require it					
3.1	Develop an on-line community / social network open to all for information exchange and as a repository of resources about mental health and wellbeing, local services and activities etc.	2013	Monitoring activity of on-line community, number of users, feedback from users	Within existing resources	Community and Place Group (lead person/people to be identified)
3.2	Hold information fairs in statutory services' premises to inform staff and clients about the range of resources available in the voluntary sector to promote wellbeing (see 2.1)	2013	- No of fairs - Better uptake of services	Within existing resources	Voluntary sector mental health services (Deborah Gray)
3.3	Develop an accessible community-based signposting service, including on-line information	Funding proposal	Uptake of signposting service	Resources from NHS Tayside and	PLUS supported by a multi-agency steering group

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
and face-to-face signposting, to link people to services and community sources of help in order to raise awareness of, and facilitate access to activities which enhance mental wellbeing and signpost mental health services within local communities. - The 'information hub' will be transportable in order to set up in places of highest need with support from volunteers living in such areas. - Signposting Services will also identify gaps in service provision and barriers to accessing services, and can help find solutions to these - Promote service and web info to public-facing workers in all agencies	prepared by 2014	- Client throughput. - Information given - Number of active volunteer sign posters - Reduction in repeated contacts with GPs and other professionals about the same issues - Prescribing rates - People report that they have been helped to find appropriate support/activities - People report they are less isolated - People report improved quality of life - People reporting improved mental and physical wellbeing	Council Committed. Secondment of CHP staff member + £10,000 from Council for costs (web development support Laptops, mobile phones, travel expenses, volunteer expenses)	chaired by Grace Gilling.
4. We will put recovery at the heart of our Strategy				
4.1	Annual	- Feedback from service users - No of service users taking part in different activities	Within existing resources	- PKC HCC - NHS - Vol. Sector - Jackie Doe
4.2	2014	- Outcome of audit - Service user feedback	Within existing resources	- PKC HCC - NHS - Vol. Sector

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
Devise an action plan to ensure full implementation including training as necessary.				
4.3	2014	- Organisations stated use of the agreed recovery model(s) - Sample audits	Within existing resources	- PKC HCC - NHS - Vol. Sector
4.4	December 2014	Number of people trained	Additional resources required to expand training programme.	- PKC HCC - NHS - Vol. Sector
4.5	Ongoing	- Carers feedback - Numbers of carers supported	Within existing resources	Sarah Cox
4.6	Ongoing	- Virtual Recovery Hub on-line - Usage	Within existing resources	Susan Scott (PLUS)

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
SERVICE DEVELOPMENT AND PROVISION				
5. We will seek to personalise the support offered to you				
5.1	August 2013 onwards	- Case studies, testimonials, wider user involvement not just one person - Numbers discharged from CMHTs - Numbers with WRAPS - Feedback from service users and carers	Within existing resources	- Team Leaders/Senior Practitioners - CMHTs
5.2	2013 - 14	Representation on groups	Within existing resources £5K one off funding to support Citizen Leadership	PH & GG
5.3	December 2012 onwards	Number of individuals who access SDS	Within existing resources £25K one off in additional monies 2012/2013 from PKC to support roll-out.	PH

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
Education sessions to NHS and voluntary sector to increase understanding and implications.				
5.4	2014	- No. of individuals accessing care and treatment via telehealth from CMHTs - Feedback from GPs/service users/patients	Within existing resources	NHS (lead worker to be identified)
5.5	Mar 13	- Number of referrals - Feedback from service users - Numbers of service users moving along the pipeline	Within existing resources	Employability network/PKC/NHS
5.6	Oct 13	Numbers of service users accessing service	Within existing resources One off payment of £60K for 2012/2013 from PKC	PKC (Paul Henderson)
5.7	Dec 13	- Service user feedback - Number of supporting activities	£40K one off 2012/13 from PKC	St. Johnstone FC Sports Academy

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
		Number of service users		
6. We will work together across Perth and Kinross to make mental health services effective and appropriate for you			Within existing resources	
6.1 Develop opportunities to build relationships between agencies and develop integrated structures. - Adult Mental Health teams to fully engage with Northwest Perthshire Integrated model - Engage with further roll-out of integrated locality model to other areas/communities as they come on-stream	2013 Annual	- Assessment times - Number of reviews completed - Number of new referrals - Feedback from service users - Range of new options developed	Within existing resources	CMHT, Team Leaders and Senior Practitioners
6.2 Develop a web based directory of 'Who's who?' across the CHP to include: - Roles and responsibilities - Committees, membership and structures	June 2013	Number of times web page accessed	Within existing resources	PKC/CHP (Lisa Potter)
7. We will make it simpler and easier to get help				
7.1 Map options available and customer experience at service access, for different levels of need/issues. To be illustrated as a detailed visual pathway. (Deliver through 6.2; 2.3; 4.5)	June 2013	- Number of hits - Number of enquiries - Increase in referrals/uptake of services - Pathway in place	Within existing resources	PKC/NHS (To be determined)
7.2 Co-locate community mental health services in rural localities - Review office accommodation options (North CMHT) - Develop option appraisal with costs/timelines - Develop consultation and engagement plan	Dec 2013	- Service user consultation - Performance statistics - Evidence of change in service provision arrangements	Within existing resources	- Paul Henderson - Grace Gilling

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
7.3	Review services within localities and how these can be accessed more widely. - Review resources to ensure these are used effectively and targeted to those in most need - Create more opportunities by sharing good practice between localities	August Ongoing - Feedback - Staff feedback - Monitoring outcomes - Staff and service equalities monitoring Data	Within existing resources Review level 1 grants	PH/GG
7.4	Community Mental Health Teams - Review criteria for access to level 2 and level 3 services and patient pathway - Link with crisis services and in-patients - Review definition of 'severe and/or enduring' - Review range and availability of evidence based treatments, including psychological therapies	June 13 - No. of rejected referrals - Analysis of reasons for rejected referrals - No. of readmissions - Waiting times	Within existing resources	NHS/PKC
7.5	Formalise peer support model and increase numbers of peer supporters across P&K - South CMHT to appoint peer support worker and assess effectiveness of this role/post - Social skills development opportunities for service users - Develop friendship networks - Include within day service review option - Determine supervision for PSW - Prisoner peer support	June 13 onwards Dec 2013 April 2014 - No. of peer supporters across each level and locality - Feedback	Within existing resources	PH/GG
7.6	Develop wellbeing room within General Adult Psychiatry at MRH as a link to the community led by service users.	Dec 12 - Service user feedback - Number of users	Within existing resources	NHS/PLUS

Actions		Timescales	How we know it's working	Resources and costs	Lead Agencies
	- Group set up to progress - Develop vision and name - Identify resources required - Develop community links - Develop similar resource within community to support transition process				
7.7	Improve GP awareness of services / community initiatives to direct GP referrals to appropriate - Link to Signposting Social Prescribing project - Publish information in Tayside Medical Committee Newsletter - Link CHMT member to GP practice (as above)	2013	- Service users experience - No. of referrals rejected/accepted - Levels of social prescribing - Involvement of locally based SW at GP practices/schools - Articles featured in Tayside Medical Committee Newsletter	Within existing resources	- Deborah Gray - GPs - CMHTs
7.8	Improve the treatment and support available to people with borderline personality disorder – particularly those living outwith Perth area	June 2013 onwards	- No. of individuals receiving care and treatment - New services introduced - Service user feedback	Within existing resources Share resources with Community Safety	PKC/NHS
7.9	Review support available to female offenders within the community. Develop mentoring programme. (Delivered under Community Justice Authority area plan – for Perth and Kinross)	June 2013	Service user consultation	Within existing resources Share resources with Community Safety	PKC – Criminal Justice and Central Healthcare
8. We will share information and data between agencies where appropriate to make it easier for you to access services when you need them					
8.1	Establish interagency information sharing protocols particularly around key stages: admission	August 2013 – Dec 2014	Reduction in	Within existing resources	NHS/PKC/Vol Sector

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
to/discharge from hospital; when a person's health is deteriorating; and when a client is moving agencies. - Review what currently exists, specifically in children's services and relevance to adult services - Engage with GPs to explore how we share information with primary care - Carers information sharing protocol		complaints regarding confidentiality - Reduction in complaints regarding communication - Appropriate information is shared		(To be determined)
8.2	August 2013 – Dec 2014	No. of service users who hold their own care record	Within existing resources	Information governance team
8.3	Dec 2012	- No. of referrals to advocacy - No. of services users/patients aware of the option	Within existing resources	- Independent Advocacy - Service providers
9. We will ensure that all children and young people in Perth and Kinross are given the opportunities to develop with an emphasis on wellbeing				
9.1	March 2014	- Services maintained or increased/uptake of these services - Service user and carer feedback	Within existing resources	- PKC HCC - Ian Wilkie - Colin Thomson

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
• Work in collaboration with all agencies and contribute to progressing the P&K CHP Improvement plan • Work with specialist CAMHS services • Staff training in child protection and other relevant agendas as required				
9.2	June 2013	• Better awareness and use of guidelines and procedures • Improved outcomes for families • No. of Child Protection cases where Mental Health staff are involved is recorded	Within existing resources	• PH/GG
9.3	Oct 2013 - June 2014	• Reduction in DNAs • Feedback • No. of crèche facilities provided • Carer feedback & Involvement of carers support worker • No. of respite plan taken up	Within existing resources Look for requirement for small test of change Re allocated Short Break Bureau monies	• PH/GG
10. Our staff will be knowledgeable in mental health issues				
10.1	Oct 2013	• No. of participants on training courses	Within existing resources	• PKC/NHS/Vol Sector • Geoffrey Seaman

Actions		Timescales	How we know it's working	Resources and costs	Lead Agencies
10.2	Develop a web based directory of training opportunities accessible to all - Identify training needs across the partnerships - Identify resources (human and financial) to deliver training - Use variety of accommodation options within Perth and across localities to deliver training - Teleconferencing facilities available - Supervision provision where required identified	June 2014	- No. of training opportunities involving service users - Evaluation feedback - No. of training sessions taken up - Multiagency training	Within existing resources	- PKC HCC - Geoffrey Seaman
10.3	Provide multi agency/multi-disciplinary training in mental health issues and mental wellbeing across the CPP. Service user involvement in delivery of training should, where possible, be a priority. Training priorities identified as: - Mental Health awareness - Recovery and values based training - Risk management(include SDS) - Suicide - Stigma	Annual	- No. of individuals participating in training - No. of training sessions involving service users	Within existing resources	- PKC/NHS/Vol Sector - Geoffrey Seaman
10.4	Scope out benefits of a 'mystery shopper' approach as a self-evaluation tool to improve service performance	Oct 13	- Feedback - No. of complaints - Identify groups	Within existing resources	PLUS Susan Scott
SPECIALIST RESPONSE					
11. We will work with people with complex needs to improve their outcomes					
11.1	Improve relationships between the different agencies involved in a person's care. At first point of contact, establish which	July 2013	- Surveys - Feedback from agencies - Case reviews	Within existing resources	PKC/NHS/Vol Sector

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
	- agencies already involved and seek permission to share info - Use and build on existing information sharing models (such as consent to share)	- Availability of single Point of Contact through system - Feedback from agencies via SLA monitoring procedures - No. taking compulsory measures of care - Hospital admissions		
11.2	Ensure services are responsive to people's needs. - Engage with the Centre for Inclusive Living and explore the options for Self Directed Support to enhance current service delivery - Explore options for Self Directed Support to enhance current service delivery - Raise awareness of SDS options amongst mental health service providers and service users	2012 onwards - Total number of people accessing services - No. of people content to use existing services - No. of people with mental health issues offered SDS - No. of people with mental health taking up SDS - Level of satisfaction of people using services	Within existing resources	PKC HCC
11.3	Implement Commitment 13 (a Scottish Government Commitment towards tackling the relationship between mental illness and substances misuse). - Establish criteria/pathway access to mental health services for service users with dual diagnosis - Raise awareness of Murray Royal staff and Acute Mental Health team staff of criteria and pathway	Dec 2013 - Protocol/guidance in place - Agreement on criteria - Relevant staff groups aware of and employing protocol - Service user feedback	Within existing resources	NHS

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
11.4 Roll out training on complex issues, surrounding co-morbidity across the CHP.	Dec 2013	• Uptake of training • Knowledge checking • Knowledge checks in respect of services available • Level of attendance by health/voluntary sector • Feedback on quality of training • Use of weekly training slots • Feedback on relevance of training • People with co-morbid conditions are appropriately treated/supported	Within existing resources	• NHS • ADP • PKC
11.5 Set up support groups and one to one sessions for people who misuse substances and who are leaving Mental Health Services or Prison. • Assess benefits and practicalities of developing links between mental health services and HMP Perth health services to support the mental health needs of prisoners being resettled in to the community	Oct 2013 onwards	• Numbers engaged • Users surveys • No. of Recovery Groups • Feasibility scoped/explored	Within existing resources	• HMP (Perth) • PKC (CJS/CCIG/Resettlement/O WLS)
11.6 Full involvement of Mental Health in Adult Protection Procedures. • CMHT representatives to attend regular, multidisciplinary meetings concerning Adult Concern referrals	June 2013	• Better multidisciplinary assessment / working documented • No. of adult concerns involving mental health picked up at ACR meetings	Within existing resources	• PKC HCC

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
12. We will offer access to a range of services 24 hours a day to support people in a crisis situation				
12.1 Develop understanding of both professionals and the general public as to which organisations can respond to a crisis and what they can offer - Build on existing examples of good practice of directories already in place. Circulate this directory around agencies involved in crisis provision - Ensure the proposed Signposting Social Prescribing project continues to link into evolving crisis service provision. Ensure they employ a wide variety of approaches to inform the general public of the options available	Dec 2012 Funding proposal by October 2013	- Colleagues report better knowledge of crisis service provision - Measure the use of crisis services - More appropriate use of services available	Resources for Social Prescribing training identified earlier	- NHS Tayside - PKC HCC
12.2 Ensure the existing out of hours crisis response is better integrated. - Build relationships between crisis response agencies through forums, training and networking events - Ensure effective communication and inter-agency referrals between front line services (such as Police, MRH/AMHRT and A&E) and those agencies that can provide on-going, specialist support (such as Day Services, WRASAC, Samaritans, Victim Support, PWA and Mindspace) - Make better use of and expand existing systems. Social Work supports people referred to them through the Police via Adult Concern Reports. Extend this to PRI A&E and MRH/AMHRT staff by June 2013	Confirmation of all relevant Vol Orgs in Voluntary Sector Reference Group (April 2013) Jan 2013	- Increase in service uptake - Improve no. of people using correct service (first time) - No. of joint events - Feedback from service users - No. of interagency referrals - Development of referral protocols	Additional funding required Indicative figure as at August 2013 - £70,000 £25k identified within 'Choose Life' funding. £45k pressure to be considered at the next budget process.	- PKC HCC - Police - Voluntary Sector - AMHRT - NHS

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
12.3 Explore developing an out of hours crisis support service, to fill the gaps, particularly from 5 – 10pm and weekends. - Gather evidence regarding effective Crisis Services and complete cost-benefit analysis - Pilot limited crisis service for short period of at Christmas - PLUS - Train peer listeners to support others in crisis or prevent them reaching crisis stage. Refer to other models developed such as the Samaritans Prisoner Peer Support service - Explore commissioning a 'place of safety' as an option for people in crisis or emotional distress who do not require admission to hospital. Ensure this compliments and builds on existing service provision	2012/13 Christmas 2013 Throughout 2014 Throughout 2014	- Reduction in no. of calls to Police re self harm/attempted suicide/mental distress - Reduction in no. of people assessed at or admitted to MRH in crisis situation	Additional funding required	- PKC HCC - Police - Voluntary Sector - AMHRT - NHS
12.4 Improve the intelligence of and response to incidents of self harm, attempted suicide and completed suicides - Review of ACR process (self harm & suicide) - Development of Tayside Interagency Suicide Cluster Response Guidelines - Explore potential costs entailed in supporting a Tayside Suicide Review Group	2013	- Shared intelligence and protocols in relation to self harm/attempted suicides/completed suicides - Annual review of completed suicides	Within existing resources	- Tayside Choose Life Steering Group - PKC HCC - Police - NHS - Voluntary Sector
12.5 Develop the option for a direct local phone number for current CMHT service users to avoid the need to go through NHS 24 at times of crisis.	June 2013	Provision of direct phone number by NHS mental health services	Within existing resources	NHS
12.6 Develop individuals and service providers' skills and abilities to predict and prevent crisis.	Oct 2013	No. of Wellness Plans in place throughout services	Within existing resources	- Voluntary Sector - PKC HCC - NHS

Actions	Timescales	How we know it's working	Resources and costs	Lead Agencies
12.7	- Formalise and roll out further the use of Wellness Plans Increase access to mental health self harm and suicide prevention training to families, carers, friends and community members. - Build on the work of the Blairgowrie postvention group; (2012) map training available and inter-agency training if required to promote learning amongst carers and the general public - Develop new training courses to meet training needs as they arise such as Self Harm Training for Social Workers	2013 2013-14 - Mainstream Service Development and Provision Action Plan - Criteria to be developed	Within existing resources	NHS Tayside support from Tayside Police and PKC
12.8	Ensure the families/friends of those who regularly self harm, have attempted or completed suicide are contacted and offered different options for advice and support. - Build on the work of the Blairgowrie postvention group (2012) developing materials and assistance to provide effective support to families - Consider the potential role of the CAMHS model of intensive support for families/young people including training opportunities - Develop standard procedures in response to and information packs for people affected by attempted and completed suicides or regular self harming behaviour of an individual (build on the work from Blairgowrie as above). Issue through ACR process	2013 2013 - Range of support options available - Systems and training in place - No. of information packs distributed - Feedback from service users	Within existing resources	- PKC HCC - Police - CAMHS - Choose Life

Actions		Timescales	How we know it's working	Resources and costs	Lead Agencies
12.9	Perth and Kinross survey of young people/pupil's mental health and their use of informal and formal sources of support. • Use information to ensure support is available to vulnerable young people	2013-14	• No. of surveys completed	Within existing resources	• PKC ECS

