PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

10 February 2020

Attached is a supplementary agenda for the **Perth and Kinross Integration Joint Board** being held in **the Council Chamber, 2 High Street, Perth, PH1 5PH** on **Wednesday, 12 February 2020** at **13:00**.

If you have any queries please contact Scott Hendry on (01738) 475126 or email Committee@pkc.gov.uk.

Gordon Paterson
Chief Officer/Director – Integrated Health & Social Care

Please note that the meeting will be recorded and will be publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Voting Members
Councillor Eric Drysdale, Perth and Kinross Council (Chair)
Councillor John Duff, Perth and Kinross Council
Councillor Xander McDade, Perth and Kinross Council
Councillor Callum Purves, Perth and Kinross Council
Bob Benson, Tayside NHS Board (Vice-Chair)
Pat Kilpatrick, Tayside NHS Board
Jenny Alexander, Tayside NHS Board
Dr Norman Pratt, Tayside NHS Board

Non-Voting Members
Gordon Paterson, Chief Officer, Perth and Kinross Integration Joint Board
Jacquie Pepper, Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Dr Douglas Lowden, NHS Tayside
Sarah Dickie, NHS Tayside

Stakeholder Members
Bernie Campbell, Carer Public Partner
Allan Drummond, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Sandy Watts, Third Sector Forum
Linda Lennie, Service User Public Partner
Lynn Blair, Scottish Care

Perth and Kinross Integration Joint Board

Wednesday, 12 February 2020

AGENDA

PERTH AND KINROSS INTEGRATION JOINT BOARD

12 FEBRUARY 2020

THE FINAL REPORT OF THE INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE – TRUST AND RESPECT

Report by Chief Officer/Director – Integrated Health & Social Care (Report No. G/20/19)

PURPOSE OF REPORT

This report provides the Integration Joint Board with information on the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside, on the report's findings, NHS Tayside's response and on the collaborative approach that will be taken to address the recommendations and deliver improvements.

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1. **RECOMMENDATION(S)**

   The Integration Joint Board is asked to:

   (i)   Note the publication of the final report of the Independent Inquiry into Mental Health Services in Tayside, '*Trust and Respect*' and the report's findings.
   (ii)   Note the intention to develop a comprehensive Action Plan in response to the 51 recommendations contained in the Inquiry Report.
   (iii)   Endorse the Tayside Executive Partners' "Statement of Intent" (Appendix 2).
   (iv)   Request further reports on the implementation of these actions and on the improvements being delivered as a result.

2. **SITUATION/BACKGROUND/MAIN ISSUES**

   In response to a number of critical reports and following a debate in the Scottish Parliament in May 2018, the interim Chief Executive of NHS Tayside and the interim Chairman of the NHS Tayside Board commissioned an independent inquiry into mental health services in Tayside.

   In July 2018, Dr David Strang was appointed as Chair of the Independent Inquiry and thereafter the following Terms of Reference were agreed;

To inquire into the accessibility, safety, quality and standards of care provided by all Mental Health Services in Tayside, report on the findings and make recommendations for improvement.

The scope of the Independent Inquiry will incorporate a review of end-to-end service pathways covering all mental health services delivered to Adults, and also those delivered as part of the Child & Adolescent Mental Health Services (CAMHS).

The Inquiry will focus on inpatient, outpatient and community mental healthcare, extending to third sector agencies primary care and community services as appropriate.

(https://independentinquiry.org/wp-content/uploads/2018/09/Tayside-Inquiry-Reference-04.09.18.pdf)

INQUIRY PROCESS

To support the work of the Independent Inquiry, a Stakeholder Participation Group was established, to ensure that the voices and experiences of patients and their families were heard and to enable a broad range of stakeholders to engage with the inquiry. This group, which was coordinated by the Health and Social Care Alliance Scotland, met regularly to inform the inquiry.

In addition, an Employee Participation Group (EPG) was also established, comprising representatives from NHS trade unions, professional bodies and employee relations representatives. The Employee Participation Group carried out a survey of staff working in mental health services in Tayside and submitted a confidential report to the Inquiry.

The Independent Inquiry published an interim report in May 2019, '*Capturing Experiences of Mental Health Services in Tayside*'.   The interim report reflected the views of those who had given evidence to the Inquiry and identified a range of issues that had been raised.

https://independentinquiry.org/wp-content/uploads/2019/05/Independent-Inquiry-Interim-Report-May-2019.pdf

The interim report of the Independent Inquiry made one recommendation, which was that the proposed service redesign programme and the move to a two site service model should not be implemented. It highlighted that decisions about beds and sites should be taken in the context of a wider mental health strategy which looked beyond inpatient services to the needs of the wider community.

In September 2019, David Strang attended Perth and Kinross IJB to report on the progress of his inquiry. At that same meeting, the IJB considered a report by the Chief Officer ([Report No. G/19/159](#)). This led the IJB to determine that the continued delivery of the approved service redesign programme did not preclude the development of a wider mental health strategy and to conclude

that the redesign programme should continue, as it would improve the ward environments, patient safety and would mitigate some of the risks being faced (Minute of 27/09/19).

On 5 February 2020, the Independent Inquiry published its final report. This followed up on the themes that had been identified in the interim report through further investigation and analysis. The final report - '*Trust and Respect*' - was informed by over 1,500 people who contributed evidence to the inquiry, including patients, families, carers, staff, partner organisations, professional bodies, third sector organisations and community representatives.

https://independentinquiry.org/wp-content/uploads/2020/02/Final-Report-of-the-Independent-Inquiry-into-Mental-Health-Services-in-Tayside.pdf

FINDINGS

The Independent Inquiry Report highlights the need to rebuild '*Trust and Respect*' across mental health services in Tayside, citing a number of areas whether it found evidence of a breakdown in trust and of people not feeling valued, listened to or respected.

The Inquiry Report identifies five cross-cutting themes, as follows;

1. **Strategic Service Design**
    Building on a concern raised in the interim report, the final report highlights that the focus on short-term, operational planning and the introduction of contingency measures is to the detriment of long-term planning. Also, that the focus on inpatient beds is disproportionate, given the majority of people with poor mental health are supported at home by community mental health services, It advises that;

    'Long-term planning is required to address the changing shape of the mental health services workforce. There needs to be a fundamental service redesign which will take into account the much-reduced level of consultant psychiatrists and focus on the wider needs of the whole community, with an emphasis on prevention and early intervention.' (2.21)

2. **Clarity of Governance and Leadership Responsibility**
    The report highlights the complexity that integration has introduced in respect of the management and governance arrangements.

    o   Some mental health services are retained by the NHS (Young Person's Unit, CAMHS, Local Low Secure Service, Regional Medium Secure Services.)

    o   Other mental health services are delegated to Integration Joint Boards (Community Mental Health Services, Psychiatry of Old Age).

    o   The remainder are hosted by one IJB on behalf of all three IJBs (Inpatient Mental Health and Learning Disability Services are hosted by Perth and Kinross and Psychological Services, Tayside Eating Disorders Service and Psychotherapy are hosted by Dundee).

Clinical responsibility across all these services is held by Associate Nurse and Associate Medical Directors, through to the Medical Director and Interim Nurse Director of NHS Tayside.

The Independent Inquiry's report focuses on NHS Tayside's mental health services, whether retained, delegated or hosted. However, the Health and Social Care Partnerships also commission a range of community services from the third sector, in their respective areas. In addition, the HSCPs' services also include Mental Health Social Work and Mental Health Officer services provided by the local authority.

The report cites confused reporting lines, a lack of clarity about decision-making and delays in action, advising that;

'There needs to be a shared understanding of governance arrangements and leadership responsibilities in a way that is mutually supportive and accepted. Where the arrangements prevent this, they should be adjusted accordingly. A shared understanding of the governance arrangements should lead to greater cooperation and constructive engagements between the parties involved.' (2.23)

3. **Engaging with People**
The report highlights that highly committed staff feel frustrated and undervalued as the solutions that they have identified to some of the challenges being faced are not considered and their ideas for improvement not acted on. Further, patients and carers highlighted that they were not listened to and felt that they were not respected.

This is a theme that runs throughout the inquiry report, which highlighted that;

'*Good relationships lie at the heart of the design and delivery of effective mental health services. There needs to be much greater genuine engagement with people who are closely involved in or affected by the delivery of mental health services.'* (2.25)

4. **Learning Culture**
The report outlines how rather than being a learning organisation and providing a supportive environment some staff reported that NHS Tayside was overly-defensive, concerned to protect its reputation resulting in a 'blame culture'. It recommended that;

'A culture of greater openness and commitment to learning needs to be developed, so that the gap between sound policies and their implementation is reduced.' (2.27)

5. Communication

The report identified a breakdown in trust and respect in Tayside, between organisations, partners, staff, patients, families, carers and communities. It identified a lack of public confidence in services and recommended that;

'To restore a relationship of trust, a new approach to communication is required, which is based on treating others with respect, openness and transparency.' (2.29)

RECOMMENDATIONS

The Independent Inquiry report then presents findings across five main chapters, reflecting these cross-cutting themes and making a number of recommendations in respect of each of these chapter;

1. Governance and Leadership (12 recommendations)
2. Crisis and Community Mental Health Services (10 recommendations)
3. Inpatient Services (10 recommendations)
4. Child and Adolescent Mental Health Services (9 recommendations)
5. Staff (10 recommendations)

For IJB Member's ease of reference the table including all 51 recommendations from '*Trust and Respect*' are included as Appendix One to this report.

3. PROPOSALS

NHS Tayside's Interim Chair and Chief Executive have accepted the recommendations in *'Trust and Respect'* and have welcomed the report as providing the opportunity to embrace a fresh approach to the design and delivery of mental health services.

NHS Tayside has committed to ensure that the underlying themes of trust and respect will run through all future plans, which will be developed in partnership with the three IJBs in Tayside. Their response to the inquiry report recognises the importance of ensuring better engagement with staff, service users, partner organisations and communities.

Recognising that the success of future improvement activity across mental health services in Tayside will depend on strong partnership working, the three Council Chief Executives in Tayside, along with Police Scotland's Divisional Commander and the Chief Executive of NHS Tayside have committed to a collective public sector response.

The Tayside Executive Partners have signed a 'Statement of Intent' (see Appendix Two of this report), which outlines a shared commitment to work together to make the necessary improvements and address the issues raised in the Independent Inquiry's final report.

In addition, the Scottish Government has announced that additional measures will be put in place to support NHS Tayside's mental health services. This will comprise; specialist advisors who will provide peer support; assessment of clinical services by the Royal College of Psychiatrists; with Healthcare Improvement Scotland inspecting community mental health services. The Scottish Government has indicated that this will extend to communications expertise, organisational development and programme management support.

Further, the Scottish Government will continue to seek assurance of the quality of mental health services through the Tayside Oversight Group that was set up last year, under their enhanced monitoring arrangements. This will give particular attention to the level of engagement and the effectiveness of partnership working in Tayside, taking into account the responsibilities of the three IJBs, as well as the local authorities and Police Scotland.

Since the publication of the inquiry's final report on the 5 February, work has begun to develop a comprehensive Action Plan. This will identify, prioritise and assign the actions and improvements that will be progressed in order to address the 51 recommendations in the inquiry's final report. The Action Plan will be presented at the meeting of NHS Tayside's Board on the 27 February, along with a report on '*Trust and Respect*'.

The three IJB's will have an important role in informing and endorsing the Action Plan, particularly where the actions relate specifically to the responsibilities of the IJBs for commissioning and overseeing the delivery of mental health services across Tayside. The IJBs will also wish to seek assurance from NHS Tayside on the adequacy and effectiveness of the arrangements being put in place to ensure that service users and their carers experience high quality, safe, sustainable and effective care.

4.   **CONCLUSION**

The final report of the Independent Inquiry into Mental Health Services in Tayside is highly critical of a number of aspects of the governance, leadership, design and delivery of mental health services across Tayside. The report presents a set of challenging recommendations for improvement and the deficiencies it identifies, along with its assertions about a breakdown in trust and respect, makes for a difficult read.

The inquiry's final report clearly articulates the need for more effective partnership working and for improved engagement with a wide range of stakeholders, including staff and services users, in the design and delivery of mental health services. The report also reaffirms the need for an end-to-end mental health strategy for Tayside, with greater focus on community mental health services, rather than on inpatient services. This sets the agenda for

public partners who have stated their collective commitment to address the challenges this report presents.

Dr Strang has commended the professionalism of staff for delivering high quality, compassionate care in challenging circumstances and he has identified some positives and areas where improvement work is already underway. He has also identified that this report can become a catalyst for change and has outlined what he sees as the opportunity it now offers;

'*The publication of this final report of the Independent Inquiry represents a major opportunity for Tayside to develop and put in place world class mental health services. Tayside's NHS Board and the Health and Social Care Partnerships, together with support from the Scottish Government, are in a position to tackle the underlying barriers to progress and to make the radical changes necessary. Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion. The prize is the restoration of public confidence in mental health services, where staff at all levels are confident, supported and inspired by hope and ambition.*'

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

Appendix 1

Recommendations

2.30 The following table lists all the recommendations by chapter from the Independent Inquiry and identifies the cross-cutting themes associated with each recommendation.

Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
Governance and Leadership					
1. Develop a new culture of working in Tayside built on collaboration, trust and respect.		X	X		X
2. Conduct an urgent whole-system review of mental health and well-being provision across Tayside to enable a fundamental redesign of mental health and wellbeing services for Tayside.	X	X			
3. Engage with all relevant stakeholders in planning services, including strong clinical leadership, patients, staff, community and third sector organisations and the voice of those with lived experience.	X	X	X		X
4. Establish local stakeholder groups as a mechanism for scrutiny and improvement design to engage third sector, patients' representatives and staff representation.		X	X		X
5. Review the delegated responsibilities for the delivery of mental health and wellbeing services across Tayside, to ensure clarity of understanding and commitment between NHS Tayside and the three Integration Joint Boards. This should include the decision to host General Adult Psychiatry inpatient services in Perth & Kinross Integration Joint Board.	X	X			
6. Ensure that Board members (NHS and Integration Joint Boards) are clear about their responsibilities, confident and empowered to challenge and make sound decisions. Review their selection, induction and training processes in preparation for their important role.		X	X		
7. Provide sufficient information to enable board members to monitor the implementation of board decisions.		X			X
8. Deliver timely, accurate and transparent public reporting of performance, to rebuild public trust in the delivery of mental health and wellbeing services.			X		X

7.1

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Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
9. Clarify responsibility for the management of risks within NHS Tayside and the Integration Joint Boards, at both a strategic and operational level.		X			
10. Ensure that there is clarity of line management for all staff and that all appraisals are conducted effectively.		X	X	X	X
11. Ensure that the policy for conducting reviews of adverse events is understood and adhered to. Provide training for those involved where necessary. Ensure that learning is incorporated back into the organisation and leads to improved practice.		X		X	
12. Conduct a national review of the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission for Scotland.		X			
Crisis and Community Mental Health Services					
13. Ensure that there is urgent priority given to strategic and operational planning of community mental health services in Tayside. All service development must be in conjunction with partner organisations and set in the context of the community they are serving.	X	X	X		
14. Consider developing a model of integrated substance use and mental health services.	X	X			
15. Develop comprehensive and pertinent data-capture and analysis programmes, to enable better understanding of community need and service requirement in the community mental health teams.	X			X	
16. Prioritise the re-instatement of a 7 day crisis resolution home treatment team service across Angus.	X	X			
17. Review all complex cases on the community mental health teams' caseloads. Ensure that all care plans are updated regularly and there are anticipatory care plans in place for individuals with complex/challenging presentations.	X				

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Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
18. Plan the workforce in community mental health teams in the context of consultant psychiatry vacancies with the aim to achieve consistent, continuous care provision across all community services.	X	X			
19. Prioritise the development of safe and effective workflow management systems to reduce referral-to-assessment and treatment waiting times. This should also include maximum waiting times for referrals.	X	X			
20. Consider the development of a comprehensive Distress Brief Intervention training programme for all mental health staff and other key partners to improve pathways of care for individuals in acute distress.		X	X		
21. Foster closer and more collegiate working relationships between the crisis resolution home treatment team and community mental health teams and other partner services, based on an ethos of trust and respect.		X	X	X	X
22. Develop clear pathways of referral to and from university mental health services and the crisis resolution home treatment team.	X		X		X
Inpatient Services					
23. Develop a cultural shift within inpatient services to focus on de-escalation, ensuring all staff are trained for their roles and responsibilities.		X	X	X	
24. Involve families and carers in end-to-end care planning when possible.			X		X
25. Provide clear information to patients, families and carers on admission to the ward, in ways which can be understood and remembered.			X		X
26. Make appropriate independent carer and advocacy services available to all patients and carers.					X
27. Provide adequate staffing levels to allow time for one-to-one engagement with patients.	X	X	X		
28. Ensure appropriate psychological and other therapies are available for inpatients.	X	X			
29. Reduce the levels of ward locking in line with Mental Welfare Commission for Scotland guidelines.	X	X			

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Recommendations		Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
30.	Ensure all inpatient facilities meet best practice guidelines for patient safety.	X	X			
31.	Ensure swift and comprehensive learning from reviews following adverse events on wards.		X		X	
32.	A national review of the guidelines for responding to substance mis-use on inpatient wards is required.	X	X			
Child and Adolescent Mental Health Services						
33.	Focus on developing strategies for prevention, social support and early intervention for young people experiencing mental ill-health in the community, co-produced with third sector agencies.	X	X	X		
34.	Ensure that rejected referrals to Child and Adolescent Mental Health Services are communicated to the referrer with a clear indica-tion as to why the referral has been rejected, and what options the referrer now has in supporting the patient.			X	X	X
35.	Ensure the creation of the Neu-rodevelopmental Hub includes a clear care pathway for treatment, with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinarity of the hub may give rise to confused reporting lines or line management struc-tures/ governance issues. A whole system approach must be clarified from the outset.		X			X
36.	Clarify clinical governance ac-countability for Child and Adoles-cent Mental Health Services.		X			
37.	Support junior doctors who are working on-call and dealing with young people's mental health issues.		X			X
38.	Ensure statutory confidentiality protocols for children and young people are clearly communicated to all staff. The protocols should also be shared with patients and families at the outset of their treat-ment programme, so that parents and carers know what to expect during the course of their child's treatment.		X	X		X

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Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
39. Consider the formation of a service for young people aged 18 – 24, in recognition of the difficulties transitioning to adult services and also recognising the common mental health difficulties associated with life events experienced during this age range. This may reduce the necessity for these patients to be admitted to the adult in-patient services.	X	X			
40. Ensure comprehensive data capture and analysis systems are developed to appropriately manage waiting lists and service users' expectations. Work should be undertaken to look at what data is available and what could be useful to inform decision making on service development/monitoring of services. This should be aligned to national reporting requirements.	X	X			
41. Consider offering a robust supportive independent advocacy service for parents and carers of young people who are engaged with Child and Adolescent Mental Health Services. This may include carer support groups.		X	X		
Staff					
42. Ensure all staff working across mental health services are given opportunity to contribute to service development and decision-making about future service direction. Managers of service should facilitate this engagement.	X	X	X		X
43. Prioritise concerns raised by staff by arranging face-to-face meetings where staff feel listened to and valued.		X	X	X	X
44. Arrange that all staff are offered the opportunity to have a meaningful exit interview as they leave the service. This applies to staff moving elsewhere as well as those retiring.		X	X	X	X
45. Prioritise recruitment to ensure the Associate Medical Director post is a permanent whole-time equivalent, for at least the next 2 years whilst significant strategic changes are made to services.	X	X			
46. Encourage, nurture and support junior doctors and other newly qualified practitioners, who are vulnerable groups of staff on whom the service currently depends.		X	X		X

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Recommendations	Strategic Service Design	Clarity of Governance and Leadership Responsibility	Engaging with People	Learning Culture	Communication
47. Develop robust communication systems both informally and formally for staff working in mental health services. Uses of technology are critical to the immediacy and currency of communications.		X	X		X
48. Ensure that bullying and harassment is not tolerated anywhere in mental health services in Tayside. Ensure that staff have confidence that any issues or concerns they raise, will be taken seriously and addressed appropriately.		X	X	X	X
49. Ensure there are systems analysis of staff absences due to work-related stress. These should trigger concerns at management level with supportive conversations, taking place with the staff member concerned.		X	X	X	X
50. Ensure there are mediation or conflict resolution services available within mental health services in Tayside. These services should exist to support and empower staff in the rebuilding of relationships between colleagues, between managers and their staff, and between the services and the patients, during or after a period of disharmony or adverse event. This includes NHS Tayside's mental health services' relationship with the local press.		X	X	X	X
51. Ensure that all external review processes are embraced wholeheartedly and viewed as an opportunity to learn and develop. Managers should ensure that all staff receive details of the recommendations from reviews and are included in the analysis and implementation.	X	X	X	X	X

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INDEPENDENT INQUIRY INTO MENTAL HEALTH SERVICES IN TAYSIDE

TAYSIDE EXECUTIVE PARTNERS STATEMENT OF INTENT

NHS TAYSIDE, ANGUS COUNCIL, DUNDEE CITY COUNCIL, PERTH & KINROSS COUNCIL, POLICE SCOTLAND TAYSIDE DIVISION

The Independent Inquiry report sets out a clear and urgent need for improvement in the mental health care, treatment and support for people across our communities in Tayside.

The Tayside Executive Partners are committed to making all the necessary improvements so that people from all communities across Tayside receive the best possible mental health and wellbeing care and treatment and those with mental ill health are supported to recover without fear of discrimination or stigma.

Together with people living with mental ill health, their families and carers, and our staff, we will immediately work on addressing the issues raised in the Independent Inquiry Report to build good quality mental health services that meet people's needs and build a working environment that supports our staff.

As leaders of the response to the Independent Inquiry, we will:

- Immediately establish a Collaborative Strategic Leadership Group to oversee the urgent and essential actions required to improve mental health services and begin to restore public trust, respect and confidence in mental health services in Tayside.
- Strengthen our engagement and participation so that the voices of people with lived experience and their carers are amplified and remain strong as we co-design improvements to services to deliver a truly person-centred Tayside-wide Strategy for Transforming and Improving Mental Health and Wellbeing.
- Drive the development of the Tayside-wide Strategy which delivers support and services built on our commitment to fostering respectful relationships with people who use and work in our services.
- Commit to strengthening the Tayside Mental Health Alliance as a collaborative which brings together all partners and all aspects of mental health - from prevention and recovery, to community and hospital-based services.
- Reach out to, learn from and engage with other mental health systems, external experts and professional bodies to further develop leadership, culture, behaviours and attitudes which will strengthen the learning culture across mental health in Tayside.
- Work in partnership with staff and staff representatives to ensure that everyone has the opportunity to contribute, learn, influence and shape the future of mental health services in Tayside.

We believe that through these commitments and the recognition of people's lived experience we will put people at the centre of decisions about their support, care and treatment. We understand that good mental health contributes to improvements in people's life circumstances and we are committed to working with people to ensure trusting, respectful relationships are at the heart of what we do.

Co-signatories: Grant Archibald, Margo Williamson, David Martin, Karen Reid, Chief Superintendent Andrew Todd

31 January 2020