PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

4 December 2020

A Virtual Meeting of the **Perth and Kinross Integration Joint Board** will be held via Microsoft Teams on **Wednesday, 09 December 2020** at **13:00**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

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

Please note that the meeting will be streamed live via Microsoft Teams, a link to the Broadcast can be found via the Perth and Kinross Council website. A recording will also be made publicly available on the Integration Joint Board pages of the Perth and Kinross Council website as soon as possible 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)
Peter Drury, Tayside NHS Board
Ronnie Erskine, Tayside NHS Board
Pat Kilpatrick, 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 Lee Robertson, 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, 09 December 2020

AGENDA

1	**WELCOME AND APOLOGIES**	
2	**DECLARATIONS OF INTEREST** Members are reminded of their obligation to declare any financial or non-financial interest which they may have in any item on this agenda in accordance with the Perth and Kinross Integration Joint Board Code of Conduct.	
3	**MINUTE OF MEETING OF PERTH AND KINROSS INTEGRATION JOINT BOARD OF 23 SEPTEMBER 2020** (copy herewith)	**5 - 12**
4	**ACTION POINTS UPDATE** (copy herewith G/20/149)	**13 - 14**
5	**MATTERS ARISING**	
6	**PERFORMANCE/STRATEGIC OBJECTIVES**	
6.1	**AUDIT AND PERFORMANCE COMMITTEE** Verbal Update by Chair of Audit and Performance Committee	
6.2	**TAYSIDE MENTAL HEALTH AND WELLBEING STRATEGY** (copy herewith G/20/153)	**15 - 130**
6.3	**UPDATE ON REDESIGN OF SUBSTANCE USE SERVICES AND IMPACT OF COVID 19 IN PERTH AND KINROSS** Report by ADP Chair (copy herewith G/20/150)	**131 - 178**
7	**CHIEF OFFICER REPORT** Report by Chief Officer/Director - Integrated Health & Social Care (copy herewith G/20/159)	**179 - 182**
8	**FINANCE AND GOVERNANCE**	
8.1	**2020/21 FINANCIAL POSITION** Report by Chief Financial Officer (copy herewith G/20/151)	**183 - 198**

PERTH AND KINROSS INTEGRATION JOINT BOARD

Minute of Meeting of the Perth and Kinross Integration Joint Board (IJB) held virtually via Microsoft Teams on Wednesday 23 September 2020 at 2.40pm.

Present:

Voting Members:
Councillor E Drysdale, Perth and Kinross Council (Chair)
Councillor X McDade, Perth and Kinross Council
Councillor C Purves, Perth and Kinross Council
Councillor J Duff, Perth and Kinross
Mr B Benson, Tayside NHS Board (Vice-Chair)
Mr P Drury, Tayside NHS Board
Ms P Kilpatrick, Tayside NHS Board

Non-Voting Members
Mr G Paterson, Chief Officer / Director – Integrated Health & Social Care
Ms J Pepper, Chief Social Work Officer, Perth and Kinross Council
Ms J Smith, Chief Financial Officer

Stakeholder Members
Mr A Drummond, Staff Representative, NHS Tayside
Mr S Hope, Staff Representative, Perth and Kinross Council
Ms S Auld, Service User Public Partner (on behalf of Ms L Lennie)
Dr L Robertson

In Attendance: S Hendry, K Molley, A Brown, R Fry, M Notman (all Perth and Kinross Council)
C Wilson, E Devine, H Dougall, L Jackson-Hall and S Gourlay (all Perth and Kinross Health and Social Care Partnership)
B Atkinson (Adult Protection Committee)

Apologies Mr R Erskine, Tayside NHS Board
Ms L Blair, Scottish Care
Ms B Campbell**,** Carer Public Partner
Ms M Summers, Substitute Carer Public Partner
Ms S Dickie, NHS Tayside

Ms S Watts, Third Sector Representative
K Reid, Chief Executive, Perth and Kinross Council
G Archibald, Chief Executive, NHS Tayside

Prior to the commencement of business, the Chair apologised for the late start due to technical issues for some members joining the meeting.

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1. WELCOME AND APOLOGIES

Councillor Drysdale welcomed all those present to the meeting and apologies were noted as above.

2. DECLARATIONS OF INTEREST

There were no Declarations of Interest made in terms of the Perth and Kinross Integration Joint Board Code of Conduct.

3. MINUTES OF MEETING OF THE PERTH AND KINROSS INTEGRATION JOINT BOARD of 31 JULY 2020

The minute of the meeting of Perth and Kinross Integration Joint Board of 31 July 2020 was submitted and approved as a correct record.

4. ACTIONS POINT UPDATE

The action points update as of 23 September 2020 (G/20/108) was submitted and noted.

5. MEMBERSHIP UPDATE

(i) It be agreed that Ms L Blair be re-appointed as an additional non-voting member of the Board until September 2023.

(ii) It be noted that staff from the Perth and Kinross Health and Social Care Partnership were currently engaging with local service user groups on a forthcoming election process of a Service User Public Partner to the Board. It be agreed that the current terms of appointment for both Ms L Lennie and Ms S Auld be extended until the outcome of the election process.

6. CHIEF OFFICER'S UPDATE

There was submitted a report by the Chief Officer/Director - Integrated Health & Social Care (G/20/103) providing an update on the Health and Social Care Partnership's continuing response to the Covid-19 pandemic and on the proposed process for reviewing the Integration Scheme.

The Chief Officer advised the Board of a correction in relation to Mental Health and Wellbeing in section 3.2 in Report (G/20/103) as follows:

In addition to progressing the recruitment of additional Community Mental Health nurses, we have successfully commissioned additional support from **seven** third sector organisations to enhance community mental health service provision across Perth and Kinross.

In response to a question from Councillor Purves regarding the Locality Integrated Care Service and if the pandemic has had an impact on savings, G Paterson advised that the challenges caused by the COVID-19 pandemic have enabled the Partnership to implement enhanced community support provision on a

wider scale. G Paterson added that the Partnership had planned to progress with the Enhanced Care Service through a phased approach, but in response to the pandemic, this has been advanced as a priority by the Partnership. J Smith added that savings are still deliverable for this Service, however, the expected savings in respect of Care Home Placements and the Review of Rehabilitation Beds is less likely to be delivered while the HSCP is responding to the pandemic.

B Benson thanked G Paterson and his team for all the work they have achieved throughout the COVID-19 pandemic. In response to a question from B Benson regarding the IJB's commissioning role compared to the Partnership's role with the example of the Health and Wellbeing Hub, G Paterson advised that the IJB's role and responsibility is focused on strategic commissioning and the Partnership have developed a range of strategies relating to care groups and the IJB will receive reports in relation to how these support the delivery of the Strategic Commissioning Plan and the strategic direction that the IJB have set for the Partnership. The Health and Wellbeing Hub is an operational example giving effect to the strategic commissioning ambition to strengthen local communities, address health equalities, promote early intervention, preventative services and to work with the third sector.

In response to a question from Councillor Purves regarding if an exercise had been undertaken by officers to look at the current Integration Scheme, G Paterson advised the Executive Management Team of the Health and Social Care Partnership carried out a self-assessment in relation to the current Integration Scheme. In light of this, Officers were recommending that a successor scheme to be developed, as there were a number of areas that had become outdated needed clarification or that had not been implemented since the original scheme was agreed five years ago. Councillor Purves asked another question regarding the review of the Integration scheme and how engagement will be carried out with IJB Members, suggesting that a member/officer working group be created to examine this. G Paterson advised that the plan is to engage IJB members through workshops and development sessions, so they feel a part of the process, instead of being asked to validate the final draft at the end of the process. Elected members of the Council would be able to discuss the review at the next Council meeting in October 2020.

Resolved:

(i) The Health and Social Care Partnership response and remobilisation activity in the context of the ongoing Covid-19 pandemic be noted.

(ii) The proposed process and timescales for developing a successor Integration Scheme be noted.

7. FINANCE AND GOVERNANCE

7.1 2020/21 FINANCIAL POSITION

There was submitted a report by the Chief Financial Officer (G/20/109) advising of (1) the 2020/21 projected year end out-turn on the underlying operational position based on financial performance for the four months to 31 July 2020; (2) the impact of the Covid-19 Pandemic on the year-end financial forecast; and (3) the risks to delivery of the IJB's Financial Plan 2020/21.

In response to a question from P Drury regarding hospital and community health underspend and if the level of vacancies should be a cause for concern, J Smith advised that the level of vacancies could be a cause for concern under normal circumstances, however the Partnership have been addressing gaps in the workforce and even with these vacancies, the delivery of essential services are still being met. E Devine added that in response to the pandemic the Partnership have been able to upskill staff and redeploy employees into inpatient services and will be able to easily move staff again if required throughout the Winter period.

In a similar question from Councillor Drysdale regarding an underspend in Older People Services due to staff vacancies, G Paterson advised that due to the COVID-19 pandemic, there has been a reduction in non-essential services which have allowed for staff to redeployed, instead of occurring additional expenditure. He added that the Partnership will always ensure safe staffing levels, whether this is through moving staff, downscaling services or by using agency staff. E Devine also advised that there has been an increase in movement of people applying for jobs that are being advertised in this sector. J Smith added that staffing issues and areas where actions are being carried out to address these issues, will be brought forward in the Workforce Plan 2021.

Resolved:

(i) The £0.746m projected year-end overspend in relation to the underlying operational position be noted.

(ii) The £4.006m projected year end overspend in relation to Covid 19 costs, after taking account of confirmed additional Scottish Government funding, be noted.

(iii) The update regarding the IJB reserves position be noted.

THERE WAS A 6 MINUTE BREAK AND THE MEETING RECONVENED AT 16.05.

IT WAS AGREED TO VARY THE ORDER OF BUSINESS AT THIS POINT.

8. PERFORMANCE/STRATEGIC OBJECTIVES

8.3 PRIMARY CARE IMPROVEMENT PLAN

There was submitted a report by the Associate Medical Director and Primary Care Service Manager (G/20/105) providing an update on the progress made in implementing the Tayside Primary Care Improvement Plan (PCIP) in its second year (2019/20), as it relates to the Perth and Kinross Health and Social Care Partnership and on the proposed actions to progress implementation in year three.

In response to question from Councillor Purves regarding further detail on the vaccination programme, L Jackson-Hall advised that the vaccination programme was part of the part of the GMS contract that moves the responsibility for vaccinations away from GP practices and into the HSCP. There was planned to do a test of change this year, with the full delivery next year, however, this year a hybrid model has been created and learning achieved from working with partnership clinics in venues such as community hospitals. The vaccination transformation programme has been put on hold for a year by the Scottish Government due to the COVID-19

pandemic. By next year, flu vaccinations will be delivered by the Partnership instead of General Practice.

In response to a question from Councillor Drysdale regarding venues for providing the vaccinations and when the roll out of the vaccination is due to start for the Winter period, L Jackson-Hall advised that venues will be ready to start delivering flu vaccinations on 2 October 2020 and all GP Practices will be delivering vaccinations from their own practices or will be provided through community hospitals near-by in Perth and Kinross. The roll out will be separated into two tranches with those over 65 receiving the vaccination first. Preparation has been underway for the last 3 months to ensure GP's and other venues have the correct PPE, storage and social distancing measures in place to provide the flu vaccination.

Resolved:

(i) The positive progress in the implementation of Perth and Kinross HSCP's PCIP (2019/20), recognising the significant developments and the financial commitments made, be noted.

(ii) The actions the Health and Social Care Partnership proposes to advance in respect of the PCIP in 2020/21 and the funding allocation, recognising that there will be some impact from the Covid19 pandemic, be noted.

8.4 WINTER PLANNING

There was submitted a report by Head of Health (G/20/106) providing an update on the Health and Social Care Partnership's preparations for Winter 2020/21, which sought to ensure that there is sufficient capacity and resource in place to respond to specific winter pressures, while also being prepared for a potential second wave of COVID-19.

Resolved:

The Health and Social Care Partnership's Winter Plans, which have been developed in collaboration with NHS Tayside and local GPs, be noted.

9. FOR INFORMATION

9.1 ADULT SUPPORT AND PROTECTION BI-ENNIAL REPORT 2018-20

There was submitted a report by the Chief Social Work Officer (G/20/110) providing an update of the work of the Perth and Kinross Adult Protection Committee (APC) and activity over the 2018-2020 information to protect adults who may be at risk of harm.

In response to a question from Councillor Duff regarding criminal proceedings and the difference between criminal investigations and the number of cases that went to proceedings, B Atkinson advised that only a small number of cases referred through end up in criminal procedures. He added that difficulties with evidence gathering and the reliability of the witness can also have an impact on these figures. The Adult Protection Committee are working closely with Police Scotland and in some cases can find that supporting the individual is more beneficial than resorting to prosecution.

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In response to a question from B Benson regarding pressures faced by Police involvement at front line, B Atkinson advised that a high percentage of work undertaken by the Police, now involves working with vulnerable people across all age groups as opposed to crime prevention and investigation. He added that the APC are working to reduce the pressure on the Police by ensuring a wide range of professionals and the wider community are aware of Adult Protection issues and that individuals know how to report incidents which do not need to be reported to the Police.

B Benson requested for this item to be on the agenda for a future IJB Development Session for further discussion.

Resolved:
The contents of the Adult Support and Protection Biennial Report in Report G/20/110, and Appendix 1 to Report G/20/110, be approved.

7.2 GOVERANCE SHORT LIFE WORKING GROUP

Resolved:
It be agreed that this item be deferred to the next meeting of the Integration Joint Board in December 2020 to allow a further meeting of the working group to take place, along with further discussion between all members at their next development session, before this item is further considered by the Board.

8.5 MENTAL HEALTH & WELLBEING

There was submitted a report by the Interim Director of Mental Health (G/20/107) detailing the significant work being progressed in Mental Health Services in response to Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services, published 5 February 2020.

In response to a question from Councillor Purves regarding how the appropriate material will be brought to the IJB on Mental Health and Wellbeing so this can be fully scrutinised by members, L Roberts advised that updates on the recommendations in the Trust and Respect report will be brought to future IJB meetings.

S Auld informed the Board that her colleagues regularly attend the Carer Voices meetings regarding the development of Mental Health Services and have seen a positive change in contributions from Public Partners. She added that Carer Voices will be seeking opportunities to be involved in Adult Social Care and will report back to the Scottish Government in January 2021. Councillor Drysdale added the importance of Public Partners and how their contributions are valued across the Integration Joint Board.

In response to a question from Councillor Purves regarding an update on the Community Mental Health Strategy and for confirmation on third sector parties being involved in this process, G Paterson advised that timescales were set, and plans had been made for stakeholder engagement in the designing of the Local Community Mental Health Strategy. However, a small number of stakeholders have raised

concerns about the value they see in participating in the development of the local strategy, at this stage, when so much of their work is currently focused on the Tayside-wide strategy. These stakeholders feel this project should be completed first and to deliver an implementation plan for the Local Community Mental Health Strategy. G Paterson added work is still ongoing to progress the Local Community Mental Health Strategy as this has been required by the IJB.

Resolved:
The contents of Report G/20/107 regarding Mental Health Services be noted.

8.1 AUDIT AND PERFORMANCE COMMITTEE

Councillor Purves, Chair of the Audit and Performance Committee provided a summary of the business of the committee meeting of 14 September 2020.

The Chair apologised to members of the Board as the Audited Annual Accounts had not been published with today's agenda. He asked for the accounts to be circulated to members of the Board for their information.

Post Meeting Note: This action was completed by email.

8.2 PERTH AND KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT 2019/20

There was submitted a report (G/20/104) which highlighted the Perth and Kinross Health and Social Care Partnership Annual Performance Report for 2019/20.

Resolved:
The Annual Performance Report 2019/20, as approved by the Audit and Performance Committee on 14 September 2020, be noted.

9.2 IJB WORK PLAN 2020-21

There was submitted a report (G/20/111) which highlighted the Perth and Kinross Integration Joint Board Work Plan 2020-21.

Resolved:
The Perth and Kinross Integration Joint Board Work Plan 2020-21 in Report G/20/111, as of 23 September 2020, be noted.

10. FUTURE IJB MEETINGS

9 December 2020

Future IJB Briefing / Development Sessions

28 October 2020

ACTION POINTS UPDATE

Perth & Kinross Integration Joint Board
09 December 2020

(Report No. G/20/149)

	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timescale	Status
130	17 Dec 2019	9	Strategic Commissioning Plan	Chief Officer to submit the Terms of Reference for Strategy Groups at future IJB Meeting.	G Paterson	Feb 2021	

Report to: Perth & Kinross Integration Joint Board

Date of Meeting 9 December 2020 **Report No. G/20/153**

Title of Report **Final Draft** Tayside Mental Health & Wellbeing Strategy

Authors: Kate Bell, Interim Director of Mental Health

1. RECOMMENDATION(S)

The Perth and Kinross Integregation Joint Board are asked to consider the strategy.

Note the report content and actions in response to population needs and covering topics raised in 'Trust and Respect' report (in particular - recommendation 2, development of a single Mental Health and Wellbeing (MHW) Strategy and the MHW Change Programme.

2. SITUATION/BACKGROUND / MAIN ISSUES

2.1 Situation

This strategy illustrates our collaboration work towards a common Tayside Mental Health and Wellbeing Strategy and Change Programme. The Mental Health and Wellbeing Strategy has seen significant engagement and detailed planning through the programme infrastructure to co-create the first draft shared for further engagement during a five week period of 02 Nov – 30th Nov with amendments built into this final draft strategy.

The four week period of further engagement was undertaken with an iterative process of co-creation by those leading and involved in the strategy writing and further development.

To add to this and expand access to this process we publish the first draft on our website with a list of key questions and a feedback mechanism to the wider public who may not have been engaged in the process to date. We also responded to a request for an extension to one group to enable an easy read version of the draft MHW Strategy.

This phase of work the Strategy being:

- Final Draft for Endorsement and Approvals process – December 2020
- Strategy publication and launch January 2021
- Further period of Public Engagement Jan to March 2021

2.2 Background

The final draft strategy was co-created and completed 02 December, 2020 now outlines the scope, scale and content of the strategy and its final content. This has been a shared process and vision achieved with the contributions of all key stakeholders who have co-created all aspects of the strategy. The final product content, size, format, designs, principles, values, and much, much, more will be co-designed with the recommendations already received and shared as part of the ongoing engagement. We have agreed to produce the following versions of the MHW Strategy:

- Full Strategy
- Summary Strategy
- Easy Read version

There is also potential for the following versions and formats:

- Audio version
- Non Text versions on film with a service directory/locator tool built in

Mental Health staff across Tayside alongside people with lived experience and community organisations have co-created the final draft of the strategy and will go on to co-produce the final versions described above.

All stakeholders have committed to the ongoing work of the programme and project groups as part of the infrastructure already in place. We will continue to work together to assemble the MHW Change Programme for delivery and implementation of the strategy over the coming years.

3.0 Assessment

This final draft strategy is the culmination of nine months work involving hundreds of participants who have attended many meetings, separate workshops facilitated by our teams and the teams of all organisations involved in the programme of work. The reach has been Tayside wide and has influenced and informed all aspects of the content of each chapter of our strategy which relates to the content of the delivery programme.

Influencing and contributing to the work has been the Mental Health and Wellbeing Programme Board, the Communicaiton and Engagement Group and the a Strategy Writers Group which have all met frequently since April and May 2020. These groups have people with and representatives those lived experience and some carers, Health and Social Care Partnerships, Local Authorities, Third secor organisations, all job families in mental health including NHS Tayside staff. These people were fully involved and equally passionate to develop the stratgey for the way we want services to be in the future. We will use this strategy as the blue-print for developing our whole-system change programme.

3.1 Quality/ Patient Care

The mental health and wellbeing programme will improve the Quality of mental health services and support throughout Tayside. Alongside the Strategy an achievement framework, evaluation and key performance indicators are being developed to ensure success can be measured, monitored and continuously improved.

4.0 Workforce

A Workforce Strategy and Plan is being developed alongside to ensure Living Life Well, includes working well, a lifelong approach to mental health workforce in Tayside. On approval the strategy will require a full partnership approach to detail new ways of working, recognise the need to shift the balance of care, build capacity and capability in the community and further development multi-disciplinary working in our specialist inpatient services to achieve the sustainable improvements. The MHW strategy and implementation plan will improve staff wellbeing as they will all have clarity about their roles, their contribution to the future service and how they can promote a person led service, with people as equal partners in their own care to improve patient satisfaction and deliver better outcomes.

5.0 Financial

The MHW Strategy will develop a financial framework for the mental health budget and where strategic intensions and commissioning takes place, using the total Tayside resources for Mental Health in a more cohesive and effective way so that patient centred, recovery focused care is delivered by all.

6.0 Risk Assessment/Management

The independent inquiry Trust and Respect required us under recommendation 2 to develop a single strategy for Tayside. This is a high priority with an element of risk as we are working in the context of a global pandemic which is impacting on the mental health of many. With the support and input of all stakeholders we have maintained mental health as a priority to mitigate this risk. There is a robust Risk management process in place for the projects that are starting to develop to implement this strategy.

6.1 Equality and Diversity, including health inequalities

We have taken account of Tayside's diversity in the development of versions of the strategy and will incorporate easy read versions in other languages. All our work takes account of the health inequalities that often give rise to increased mental health and wellbeing issues and to mental illness. All future work will incorporate an Equity Diversity Impact Assessment.

6.2 Other impacts

The Tayside wide MHW strategy will see improvements in multi-agency working in service of benefits to the population and in particular people with lived experience and as importantly our staff working in all organisations across Tayside.

We are in pursuit of world-class mental health service in Tayside.

7.0 Communication, involvement, engagement and consultation

The Communication and Engagement process within the MHW programme is continuing with a detailed programme of work.

As noted above significant engagement has been ongoing and central to everything we have done and will continue to do. Engagement with all key stakeholders, in particular those people with Lived Experience, third sector partners and mental health special interest groups continues.

Communications & Engagement Sub Group

- The Communication & Engagement Sub Group is now well established and meeting monthly to co-create, co-design and co-deliver communications products.
- Co-chaired by Brook Marshall, Chief Executive of Feeling Strong, which is a Youth Mental Health Charity in Dundee and the Director of Communication and Engagement, NHS Tayside.
- Strong representation from Third Sector organisations and patient advocacy representatives – and SPG members.
- Members of the group have stepped forward to co-lead as "champions" in their specialist interest field. We have a Media Champion, a Design Champion and a Public Event Champion so far.

Staff engagement:

To ensure staff voices feature strongly in the strategy and change programme we are working with all teams to invite contributions and participation of all groups at all levels. We and recognise the key role our staffside partners play in co-designing and implementing all of the changes and redesign proposed. We have developed a partnership forum to ensure this.

Staff side (Union representatives) are helping to develop the communications and engagement plan for the strategy and remain critical to the success of our staff engagement.

Staff from across all organisations who deliver mental health services and supports, including third sector organisations, are heavily involved in this co-creation, co-design and co-production approach.

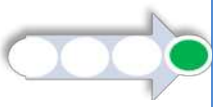
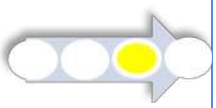
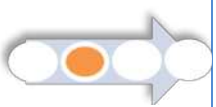
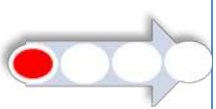
7.1 Route to the Meeting

Since the outset of this work frequent presentations, meetings and discussion have taken place at a range of meetings, committees and also monthly updates to the NHS Tayside Board as a standing agenda item recognising its priority status in Tayside. This strategy will also been presented at these meetings and many others

- Integrated Joint Boards
- NHS Tayside Board Meetings
- Police Scotland Tayside
- A range of committees throughout Tayside, voluntary and third sector groups
- Tayside Executive Partners, Strategic Leadership Group
- Mental Health Integrated Leadership Group

8.0 List of appendices

- Tayside Mental Health and Wellbeing Strategy (Attached)

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

INSERT NAME **DATE:** 2020-12-03

Kate Bell, Interim Director of Mental Health
Kate.bell6@nhs.scot

Living Life Well

A lifelong approach to mental health in Tayside

TAYSIDE MENTAL HEALTH & WELLBEING

We have inclusively and collaboratively co-created this mental health and wellbeing strategy to build public confidence in mental health supports and services, and deliver a thriving and flourishing workforce to improve outcomes for everyone's mental health.

Contents **Page**

Acknowledgement:

People from across Tayside have come together to co-create this ground-breaking mental health and wellbeing strategy. It sets out our collective ambitions for building a mental health service that meets lifelong needs and supports our dedicated workforce.

To all contributors, it is thanks to the dedication, time and capacity, patience, innovation and courage of all stakeholders throughout Tayside that we have truly co-created this strategy during this very challenging time for everyone as a result of restrictions put in place for our safety around the COVID-19 global pandemic.

PLEASE NOTE: Feedback on the first draft stated that the strategy is too long and I acknowledge this, however this registers, represents and values the many contributions received. This version has taken this into consideration in the layout of sections and chapters structure to tell the story end to end. The final co-production stage with the strategy group and communications and engagement group will take this into consideration.

The Strategy is set out as follows:

Section 1 – Mental Health and Wellbeing Strategy

Section 2 – Whole Systems Model for Mental Health

Section 3 – The Tayside Mental Health and Wellbeing Change Programme

Section 4 – Delivering of the Mental Health and Wellbeing Strategy

“I am immensely grateful to all the patients, families, carers, people with lived experience, voluntary and third sector organisations who have bravely offered their experience of using mental health supports services in the development of our shared vision.

"This plan also wouldn’t be what it is without the input of staff who are skilled, trained and resilient in the face of adversity – yet remain passionate about mental health improvement.

"This strategy is an opportunity to raise the profile of mental health in Tayside and your feedback will help it to develop further. Be kind but be fierce as your voice is needed now more than ever before. You can make a difference by owning this strategy and promoting it to deliver change which, when supported and resourced, will result in longer term sustainable improvement.

"My sincere thanks to all contributors for maintaining the momentum and keeping mental health a priority in Tayside”.

Kate Bell, Interim Director, Mental Health and Learning Disability

(December 2020)

Collective Service User Statement

To deliver this strategy and to reshape how we all work to support mental health in Tayside in ***the spirit of Listen, Learn and Change***, here is what has been shared by service users, their families and carers.

As service users and representatives of third sector organisations and to honor the voice of people with lived experience, the following promise will be further developed for the final strategy as acceptance criteria for mental health supports and services in Tayside.

- I want to do everything possible to try and avoid the default of status quo, or toothless recommendations without change.
- I want to be listened to and believed by those treating me
- I would like my physical and mental wellbeing to have equal consideration
- I would like those treating me to be consistent and known faces
- I require my Human Rights to be respected, protected and fulfilled in all aspects of my care and treatment
- I would like my family and carers to be part of my care planning at all stages of my care, with information shared to help me make the decision that are right for me
- I would like to be treated when I require support, where I want it and I want to be in control of my treatment
- I would like ALL services to provide me with support that is empowering to my wellbeing and not judgmental of my mental health condition and circumstances
- I would like medication to be a last resort but if it is necessary then a plan must be made available, as early as possible, to reduce my dependence
- I would like the right support at the right time
- I would like the emphasis to be on all of my needs and not just my medical needs
- I would like to have access to a Peer supporter across all services (in-patient and community) to assist me to navigate my movement from one service to another and through the sometimes confusing layers of the health and social care systems
- If I am homeless I would like access to services the same as everyone else
- I would like the future services to consider my rights, safety and be truly person centred first.
- I would like to be treated as close to home and my community wherever possible.
- If I have to go into hospital, I would like the facility to be modern and aesthetically conducive to my recovery

Signatories:

Brook Marshall, Chief Executive at Feeling Strong and Chair at Dundee Volunteer & Voluntary Action - Co-chair of the Tayside Mental Health and Wellbeing Communication and Engagement Group on behalf of all members

Collective Leadership Promise of the Tayside Executive Partners of NHS Tayside, Angus Council, Dundee City Council Perth & Kinross Council, Police Scotland (Tayside Division)

Together with people living with mental health conditions, their families and carers, and our staff, we will continue to work on addressing the issues raised from the Independent Inquiry into mental health service as set out in the final report Trust and Respect[1] (Feb 2020) to build high quality mental health services that meet people's needs and builds a working environment that enables our staff to thrive professionally and personally.

As organisational leaders we will:

- **Strengthen** our engagement and participation so that the voices of people with lived experience, their families and Carers are amplified and remain at the core to the delivery of truly holistic person centred services
- **Create** the conditions for change by promoting mental health inclusion and tackling mental health stigma and discrimination across services in Tayside.
- **Restore** public trust, respect and confidence in our mental health services through demonstrating integrity and by improving mental health services
- **Deliver** the comprehensive programme of work as part of our Population wide Mental Health and Wellbeing Strategy and Change Programme
- **Foster** respectful relationships with people who use and/or work in our services.
- Strengthening our **person-centred approach** - from prevention to recovery; from national organisations to local third sector organisations, primary care, community and hospital-based services.
- Further develop **leadership, culture**, values, attitudes and behaviours which will strengthen the learning culture across mental health in Tayside by reaching out to, learn from other mental health systems, external experts, professional bodies and importantly people with lived experience of mental health conditions
- **Invest in recruitment and retention** through a values-based employment journey commencing with welcoming recruitment to ongoing development opportunities at all stages of careers with us.
- **Creating inclusive organisations** where staff with lived experience can apply without fear of stigma and discrimination.
- Ensure the **wellbeing of everyone** in our organisations is important and reflected in decision making
- Pursue **timely and equal access** ensuring evidence-based mental health care pathways that promote effective mental health and social care
- 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.
- Deliver services and supports using a **Human Rights Based Approach** to ensure people's rights are respected, protected and fulfilled

In summary

- We believe that through these strong commitments we will ensure we put people at the centre of decisions about their support, care, treatment and recovery.
- We understand that tackling deprivation and inequalities will have a positive impact and result in good mental health and wellbeing contributing to improvements in people's life circumstances and life choices.
- Trusting, respectful and mutually accountable relationships are at the heart of everything that we do to deliver public trust in mental health services.

Co-signatories: Grant Archibald, NHS Tayside Chief Executive, Margo Williamson Angus Council, Chief Executive, David Martin, Dundee City Chief Executive, Karen Reid Perth & Kinross Council Chief Executive, and Andrew Todd, Police Scotland, Tayside Division Chief Superintendent

About the strategy

The promotion, protection and redesign of mental health is regarded as a vital concern of individuals, communities and staff throughout Tayside. Strategic change is necessary to make improvements to mental health supports and services and to address fragmentation across mental health services - specifically the accessibility, safety, quality and standards of care provided by mental health services in Tayside.

Our Tayside Mental Health and Wellbeing Strategy 2020-2025 has a key focus on new technologies, prevention, and early intervention, and access to joined-up and co-ordinated services across the lifespan. Developed with people and for people, it describes our aims for future services for all those requiring mental health support. We want it to reflect the needs of our patients, service users, their families, and carers and also the needs of our staff who plan, provide and deliver the services.

The aim is that this inclusive strategy forms the basis of our future work programme – informed by the people to whom we deliver services and those we work alongside as we collectively strive to improve Tayside's mental health. We will also aim to follow all elements of the PANEL principles of Human Rights (Participation, Accountability, Non-discrimination and equality, Empowerment and Legality).

As measures of success, this strategy aims to provide people with:

- An investment in prevention of mental health disorders and early intervention for poor mental health and the socio-economic impacts.
- Services that tackle stigma and discrimination as an overriding priority
- Improved access to the right services at the right time, as close to home as possible
- High quality, person centred care and treatment in all settings where care is delivered
- Coordinated treatment and supports for people with severe and complex mental illness
- Improving the physical health of people living with mental illness and reducing early mortality.
- Ensuring that the enablers of effective system performance and system improvement are in place
- Improvements in the transitions between Child Adolescent Mental Health Services (CAMHS) and adult mental health services to ensure every child and young person is supported to have the best adulthood they can
- Improvements in transitions between primary care and community services, and between community and hospital services - thereby ensuring no person feels they have fallen through the cracks and are lacking support to thrive.
- Services that provide good patient experience, ensuring people get the support they need, when they need it, where they need it in a way that they're not passed around services, or have to repeat their story over and over again.
- A system that makes safety and all aspects of quality[1] (*safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity*) central to mental health service delivery.

People using mental health services will be:

- Equal partners (people being involved in decision about their care) with their clinicians to arrive at decisions about their care that are right for them
- Will be supported to live an active life with mental health conditions, and as a result, to achieve **Living *Life Well*** with healthier relationships and lifestyles

[1] Crossing the Chasm, A New Health System for the 21st Century - this report from the Institute of Medicine, 2001 focuses on closing the quality gap between what we know to be good health care and the health care that people actually receive. These principles set forth a specific direction for policymakers in Scotland with respect to Quality. Don Berwick IHI on Q6

- Be able to speak about their mental health and wellbeing needs, their personal circumstances, values and expectations so that the care and support plan reflects these
- Supported to have the confidence, knowledge, understanding and skills to promote **Living *Life Well,*** on their own terms, without stigma and discrimination no matter their mental health status
- Provided access to greater support from a range of services beyond mental health, with a view to increasing resilience and reinforcing their whole wellbeing.
- Working with Carers, Peer Support workers to help older people and those with more complex needs receive the right support at the right time, and where possible, live well and independently by managing their conditions themselves
- Benefit from more care being delivered in the community, and where possible, at home
- Hospital based treatment and acute care only when necessary with stays in hospital shorter to enable recovery at home
- Have online access to digital technology to transform the delivery of services across the health and social care system
- Benefit from more integrated services across the public sector and third sector organisations including health, education, employment, housing, social care and other services - working together to support prevention and early intervention of any emerging health issues
- More mental health inclusive and more effective services across the health system to support mental health, including mental health will be considered as important as physical health.

Changes in Community will bring:

- Most care provided locally through an expanded network of mental health community based organisations and community health and social care services
- Community services with teams from all agencies working closely to bring together mental health supports and expertise
- Local mental health and wellbeing teams providing more information and advice for people, offering access to specialist support and advice which might be a GP supported by a team including highly-trained nurses, physiotherapists, pharmacists, mental health workers and social workers, freeing GPs to take on a greater leadership role
- More integrated and extended access to urgent care, offering around-the-clock access to support services both in-person and online

Our staff will:

- See our efforts recognised and receive real and meaningful support towards achieving continuous development and thriving in our work
- Be asked our views, be treated fairly and given dignity and respect at all times within an environment where expression of views and initiative are encouraged
- Have a workplace environment free of discrimination and harassment with consistent, honest and supportive leadership and management underpinned by a human rights based approached
- Play a central role in making changes and improvements which will influence the strategy and lead to implementation
- Develop advanced practice and roles and responsibilities of all mental health staff across organisations
- Identify consistency improvements by sharing best workforce planning practice across mental health teams
- Support the development of a robust workforce strategy and planning to deliver effective, efficient services and better patient, service user and client outcomes

- Engage with key community, voluntary and third sector organisations to seek a longer-term view of the challenges. Particularly in regard to capacity and capability of the future workforce and the skills, knowledge values, qualities needed to inform redesign in response to these
- Develop a system-wide workforce for children and young people's mental health that will deliver collaborative working across early years, schools, primary care, further and higher education and community settings
- Develop mechanisms for ongoing engagement regarding key decisions
- Receive adequate resources to fulfil our role with development plans to support and encourage ongoing learning and development in order to retain staff and succession plan
- Enjoy effective, appropriate and respectful communication

Our redesigned mental health services will be:

- **Needs led and whole system.** The Tayside wide Mental Health and wellbeing (MHW) Strategy will bring together a plan for **ALL** mental health services and functions delivered across all sectors
- **Person centred –** Ensuring that individuals, their carers and families are at the centre and able to see the right person in the right place at the right time to meet their specific needs. This builds on and further strengthens current practice, ensuring both physical and mental health care are met. Where appropriate, self-care and self-management will be promoted and enabled.
- **Community Planning focused** – Working with Community Planning Partnerships to undertake community engagement and inform the strategic planning, commissioning, operational management and delivery of evidenced-based mental health services, rehabilitation and trauma informed care led by Integrated Joint Boards.
- **Community based and multi-agency - Multi**-disciplinary community teams will include peer support workers, community organisations and professionals from all sectors. They may include occupational therapists, physiotherapists, speech and language therapists, dieticians, nurses, psychologists, social workers and doctors.
- **High quality - Specialist services, developed for those in greatest need.** We will provide a whole system and holistic approach to access, to co-ordination of services and to delivery of specialist inpatient and centralised services
- **Outcome focused -** Mental health and wellbeing has a profound impact on quality of life. This strategy advocates a holistic approach and is fundamentally about achieving better mental health and wellbeing for all, where people in Tayside can live a full life free from stigma and discrimination. This requires the identification of quality indicators to measure outcomes.

SECTION 1 - MENTAL HEALTH AND WELLBEING STRATEGY

1. Introduction

1.1. Understanding the impact of COVID-19

Our Mental Health and Wellbeing Strategy and Change Programme and has been developed during a Global Health Pandemic.

Notwithstanding the challenges of COVID-19, NHS Tayside and Partners alongside staff and people with lived experience have maintained a robust and consistent collective dedicated effort to focus on mental health and wellbeing throughout the pandemic, keeping services running and adapting to changed ways of working. The priority level for delivering this strategy and mapping out the change programme has remained very high (second only to COVID-19) and our teams have engaged high numbers of people than predictable possible conventionally as we have utilised innovations in technology to rapidly engage and support as many people as possible in continuously co-creating our response to the Independent Inquiry, Trust and Respect report published in February 2020 into mental health services in Tayside[2]. This has been extremely challenging for all and required a separate and consistent approach to co-create this strategy predominately through virtual means.

This is a first and should be recognised as a major success for all those who have contributed to the Tayside Mental Health and Wellbeing Strategy.

**The World Health Organisation (WHO) recognised the spread of COVID-19 as a global pandemic on 11 March 2020 as a disease over the world. The pandemic is an epidemic of an infectious disease occurring on a scale that crosses international boundaries, affecting people on a worldwide scale. The disease or condition is not a pandemic merely because it is widespread or kills many people; it is also extremely infectious. Since March the population of Scotland has been on varying levels of emergency footing as the Scottish Government called for a lockdown on March 23 2020 as COVID19 was affecting a substantial number of people over the whole country.*

1.2. COVID-19 and mental health

Mental health is a crucial component of overall wellness—and the added strains of the COVID-19 pandemic have brought this into even greater focus. Mental Health conditions and substance-use behaviours worsen people's health and require sometimes high level of resources with regular contact with a range of public and third sector resources. The COVID-19 crisis has for some amplified these effects. As the curve has flattened, where the demand may have reduced in other areas of the health and social care services, mental health supports and services are seeing a rise in demand and a worsening in patients mental health status. Traumatic stress, working from home, unemployment, and social isolation are exacerbated prior behavioural health conditions and bringing on new ones for people who have never experienced the level of emotional stress, anxiety or distress previously.

COVID-19 pandemic is widening inequalities and causing an economic crisis, both of which are likely to worsen mental health and may increase mental health and wellbeing in our population in the longer term. The strategic leadership and co-ordination of suicide prevention and mental health and wellbeing across Tayside needs to be strengthened as part of this strategy in order to better promote the importance of mental health and wellbeing and support and increase the efficiency of prevention activity and early interventions. The Framework for Supporting People through Recovery and Rehabilitation during and after the COVID-19 Pandemic Scottish Government Aug 2020[3]

1.3. COVID-19 and Employees

We understand that the pandemic has amplified earlier inequities within our workforce experience of the circumstances created by COVID-19 and essential worker status. Our staff have stepped up during COVID-19 for our patient groups, families, carers to treat them with

care and compassion, provide reassurance and support each other when they have felt scared and vulnerable as a result of the COVID-19 crisis.

The crisis has been challenging with an impact on all employees from the front line to the Board room. During the COVID-19 crisis with an array of challenges in their lives, particularly in the areas of mental and physical health, concerns and around what *felt like* never ending workload increases and complexity, some of which was extraordinary, never experienced before but yet staff have risen to every challenge with determination to respond with positivity and leadership at all levels.

We know that workers across different disciplines, groups and setting have shared remarkably, similar sets of challenges related to mental health, work–life balance, workplace health and safety, a missing sense of connectivity and belonging with colleagues, and concerns about family re the implication of COVID. Women in particular shared worries about the health and safety of on-site workplaces and mental-health issues. They have also more concerned than men about increased household responsibilities—suggesting that the stress of the "double shift" continues to be a gendered issue around household.

For the mental health and wellbeing of our staff, now and post pandemic we must consider the prioritisation of diversity, equity, and inclusion within the workplace. Difficulties related to COVID-19 are unlikely to be resolved soon. For many coronavirus challenges such as stress, over working and as a result lower levels of resilience, workplace fatigue, impact of loss of income, health and safety issues related to working from home, prolonged isolation, are likely to continue for months and remain an important factor for years.

To respond to this and prevent a long and challenging road being even tougher, we must understand, develop and plan our future workforce strategies. This will require capacity and dedicated mental health capability to provide employees with support, a commitment of recruitment and more importantly retaining schemes for all, and if necessary every employee who gave their heart to the job without exception during the pandemic.

In response to these challenges we have prioritised workforce MHW. As we come out of the pandemic and restrictions are reduced and end, we will then have an opportunity to build a more equitable and inclusive workplace that will strengthen our organizations far beyond COVID-19.

Making these adjustments for the post pandemic future proactively will ensure staff feel valued and hope for a renewal of energy for the new normal. Finally, the qualities that characterize diverse and inclusive organisations —notably innovation and resilience—caring for and about our staff will be crucial as we recover and transition to the next normal. It will mean we are better placed to support employees and drive sustainable development and improvements.

2. Strategic Context

The factors that impact most on people's health are beyond health services[4] . They are associated with income, access to employment, social class, education or deprivation and therefore the work is *interdependent* with a range of national strategies and local collaborative working essential to address the underlying causes of mental ill-health.

National Strategies

- National Mental Health Strategy 2017-2027[5]
- Rights, respect and recovery: alcohol and drug treatment strategy[6]
- National Dementia Strategy – a mental health perspective
- National Suicide Prevention Strategy

- Scottish Ambulance Service & Mental Health
- Policing Scotland 2026[7]
- Dundee Drugs Commission[8]
- Re--mobilise, recover, re-design framework for the NHS, Scottish Government , May 2020[9]

The Scottish Government's Mental Health Strategy 2017-2027

The national strategy has set the target of achieving parity between physical and mental health care over a 10 year period and recommends the following actions:

- accelerate prevention and early intervention
- provide accessible services
- tackle mental health stigma and discrimination
- improve physical wellbeing of people with mental health problems
- promote and protect rights
- make better use of information and use planning, data and measurement for improvement.

Scotland's Public Health priorities 2018

One of the six national Public Health priorities is to achieve 'A Scotland where we have good mental wellbeing'. This aspiration represents an agreement between the Scottish Government and Local Government about the importance of focusing our efforts to improve the mental health of the population. The Public Health priorities document[10] is 'intended to be a foundation for the whole system, for public services, third sector, community organisations and others, to work better together to improve Scotland's health, and to empower people and communities. It is a starting point for new preventative approaches, and a new awareness around wellbeing.'

The Scottish Government's Suicide Prevention Action Plan: Every Life Matters 2018

The vision for this strategy[11] is 'a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide and suicide prevention is everyone's business.' They have set a target to further reduce the rate of suicide by 20% by 2022 (from a 2017 baseline).

The Keys to Life Unlocking Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021[12]

'Our vision is for a creative, open and connected nation in which people with learning disabilities are empowered to:

- Live healthy and active lives
- Learn to reach their full potential
- Participate in an inclusive economy
- Contribute to a fair, equal and safe Scotland.

Everyone – including people with learning disabilities - should be able to contribute to a fairer Scotland where we tackle inequalities and people are supported to flourish and succeed. People with learning disabilities should be treated with dignity, respect and understanding. They should be able to play a full part in their communities and live independent lives free from bullying, fear and harassment.'

The Health Scotland Health Needs Assessment Update Report[13] for People with Learning Disabilities in Scotland 2017 provides evidence on health needs of this population.

3. Independent Inquiry - Trust and Respect

The Independent Inquiry into Mental Health Services in Tayside 'Trust and Respect'[14] was published in 06 February 2020. The report's title – **"Trust and Respect"** – reflected the main conclusions of the Inquiry – that there has been a loss of trust in mental health services in Tayside. Trust needs to be rebuilt by treating everyone with respect. The active involvement of staff, patients, communities and partner organisations will be essential to building a new culture and approach to delivering services and treating patients in Tayside. (Dr David Strang, Chair of the Inquiry).

'Trust and Respect' made 51 recommendations to review and enhance services and represents an opportunity for radical change to improve service users' experience across Tayside. It reflects the need for all partners to work collaboratively to rebuild mental health services and to listen to all voices to transform the way in which mental health care, treatment and support is designed and delivered to build and sustain trust and respect at every level.

'The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group produced a report in 2018, ***'Hearing the voices of people with lived experience'***[15]

The ALLIANCE and the members of the Stakeholder Participation Group provide 11 key points as areas to measure improvement. These are shown below and incorporated in the planning of this strategy.

Service User and Employee feedback is set out below. These are the main drivers for change in developing this strategy and the Change Programme derived from it.

3.1. Service User Feedback from the Independent Inquiry

The voices of the service users and employees were captured during and following the independent inquiry as part of the Employee Participation Group recording what worked and crucially what need to be improved in mental health services in Tayside.

The Health and Social Care Alliance Scotland (The ALLIANCE) alongside the Stakeholder Participation Group reviewed the report written in December 2019 **Hearing the voices of people with lived experience** and identified the following 11 key points as key areas to measure improvement by.

Building a long term recovery approach to services that focuses on holistic care as opposed to a medical model by facilitating the breaking down of barriers, not just across health and social care services but across all services that support people – including housing, education and social security.

Provide carers with support to best carry out their role effectively for those with mental ill health by sharing information on support groups and local resources and how to talk to someone in crisis and mitigate extreme experiences of mental ill health.

Ensuring learning from adverse incidents to inform future practice and staff training.

Creating a system of services that work together in an integrated way – in particular mental health, substance abuse and suicide prevention.

Formally evaluate the Third Sector's contribution to mental health services in Tayside and the role they can play in sustainable delivery of joined up services to ensure these services are maximising impact.

Better access to early intervention services focused on achieving improved personal outcomes.

Stronger investment in preventative, community assets which build and support a person's wellbeing as well as avoiding mental ill health escalating into a crisis.

Mental health awareness training should be required for those employed by statutory agencies, schools and training as teachers in order to best support young people with their mental wellbeing.

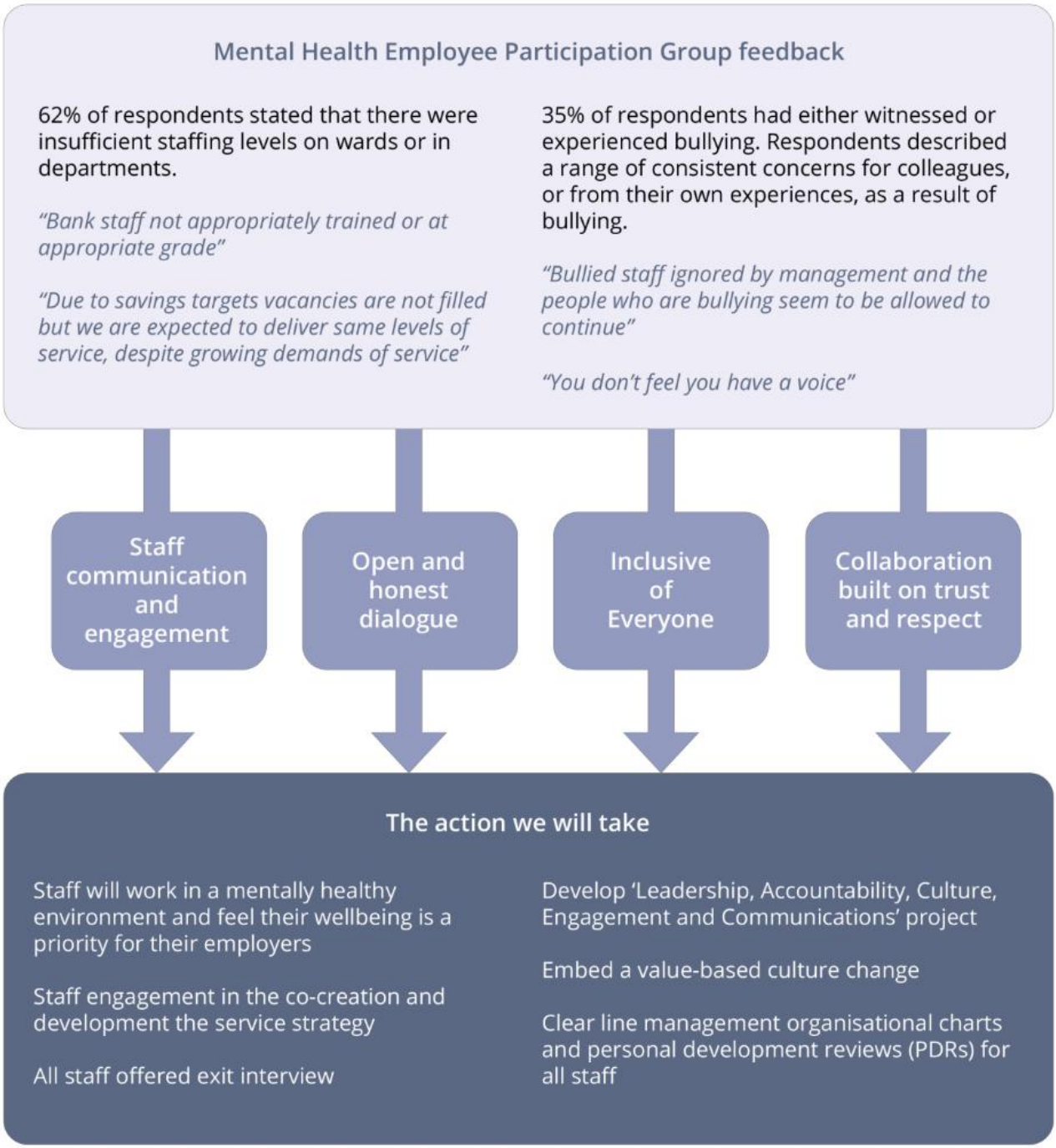
Promoting a therapeutic environment within and around services to assist people in thriving with the support of mental health services.

Person-centred assessments driven by personal situation and needs rather than process and service capacity. While respecting confidentiality, the role of family carers should be seen as a valued part of the assessment process with the promotion of advance statements and other tools to assist with anticipatory care planning.

Enabling culture change and empowering staff to support a therapeutic environment through the provision of staff training. Services should provide staff training on person-centred care and compassionate leadership principles and enable participation in values-based reflective practice and the Scottish Government 'What Matters to You' initiative.

3.2. Employee Feedback from the inquiry

A summary of the confidential survey completed by staff is shown below. This strategy incorporates staff views in every aspect of the approach and content.



3.3. Listen Learn Change – A response to the Independent Inquiry

Following full consideration of Trust and Respect report, in February 2020, the Tayside NHS Board agreed to:

a. Formally accept the final report and its findings, conclusions and recommendations and make a commitment to working with key agencies and stakeholders to address all recommendations in partnership
b. Formally thank the 1500+ voices who contributed to the report and make a commitment to keep listening and involving and amplifying those voices
c. Listen and learn from the 1500+ voices – as well as all others with lived experiences, including patients, families and carers and staff working in mental health services – to ensure services are co-designed and co-produced with people at the centre
d. Build and establish a new, co-produced framework for engagement which will strengthen the engagement and involvement of all partners, people living with mental ill health, their families, carers and staff
e. Support the Tayside Executive Partners' Statement of Intent to enable a truly transformative whole-system public sector approach
f. Engage with all partners and stakeholders to establish a Tayside-wide Strategy and Change Programme for improving mental health and wellbeing, with multi-agency strategic leadership, clear governance and delivery arrangements and deployment of additional expert resource to ensure effective delivery within agreed timescales

Mental health has remained a priority for NHS Tayside and its partners throughout the additional challenges of COVID-19.

Listen Learn Change (LLC) the action plan for mental health[16], a response to 'Trust and Respect' is an ongoing collaboration to co-ordinate delivery of the recommendations, The LLC action plan set out a framework clarifying what will be delivered by when.

The ongoing work through the Listen Learn Change Action Plan with respect to delivering the recommendations is shaping the development of our Tayside Mental Health and Wellbeing Strategy and the Change Programme (2020- 2025).

It is our belief that enabling service users, their families and carers, to experience improvements will deliver positive change, build trust and mutual respect and result in a safe journey to care and recovery.

A demonstrable difference with this strategy is how we have we responded to the voices shared during the independent inquiry. We have prioritised communication and engagement so that we at all times we actively listen, engage, and continually develop how we work together.

On the announcement of the inquiry a group was established to represent patients, families, carers and third sector organisations to enable stakeholders to engage and to ensure a high level of transparency in its work. Members of that the Stakeholder Participation Group (SPG) have been involved in the development of this strategy from the outset.

Trust and Respect reported that '…staff are critical to any strategic programme of improvement'.

In order to ensure a strong staff voice, the Tayside Mental Health and Learning Disabilities Partnership Forum has been established. The forum aims to work with all mental health services and staffside to improve the employee experience in the workplace and to ensure staff governance standards are the foundation for our ongoing employee communication and engagement.

The Tayside Executive Partners and the organisations they represent are committed to a learning environment and improving our employee experience in mental health.

4. Mental Health - A Public Health Priority

Our ultimate aim is to improve the health of the population and to reduce the unacceptable variation in life expectancy that exists across Scotland and Tayside. Tackling the health inequalities that prevent good health runs through all that we do, and this is reflected in our principles. In taking that work forward we are committed to a shared vision for a modern, inclusive Scotland and Tayside where everyone is able to live with human dignity. Scotland's Public Health priorities document[17] Public Health priority 3, states, A Scotland where we have good mental wellbeing.

Mental wellbeing is about both feeling good and functioning effectively, maintaining positive relationships and living a life that has a sense of purpose. It is shaped by our life circumstances, our relationships and our ability to control or adapt to the adverse circumstances we face.

Good mental health improves outcomes in education, employment and health and benefits individuals, families, communities and society.

4.1. Why is mental wellbeing important?

Mental health and wellbeing is a significant public health challenge for Scotland which needs to be addressed if we are to ensure everyone in Scotland can thrive. Good mental health is profoundly important for growth, development, learning and resilience. It is associated with better physical health, positive interpersonal relationships and well-functioning, more equitable and productive societies.

4.2. Mental Health – Definitions

Mental health can be used to describe a broad spectrum of terms including mental wellbeing, common mental health difficulties and mental illnesses or psychiatric disorders.

It is important to note that these terms are not mutually exclusive as mental wellbeing can be experienced by someone with a stable psychiatric disorder and someone without a psychiatric disorder can have poor mental wellbeing.

4.2.1. Definition of Mental Health

'Mental Health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community'

4.2.2. Definition of Wellbeing

- 'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'

This Mental Health and Wellbeing Strategy for Tayside supports the emphasis that our physical and mental wellbeing are closely linked. In a *Bulletin of the World Health Organization (WHO)* international journal of public health[18] (2013) the WHO acknowledges that ***'there is no health without mental health'.***

The WHO report makes a compelling case that there is an urgent need to do more to promote and protect wellbeing, prevent common mental health problems and strengthen both the provision of mental health care to all people and reach parity with physical illness and the relationship to physical health care provided to people with mental health conditions living in the community, attending general hospitals, social work, community organisations and in General Practice.

4.3. Causes of Mental Health Conditions

Research tells us that mental health is more than the absence of mental disorders and is an integral part of health; indeed, as described above there is 'no health without mental health'. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time.

The following factors could potentially result in a period of poor mental health:

- losing someone close to you - bereavement
- being a long-term carer for someone
- experiencing discrimination and stigma
- childhood abuse, trauma, or neglect
- severe or long-term stress
- social isolation or loneliness
- social disadvantage, poverty or debt
- having a long-term physical health condition
- unemployment or losing your job
- homelessness or poor housing
- alcohol or drug abuse - addictions
- domestic violence, bullying or other abuse as an adult
- significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- physical causes – for example, a head injury or a neurological condition such as epilepsy can have an impact on your behaviour and mood. (It's important to rule out potential physical causes before seeking further treatment for a mental health problem).

Although lifestyle factors including work, diet, drugs and lack of sleep can all affect your mental health, if you experience a mental health problem there are usually other factors also.

There is a broad narrative in a range of Scottish Government policies, strategies and commitments in relation to Mental Health in Scotland. Scotland's Mental Health Strategy 2017-2027[19] captures the need and sets out action in response to this need. The delivery of which is assured through the national Mental Health Delivery Board.

Our Tayside Mental Health and Wellbeing strategy is reflective of the National Mental Health Strategy and other key legislation and strategy documents including:

- Mental health legislation with the main mental health legislation in Scotland is the Mental Health (Care and Treatment) (Scotland) Act 2003[20] as amended by the Mental Health (Scotland) Act, 2015[21]
- Reforming mental health for children and young people[22]
- Working to Reduce Suicide[23]
- Improving the lives of those living with Autism and/or a learning disability[24]
- Developing policy and practice on forensic mental health[25]
- Improving access to mental health for expectant and new mothers[26]

The Tayside strategy covers a lifespan, therefore our change programme projects reflect this and are:

1. Good mental health for all
2. Primary and community mental health
3. Specialist Adult Mental Health
4. Children and Young Peoples Mental Health
5. Learning Disabilities and Mental Health
6. Older Peoples Mental Health

In Tayside there is a strong tangible commitment to delivering the world class mental health services, and high quality health and social care we know is possible. Our ambition is that Tayside will have a collaboration of quality-driven organisations that care about people (*patients, their relatives and our staff*) and is fully focused on achieving person-centred services delivering good mental health for all. Through our commitment to a culture of trust,

respect and quality we aim to deliver the highest quality health and social care services for the people of Tayside. This includes a systematic approach to ensuring that prevention informs the way that we design and fund mental health systems, services and that makes public mental health a priority.

4.4. Life Circumstances and Mental Health

Good mental health is influenced by a very wide range of factors in all aspects of our life including employment, housing and social connections. Poor mental health is strongly associated with socio-economic deprivation and can be understood as a response to relative deprivation and social injustice.

The Scottish Government's Mental Health Strategy (2017-2027) highlights the importance of taking a human rights based approach, the need to achieve parity between physical and mental health and the importance of prevention. A focus on prevention is particularly crucial in relation to mental health, where three quarters of all disorders are evident by the age of twenty. The Scottish Government National Performance Framework stipulates that a whole system approach focusing on prevention is essential in order to achieve good health for all.

Research evidence shows that investment in prevention and early intervention for mental health disorders is cost-saving in the longer term[27]. However, the cost savings are commonly spread across sectors, for example education, criminal justice, social services, which is a challenge when funding is in separated into silos.

Improving population mental health in Tayside requires a whole system approach where impacts on mental health are addressed as a priority in all policies and strategies. All organisations must commit to this prioritisation of good mental health if we wish to make any progress in reducing the stark inequalities associated with poor mental health and enable good mental health for all. This is particularly crucial at the current time when the impact of the COVID-19 pandemic can already be seen to be working in the opposite direction and increasing these inequalities.

A human rights-based approach is essential to improving mental health and mitigating the impact of COVID-19 on the most marginalised and excluded in our communities.

This MHW strategy is our opportunity to commit to a real change, including sufficient investment, to realise the ambition of prioritising mental health, which has been clearly called for by the people of Tayside.

4.5. Health Inequalities

Health inequalities in Scotland are wide and have increased over the last ten years.

Poor mental health is strongly related to socioeconomic deprivation and levels of mental distress within communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice.

Historically, mental health has not been a priority for health services or governments. However, the importance of good mental health and wellbeing to both individuals and society is now beginning to be recognised. Good mental health is an essential tool for living as well as both a determinant and a consequence of physical health. Crucially, the roots of our future mental health are laid down pre-birth and in infancy and this is where action for change must start.

Mental health is also central to understanding the impact of socio-economic inequalities on health generally. For example, mental health influences:

- Capacity and motivation for healthy behaviours,
- Prevalence of physical health disorders
- Chronic disease outcomes
- Relationship to health services, including uptake of treatment and treatment adherence.

In order to reduce health inequalities and improve mental health we will:

- Build a partnership approach with local authorities and community planning partners that works to prevent mental health disorders and substance through promotion of the economic, social and emotional factors that support mental wellbeing using a 'mental health in all policies' approach.
- Use health intelligence to target actions towards communities with the greatest inequities and mental health needs.
- Work with communities and local partners to improve mental wellbeing together.

To improve population mental health in the long term we will

- Build consensus across agencies in Tayside that reducing inequalities and improving mental health is a priority for all.
- Use this multiagency consensus to obtain the long term investment that is essential to achieve this.

Wholesale change cannot be achieved overnight but continuous movement towards these targets must be demonstrated.

4.6. Needs Assessment and Service Planning

Evidence recommends the importance of a proportionate universalism approach in reducing inequalities. This means that services are provided universally, for everyone, but there is also specific targeting towards more vulnerable individuals and communities, where significantly greater support is required to engage with services and achieve the same gains as other populations.

4.7. Service Specific areas to be addressed to reduce health inequalities

- Health literacy – all communication must be accessible
- Language – communications must be available in common languages
- Digital exclusion – must be considered in relation to all aspects of exclusion
- Accessibility – services must be available in ways to facilitate and enable access for those with chaotic lives, be trauma informed and culturally sensitive.
- Vulnerable populations – services must work with communities and populations to take a continual improvement approach to providing what is needed to support mental wellbeing.

4.8. Shared Vision and reducing Mental Health Stigma and Discrimination

Co-created with our stakeholder engagement network, our current vision is for

'Everyone in Tayside has the right to achieve the best possible mental health and wellbeing and is enabled to do so. That the stark inequalities associated with mental health and substance use conditions, disorders and dependency[28] are reduced and Tayside leads the way in addressing the stigma and discrimination that exist in society and across public services and organisations, related to mental health'

Our ambitions include;

- Equality of access to supports and services based on need regardless of any barriers; socioeconomic, gender, sexual orientation, disability or any wider determinants of mental health.

- Individuals with mental health disorders, substance misuse behaviours or learning disabilities do experience same mortality and physical health outcomes as the population as a whole.
- People living with mental health and substance use disorders have good quality of life; enabled to achieve educational, employment and social goals unencumbered by stigma or discrimination.

4.9. Reducing Stigma and Discrimination

Our approach will take a 'whole systems' approach to ending mental health stigma and discrimination in Tayside, moving from raising awareness and increasing understanding to taking action to change attitudes and behaviours in the local and surrounding areas. This will also take full consideration of national approaches to prevent and reduce suicide risk in the population and to make support more accessible, visible, inclusive and meaningful to those who need it.

Stigma occurs when people are judged and discriminated against based on assumed characteristics or behaviours. This has a profound, detrimental impact on the lives of many individuals and families who are trying to cope with or overcome a wide range of health conditions or challenging life circumstances, including mental health problems, substance use and poverty. People living with mental health problems continue to experience poorer health, educational, employment and social outcomes; their life expectancy is shorter and their quality of life poorer overall. The stigma and discrimination people face within public and private services directly contributes to this.

People who have a diagnosis of severe and enduring mental illness experience the greatest stigma and discrimination across and within services and workplaces. Individuals with alcohol and substance use disorders can experience significant stigma and discrimination including within the mental health services Stigma is heightened significantly when a mental health problem is coupled with one or more protected characteristic, such as LGBTI, BME, age, sensory impairment and wider disability.

Addressing stigma requires working with people with lived experience to create individual, public and structural responses in order to remove barriers to treatment, support and social integration. Our vision is that everyone in Tayside is treated with dignity and feels valued, respected and supported rather than defined by their health condition or life circumstances. Eliminating stigma benefits everyone.

We commit to addressing stigma and discrimination in Tayside by:

- Embedding anti stigma approaches in all organisational strategy, policy, practice and commissioning, using impact assessments and ensuring transparent, inclusive and effective processes for recognising and addressing stigmatising and discriminatory practice.

- Ensuring inclusive culture and ethos, modelled by leaders, where physical, social and cultural environments feel safe and promote trust and respect, protect fairness and equity for people with experience of mental health problems.

- Increasing public mental health awareness and challenging use of stigmatising language.

- Promoting social contact (when people with lived experience have conversations with those who don't), the voice of lived experience, peer-to-peer approaches and positive recovery stories.

4.10. Suicide Prevention

Suicide prevention is a national priority that requires to be supported and promoted at a local level with a strong emphasis on prevention and early intervention. Suicide rates in Scotland have fallen over the last decade, but remain higher among men and those from areas of multiple deprivation.

In September 2020 a new approach to suicide prevention in Scotland was launched 'united to prevent Suicide: together we can save lives'. This movement is in response to the Scottish Government Report: Every Life Matters[29] (August 2018). There is broad support for suicide prevention as a national priority and for the approaches adopted by the Suicide Prevention Strategy (2013- 16)[30]. We will ensure that suicide prevention training and trauma informed practice is taken up by all key workers.

The overarching key message is that suicide prevention in Scotland involves all of us because:

We should be confident to talk about mental health and suicide without fear of stigma and discrimination

- We should be confident to connect someone to the right support first time, 24 hours a day and at weekends
- Language is important. Saying the word suicide isn't a trigger, it can help save a life
- We must tackle stigma around suicide
- We need people like you to join the social movement for change

In Tayside there is a designated suicide prevention lead for each of the three Local Authority areas and their role is to drive forward their local suicide prevention strategies and priorities to address local need. These are informed by the National Action plan and supported through local strategic groups in each area. Links with Community Planning Partnerships are in at early stage of development.

The Tayside Multiagency Suicide Review Group (TMASRG) was set up in 2016 and is jointly funded by NHS Tayside together with Angus, Dundee and Perth & Kinross social care partnerships.

The purpose of the TMASRG is to review all completed suicides in Tayside to determine common demographic, social, health, service use and other factors that have contributed to each suicide. This information is used to determine recurring themes which can be used to develop priorities for local suicide prevention activity.

In relation to the national action plan for Suicide Prevention 'Every Life Matters' Tayside is leading the way in Scotland in achieving their recommendations which include providing timely data for suicide deaths, undertaking multiagency reviews of deaths and providing support to those bereaved by suicide.

For example, the national leadership group is currently using Tayside data to provide real time surveillance as an indicator for national suicide deaths during COVID-19. Currently, this timely information is not available in other areas of the country or at national level.

4.11. Burden of disease

Scotland has a comparatively high prevalence of suicide within the UK and Dundee City has a particularly high prevalence within Scotland, primarily in men. Explanations for this include the high rates of deprivation in Dundee and the importance of overlaps with the population at risk of drug related deaths, which is also very high in Dundee. This predominantly male population with substance use issues and premature mortality risk requires a multi-level, cross-agency public health approach to reduce this risk and although many areas of work are being progressed the situation requires continued focus and attention.

We will make a difference by:

- Investing in prevention and early intervention for mental health and substance use disorders.
- Using local data and research evidence to inform changes in service redesigns.
- Reducing stigma associated with mental health and substance use disorders.
- Providing new integrated models of care services proportionate to local needs.

- Following all elements of the PANEL principles of Human Rights (Participation, Accountability, Non-discrimination and equality, Empowerment and Legality).
- Building capacity around mental health and suicide prevention through a multiagency strategy for training for Tayside.
- Developing a strategic approach to improving the physical health of individuals with severe and enduring mental health conditions, substance misuse behaviours and learning disabilities.
- Focusing on improved outcomes for people and indicators that measure improvements for communities and the workforce.

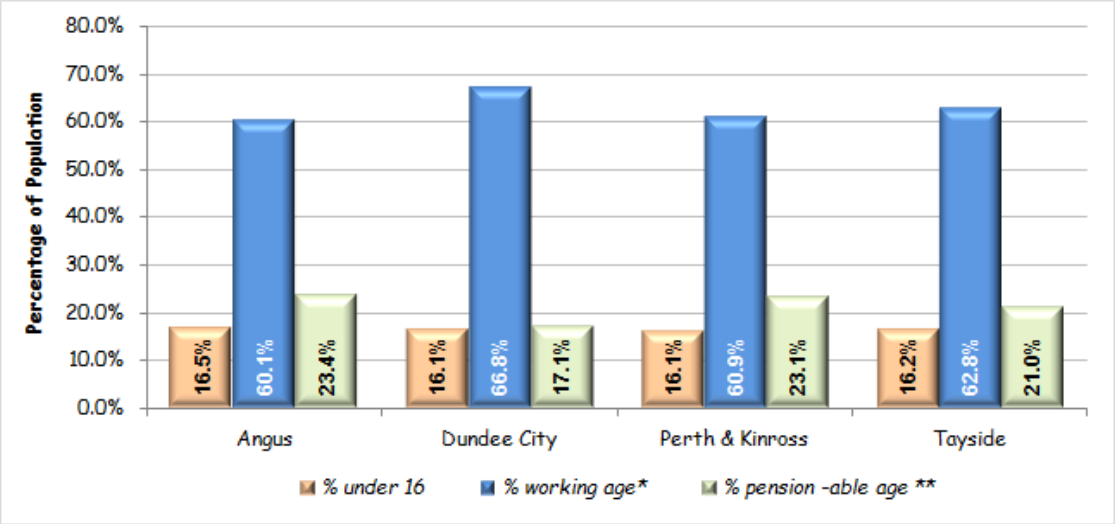
5. Tayside Population

The estimated population of Tayside on 30th June 2019 was 417,470, 48.8% [equivalent to 203,581] of the population were males and 51.2% [equivalent to 213,889] females (all ages).

NHS Tayside provides a health service to a population distributed across three local administrative areas. In 2019 there were 116,200 residents [27.8% of the Tayside population] in Angus, 151,950 in Dundee [35.8%] and 149,320 in Perth & Kinross [36.4%].

Figure 1 shows the age distribution of the population across Tayside

Age Structure of the Tayside Resident Population, as at 30th June 2019



Source: National Records of Scotland (NRS) Mid-Year Populations Estimates (MYPE), June 30th 2018 (www.nrscotland.gov.uk)

5.1. Population Projections

The Scottish population (all persons) is projected to increase by 2.5% by 2043 (from the 2018 baseline population estimate), in comparison, the Tayside population is projected to decrease by 1.6% [409,348]. With the exception of the very slight increase in Dundee City's 'working age' population [0.8%] by 2043, declines in both the 'Child (0-15 Years)' and 'Working Age' sub-populations are also predicted across Tayside and its local areas between 2018 and 2043.

In comparison, there are projected increases in the 'Pensionable' and 'Elderly' (75+ years) sub-population groups. The greatest increase is predicted in Tayside's 'Elderly' population [60.2%, equivalent to 65,142]. However there is a degree of variation across the three local areas; Dundee City's 37.5% projected increase [equivalent to 16,812], is just over half of that predicted for both Angus [61.6%, equivalent to 19,675] and Perth & Kinross [76.2%, equivalent to 28,655] by 2043.

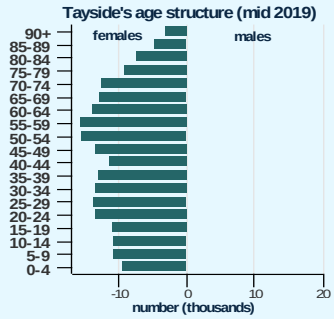
Tayside Population

TAYSIDE'S PEOPLE

Population

417,470 - Tayside

116,200	149,320	151,950
Angus	Dundee	Perth & Kinross

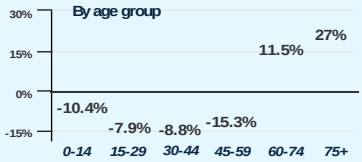


Projected population change to 2030

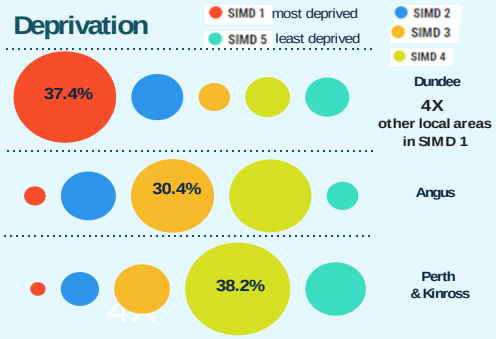
Scotland ⇧ **2.0%**

Tayside ⇩ **0.1%**

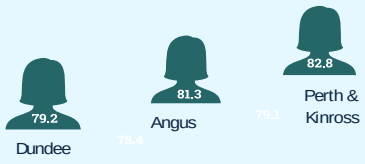
but large increase in **older** and **elderly** populations



Deprivation



Life expectancy from birth



Tayside males 77.1 females 81.3

Unemployment

3.2% - Angus

5.4% - Dundee

2.3% - Perth & Kinross

Children in poorer families

22.8% of Tayside's children live in families with limited resources (low income + material deprivation) 20.7% in Scotland.

Angus **20.7%** Dundee **30.1%** P&K **17.6%**

Mental Health

1 in 4 adults likely to have a mental health problem in their lifetime (Scotland)

= **87,465** in Tayside

1 in 6 adults likely to have a mental health problem at any one time (Scotland)

= **58,310** in Tayside

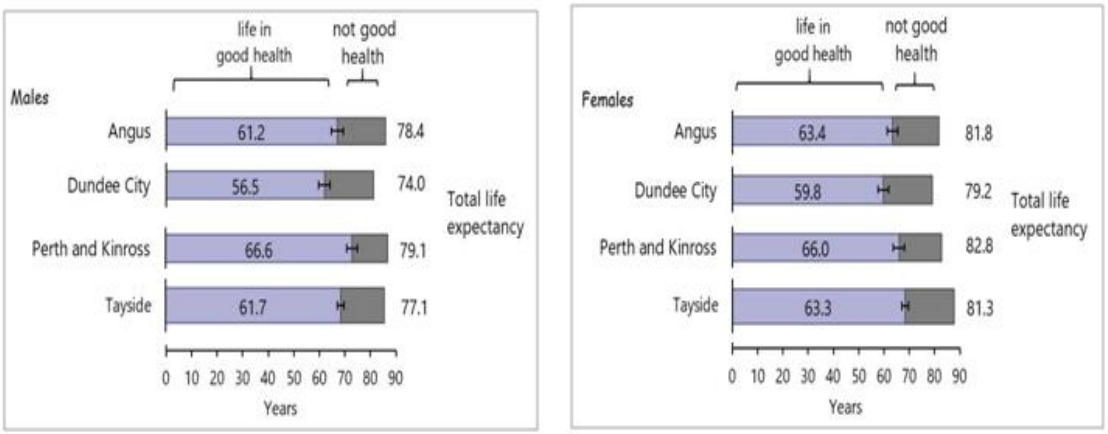
5.2. Minority Ethnic Population

The 2011 census reported the non-white ethnic population within Tayside to be 13,111 (3.2% to the total population), with over 66.3% of them residing in Dundee City. This was an increase since 2001 when the population numbered 7,495 (1.9% of the total). The largest non-white Tayside population were 'Asian' (incl. Scottish & British) representing 2.1% of the total population (equivalent to 8,611).

5.3. Life Expectancy & Healthy Life Expectancy

The current life expectancy across Scotland is 77.0 years in males and 81.1 years in females (2016-2018 based). Within Dundee City life expectancy figures are not only lower than the Scottish averages; these figures are also the lowest life expectation across its Tayside counterparts for both genders. In comparison those living in Perth & Kinross are expected to live the longest of all Tayside residents (both genders)

Males in the most deprived areas of Dundee City can expect to live for 14.3 fewer years than those in the least deprived areas, while the equivalent gap for Dundee City females is 8.5 years.



Source: Life Expectancy - National Records of Scotland (NRS) and National Statistics (www.nrscotland.gov.uk)

5.4. Deprivation and Rurality - Scottish Index of Multiple Deprivation

The "Scottish Index of Multiple Deprivation" (SIMD) is a small area-based measure of multiple deprivation. The SIMD combines various domains and creates a ranking system from most to least deprived, grouping these ranks, most commonly into 'Quintiles'. Within a standard population, 20% of the population would be expected to live within each quintile, with the focus on the 20% most deprived (i.e. SIMD Quintile 1). In 2018, [31] 17.6% of the population in Tayside were living in the 20% most deprived areas.

5.5. Urban-Rural Classification

Rural life can impact on the health, access to services, employment, education and transport for the local area. Within Tayside the majority of the population [38.1%] reside within 'Large Urban' areas'. For those more rural Tayside residents; 19.5% were residing in 'Accessible Rural' areas (population less than 3,000 and within a 30 minute drive time of a settlement of 10,000+) and a further 4.9% of the population living in 'Remote Rural' areas (population of less than 3,000 and with a drive time of over 30 minutes to a settlement of 10,000+)

5.6. Unemployment Figures & Claimant Counts

Within Tayside, Dundee City records show the highest proportions who are unemployed

5.7. Fuel Poverty

Tayside's three local areas are currently either equal to or higher than the Scottish fuel [27%] and extreme fuel [8%] poverty rates. However, under the new definitions only Angus has both fuel poverty rates below that of the Scottish figures [26% and 12% respectively].

5.8. Low Income Families

Between 2014 and 2017 in Tayside 22.8% of children lived in families with limited resources, compared with 20.7% in Scotland.

5.9. Free School Meals

Access to free school lunches is offered in Scotland with the aim of reducing deprivation and promoting healthy eating. On average across Tayside's primary (P1-P7) schools 77.0% of pupils were registered and taking school meals, slightly below that across Scotland (79.2%). However, with 83.8% doing so in Tayside secondary schools, this is a higher proportion than the Scottish value of 70.9%

5.10. Mental Health and Wellbeing Overview

Research, has found that 1 in 4 people in Scotland have reported experiencing a mental health problem at some point in their lifetime[2], whilst at any one time approximately 1 in 6 people have a mental health problem. Those with a mental illness are likely to die up to 20 years younger than their peers, primarily due to serious health conditions such as heart disease, stroke and diabetes.

Age, gender, deprivation and socioeconomic status are all strongly associated[3] with the prevalence of mental health conditions, with inequalities evident within each. The most common mental health problem people had experienced at some time in their life was 'depression' (21% of those surveyed), followed by 'panic attacks' (9%) and 'anxiety disorders' (8%).

5.11. GP Practice Mental Health Prevalence Data (QOF)

Prevalence is a measure of the burden of a specific disease or health condition in a population at a particular point in time. The figure below displays the gradual increase in the prevalence rate of having a mental health condition across the GP Practice population, both at a Tayside and Scottish level. The figure also shows that Tayside annually recorded prevalence rates higher than the Scottish figure.

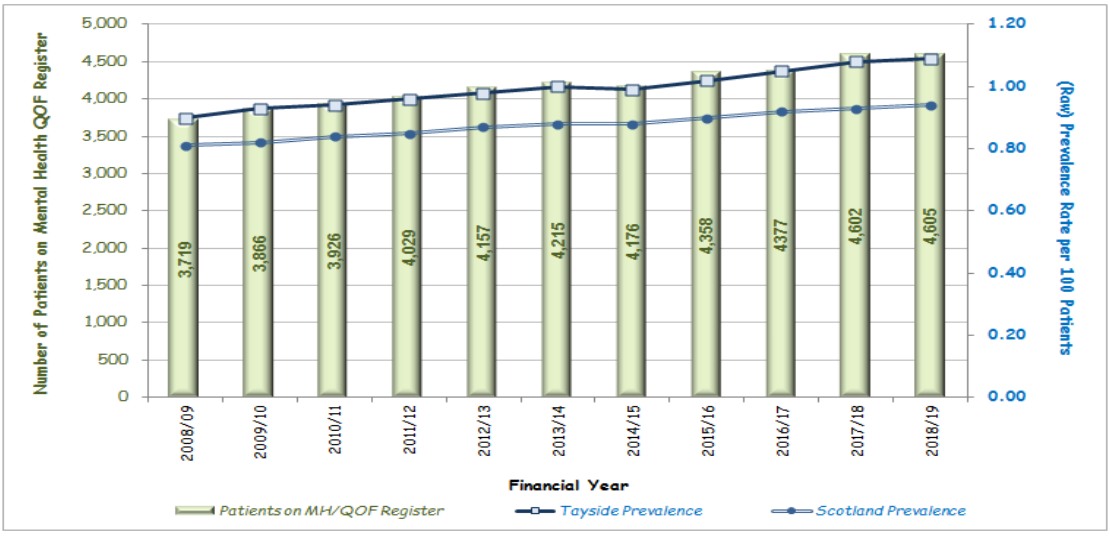
In 2018/19, there were 4,605 Tayside practice patients registered as having a mental health condition, an increase of 23.8% from the number registered in 2008/09 [N[4]=3,719]. Over this period, the Tayside prevalence rate has increased from 0.99 to 1.09 per 100 patients. The comparative Scottish prevalence rates have increased from 0.81 and 0.94 per 100 patients respectively over the decade.

Figure 2 below. *Provides the numbers and Estimated Prevalence Rate of Having a Mental Health Condition for those Registered with Tayside GP Practices (QOF), 2008/09 – 2018/19*

[2] *Patients with mental health problems are more likely to see their General Practitioner (GP) than have hospital contact.*

[3] *It is also recognised there is a high prevalence of mental health issues associated with drug and alcohol addictions.*

[4] the letter "**N**" is used to designate the **sample** size



Source: QOF Register, ISD Scotland, February 2020 (https://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework)

Note: Data not available for 100% of practices, therefore registers aggregated at HSCP and above likely to be lower than real figure.

5.12. Mental Health Co-Morbidity - Mental Health and Long Term Conditions

There is a strong association between mental health and long term conditions[5]. The relationships are complex and are shown in both directions. Mental health service users are at greater risk of physical illness than the general population.

Poor diet, smoking, obesity, excessive alcohol intake and lack of physical activity, all risk factors for poor health can have a considerable impact on those with poor mental health, who may have greater exposure because physical health or attention to risk factors may be a lower priority for them. Physical health may also be compromised in several other ways, for example, by medication, some of which can have serious side effects; through extended hospitalisation, which may present reduced opportunities for physical activity; or through material disadvantage associated with poor mental health and health inequalities.

Someone with a major mental health problem is more likely to develop illness such as CHD, stroke, respiratory disease, diabetes, or bowel cancer. People with severe & enduring mental health problems may have their lives shortened by 15 – 20 years because of physical health problems.

Conversely, co-morbid mental health problems are associated with long term conditions, anxiety and depression having particularly high prevalence in this group. The British Heart Foundation has estimated that 3/10 people feel anxious or depressed after a heart attack and other cardiovascular disease, diabetes and cancer are associated with mental illness, the more serious the illness, the higher the risk.

5.13. Mental Health and Substance Misuse Behaviours

There are numerous studies[32] [33] [34] highlighting the overlap between mental health and substance use, estimating that about half of those diagnosed with a mental health condition

[5] the simultaneous presence of two or more diseases or medical conditions in a patient

during their lives will also experience a substance use problem and vice versa. The 'National Institute on Drug Abuse' reports that there are high rates of co-morbid substance misuse behaviours and anxiety disorders, which include generalized anxiety disorder, panic disorder, and post-traumatic stress disorder. Substance use disorders also co-occur at high prevalence with mental disorders, such as depression and bipolar disorder, attention-deficit hyperactivity disorder (ADHD), psychotic illness, borderline personality disorder and antisocial personality disorder. Patients with schizophrenia have higher rates of alcohol, tobacco, and drug use disorders than the general population.

There is increasing evidence of a high prevalence of substance abuse in conditions such as bipolar affective disorder and schizophrenia. It has been reported that up to 50% of patients with schizophrenia exhibit either alcohol or drug dependency issues; and more than 70% are nicotine-dependent (Winklbaur et al 2006). The prevalence of 'substance use disorders' has been recorded in at least 40% of bipolar I patients, with alcohol and cannabis the most often abused substances, followed by cocaine and opioids. (Cerullo and Strakowski 2007).

From a comparison of Scottish drug-related deaths [35](2009 – 2016), 23.2% [N=190] of the drug-related deaths in 2016 had been in contact with mental health services within the 6 months prior to death [36] for reasons other than management of a drug misuse problem[6]. Despite a decrease from highest level recorded during this period of study in 2014 (26.5%), the 2016 figure in recent contact with mental health services has increased since 2009 (18.9%, N=81).[37]

The high prevalence of co-morbidity between the mental health conditions and substance misuse behaviours does not necessarily mean that one caused the other, even if one appeared first. Establishing causality or directionality is difficult, as there are many common risk factors that can contribute to both mental illness and substance use and addiction, which should always be considered.

6. Human Rights and Independent Advocacy

Human Independent advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Fundamentally it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual's rights are recognised, respected and secured.

Independent advocacy supports people to navigate systems and acts as a catalyst for change in a situation. Independent advocacy can have a preventative role and stop situations from escalating, and it can help individuals and groups being supported to develop the skills, confidence and understanding to advocate for themselves

Independent advocacy is especially important when individuals or groups are not heard, are vulnerable or are discriminated against. This can happen where support networks are limited or if there are barriers to communication. Independent advocacy also enables people to stay engaged with services that are struggling to meet their needs. (SIAA Principles, Standards & Codes of Best Practice, 2019)[38]

Human Rights Based Approach: A human rights based approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. This means giving people a greater opportunity to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognise and respect those rights and making sure they can be held to

[6] *In comparison, in 2016 13.7% [N=112] of the drug related deaths were in contact with social work 6 months prior to death. This figure has fluctuated 2009-2016.*

account. A human rights based approach is about ensuring that both the standards and the principles of human rights are integrated into policymaking as well as the day to day running of organisations.

The Role of Independent advocacy in human rights

Independent advocacy plays an integral role in helping to ensure that an individual's human rights are respected by offering access to justice on an equal and non-discriminatory basis with others. It does this by addressing issues of autonomy and choice, and by supporting an individual's voice and opinions to be meaningfully heard. The Principles, Standards and Code of Best Practice for independent advocacy are based on an approach that promotes and defends human rights and it facilitates statutory services to practise a human rights based approach. All members of SIAA adhere to these principles and standards.

Independent advocates are human rights defenders. Independent advocacy is built on enabling people to know and claim their rights and on increasing the ability and accountability of individuals and institutions responsible for respecting, protecting and fulfilling rights. Within the context of independent advocacy a human rights based approach is about ensuring that both the standards and the principles of human rights are integrated into procedures and processes, as well as embedded into the day to day running of organisations.

The internationally recognised, PANEL Principles are of fundamental importance in applying a human rights based approach in the practice of independent advocacy. They are a practical tool for describing what a human rights based approach looks like in practice.

The five PANEL principles are:

Participation
Accountability
Non-discrimination and equality
Empowerment
Legality

7. Protecting People in Tayside - Police Scotland

Police powers and responsibilities for dealing with Mental Health are primarily contained with the Mental Health (Care and Treatment) (Scotland) Act 2003[39] The Police Scotland Mental Health and Place of Safety SOP detail the application of that legislation.

Police Scotland has set out a number of national priorities related to mental health in support of the Force's objective to protect people at risk of harm. These priorities are guided by the Scottish Government's Mental Health Strategy (2017) and Suicide Prevention Action plan (2016).

Our National Safer Communities Mental Health team are tasked to deliver on these priorities by developing strategic partnerships to ensure a whole systems approach by working with Scottish Government, National public bodies and Mental Health Charities.

The National Team are responsible for policy in relation to mental health related incidents, suicide prevention guidance, associated training, involvement in the Distress Brief Intervention programme and supporting campaigns to reduce stigma around mental health.

Police Scotland and in this instance Tayside Division welcome this strategy, as it recognises the partnership approach required to identify those vulnerable individuals and the current and future support pathways, in order to provide the appropriate help to those in need, and in particular those in crisis. Police Scotland are fully committed to supporting those in our communities, eliminating any stigma that might be associated with mental health issues and

crucially recognise the positive impact this whole systems strategy will have on our own staff.

Police incidents involving people with mental health problems have been rising for a number of years. Calls for assistance to the police from people in crisis have risen dramatically.

We often find that rarely does a person present with only one issue but those in crisis often suffer from more than one issue – such as substance misuse behaviours, alcoholism, mental health, homelessness. As such, those issues cannot be tackled in isolation.

Whilst we should deal with vulnerability, we are not the best service to assist those in mental health crisis, however the Police are often the ones people turn to for help. We will always respond to emergencies where there is a threat to life, however we will continue to contribute to joint working to improve access to more appropriate services and support pathways.

The adult support and protection act[40] makes provision intended to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by disability, mental disorder, illness or physical or mental infirmity. Harm means all harm including self-harm and neglect. Working in partnership with local authorities and health services Police Scotland respond to many calls from the public that have no criminal intent, however they are responded to as a person has been deemed vulnerable to harm.

A "Vulnerable Person" means: (a) a Child or Children; or. (b) an individual aged 18 years and above who is or may be unable to take care of themselves, or is unable to protect themselves against harm or exploitation by reason of age, illness, trauma or disability, or any other reason.

Tayside Division has an identified mental health lead who supports meeting these objectives, having developed strong local partnerships to improve the mental health and wellbeing within the communities we serve.

In order to support our local communities, here in Tayside we promote campaign messaging in relation to stigma, such as Mental Health Awareness Week and World Suicide Prevention Day, supporting our partner agencies and embed the local and National campaigns.

Tayside Division have implemented a Wellbeing Strategy and the Wellbeing Team are working to improve wellbeing, including mental health amongst Police Staff and Officers. This includes promoting support services, Wellbeing Champions, use of Trauma Risk Management (TRiM) for those affected by traumatic incidents, and promoting campaigns to reduce stigma.

Tayside Division are committed to joint working to improve the mental health and wellbeing of the Tayside population. We will remain fully engaged with community planning partners to:

- Further develop and implement the Distress Brief Intervention associate programme. Tayside Division have been key in driving this forward with Health and Social Care Partnership. This service will offer improved inter agency collaboration and coordination across a wide range of services to provide a compassionate and effective response to people in distress via trained third sector staff within 24 hours.
- Continue to utilise the Community Triage process which has been running for over 3 years. Feedback from officers is positive and we are committed to working with our partners to develop and improve the services for the communities of Tayside.
- Maintain awareness training so that all officers in Tayside have received suicide intervention training which focusses on reducing stigma around mental health and suicide, providing a compassionate response and improving intervention skills.

- Work with health partners to update the current Psychiatric Emergency Plans
- Using the Mental Welfare Commission's recommendations for good practice. This aims to ensure all staff have a greater understanding of each other roles and provide an agreed framework for helping people in crisis.

Our Division is proud and committed to work with partners to make a difference to the lives of those within our communities.

8. Protecting Children and Young People's Mental Health

There are some children and young people who have greater vulnerability to mental health problems but who find it more difficult to access help. Our vision is to maximise the mental health and wellbeing for all children and young people in putting children and young people at the centre of planning and delivery and building on the principles of 'Getting it Right for Every Child'.[41] Also critical to this area of work is the UN Convention on the Rights of the Child[42] with the Scottish Government committed to enshrine it into Scottish law by May 2021.

If we can get it right for the most vulnerable, such as looked-after children and care leavers, then it is more likely we will get it right for all those in need. Children, young people and their families who have additional vulnerabilities and complex mental health needs should have consistent care and case management through transitions all services. Within the development and delivery of this strategy all staff need to utilise and build on existing opportunities where agencies are already working with the child - for instance, looked-after care review meetings, child protection case conferences and children's hearings. This will require all mental health services to work effectively and in partnership with existing service delivery structures and creating new pathways for transitions to help vulnerable children and young people.

Significant case reviews held in recent years in Tayside identify the clear need for appropriate and bespoke care pathways that incorporate new models of providing effective, evidence based interventions to vulnerable children and young people to provide a social and clinical response to meeting their needs. The most effective multi-agency arrangements have in place a clear sense of purpose shared by all agencies, together with shared assessment, case management and regular multi-agency case review processes overseen by multi-agency governance boards. The fact that mental health support is required does not necessarily mean that it is mental health services that are responsible overall for managing the case.

The National Guidance for Child Protection in Scotland (2014) clearly sets out the roles and responsibilities of the NHS as both a single agency and multi-agency partner in protecting children and young people. The National Guidance for Child Protection in Scotland – Guidance for Health Professionals in Scotland (2013) describes this role in greater detail. All health care organisations have a statutory duty to co-operate with partner agencies and make arrangements to safeguard and promote the wellbeing of children and young people thought the Children Scotland Act 1995[43] and the Children and Young People's Act 2014.[44]

These duties are an explicit part of the NHS Chief Executive's role and it is their responsibility to ensure staff members in all services are appropriately developed to play their part in keeping children and young people safe and well. The Tayside Mental Health Strategy offers an opportunity to strengthen joint working and embed good Child Protection practice, for example by; continuing to build relationships and spend time with teams, promote training and the Child Protection telephone advice line and support case discussions to support staff to consider how children and young people and their parent(s)/carer(s) benefit from early intervention/prevention i.e. "A Whole family Approach".

Specialist services for children and young people's mental health should be actively represented on Multi-Agency Children's Service Planning groups which should be used more extensively to identify those at high risk who would benefit from referral at an earlier stage. Working together across organisational boundaries, applying an approach whereby specialist services are available to provide advice, rather than to see those who need help directly to advise on concerns about mental health is already best practice in some areas, for some very specific and highly vulnerable groups. Consultation and liaison teams should be used to help staff working with those with highly complex needs which include mental health difficulties – such as those who experience trauma such as harmful sexual abuse, and those in contact with the Children's Hearing system – based on the complexity of the issues involved. "I should be able to reach out to someone in any of the settings when I need, but it all needs to be coordinated by one person." A young person's words.

8.1. Young people detained for mental health treatment – self harm is a key characteristic

The Mental Welfare Commission published a new report[45] analysing the detentions of young people aged 16 and 17 for mental health care and treatment in Scotland, and found self-harm to be a key characteristic, particularly with young women.

There has been a rising number of detentions in this age group, and the Commission sought to understand better the characteristics and presentations of those young people detained for their care.

The report analysed all detention forms for 16 and 17 year olds in Scotland over a five year period from 2014-15 to 2018-19. This amounted to 608 detentions under the Mental Health Act over the five years, relating to 402 young people.

The report cover clinical opinion stating, mental illness in young people can be short term, or can be the start of a prolonged period of difficulty. It can disrupt education, the development of friendships and the transition into adulthood, significantly affecting both the young person and their family or carers. Getting the right help early can make a major difference. The views of parents are also recorded in the report with relevance to the mental health and well strategy with particular relevance to vulnerable young people. The parent stated…… ""Our daughter struggles with bipolar disorder and anorexia. Sadly, as parents we have supported her through multiple crises, with hospital admissions for her eating disorder and serious near fatal overdoses during the years of her adolescence.

'At our most terrified and vulnerable, we have felt utterly alone, despite "on paper" multiple services and agencies involved. 'If I could distil down something constructive and pour it into all the services we've been through, it would be this - we desperately want to get things the best they can be, not waste precious energy battling nor trying to be heard. Your "patient" is our whole world: we're living this; we're probably exhausted, scared, at our most vulnerable, and juggling other family or work commitments too. Please connect with us as human beings and take time to listen to what we have to say."

9. Adult Protection

The Adults with Incapacity (Scotland) Act[46] 2000 ('the Act') was one of the earliest pieces of legislation to be passed by the Scottish Parliament. It provides a framework for safeguarding the welfare and managing the finances of adults who lack capacity due to mental disorder or inability to communicate.

The Adult Support and Protection (Scotland) Act 2007[47] was passed by the Scottish Parliament in February 2007. The Act introduces measures to identify and protect individuals who fall into the category of 'adults at risk'.

A protected adult is a person aged 16 or over and who is receiving: a support service, an adult placement service, a care home service, a housing support service, a prescribed healthcare service, a community care service (provided under the Social Work (Scotland) Act 1968 or Mental Health (Care and Treatment) (Scotland) Act 2003) or a prescribed welfare service.

A Protection of Vulnerable Groups (PVG) is managed and delivered by Disclosure Scotland and is intended to improve the disclosure arrangements for people working with vulnerable groups. A PVG check helps to ensure that people who have regular contact with children and protected adults, through paid and unpaid work, do not have a known history of harmful behaviour

These measures include:

- placing a duty on councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring;
- a requirement for specified public bodies to co-operate with local councils and each other about adult protection investigations;
- a range of protection orders including assessment orders, removal orders and banning orders; and
- the establishment of multi-disciplinary Adult Protection Committees

The guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:

- the wishes and feelings of the adult at risk (past and present);
- the views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;
- the importance of the adult taking an active part in the performance of the function under the Act;
- providing the adult with the relevant information and support to enable them to participate as fully as possible;
- the importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and
- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

The Act is designed to ensure that adults are kept safe from harm or abuse. This legislation places a duty upon local authorities (Councils), the Police, Health, and others to work together to protect "adults at risk".

It gives authorities powers to make inquiries and take action when they suspect that an adult may be at risk of physical or psychological harm, neglect or sexual abuse, or being taken advantage of financially.

NHS Tayside and Local Authority social work services, police and independent care providers are working together to ensure its staff are aware of situations which may put a vulnerable adult at risk.

It is recognised that Adult Support and Protection plays a key role in improving the mental health and wellbeing for all and ensure we all work with individuals to protect their right to live in safety, free from harm and ensure their rights and choices are respected and we are able to respond to the challenges associated with increasing complexity and vulnerability within a whole systems approach.

The three Tayside Adult Protection Committee's recognise and welcome the opportunity to contribute to and support a number of the programmes of work and activity set out in the MH strategy and acknowledge there are a number of cross cutting themes that would benefit from collaborative working across the multiagency partnership in relation to adult protection and vulnerability.

By including Adult Protection at the outset of the change and improvement process, ensures the principle of 'everybody's business' is understood and embedded into everyday practice.

The Mental Welfare Commission (MWC) produces good practice guides. These are explicitly rights-based and are available in print form and also online[48]. In the research carried out by the MWC) service users indicated a distinction between knowing one's rights versus understanding what enactment of those rights would look like in practice. Strengthened capacity, capability and improved pathways for advocacy and other human rights support is essential in this area. These services are currently available in Tayside commissioned by each of the IJBs.

This multi-disciplinary approach is designed to address the abuse of vulnerable adults in community, hospital and institutional settings, with the focus on both informal and formal carers.

10. Transitions

Transitions are a natural part of life and can occur at many stages in the life cycle.

Within Scotland, there are a growing number of young people diagnosed with mental health difficulties and therefore in receipt of Child and Adolescent Mental Health Services (CAMHS). Upon reaching age 16/18 years, institutional and legal requirements often necessitate a transition to Adult Mental Health Services (AMHS). Despite a national, top-down commitment to ensuring transitions are smooth, well-planned and person centred, often the reality is very different. Young people and professionals frequently report an experience marked by inconsistencies between CAMHS and AMHS, lack of collaboration, poor communication and high levels of uncertainty.

The expectation that a young person is an 'adult' and therefore should be treated within adult services at age 18 years does not always fit with the young person's view of themselves. Many young people did not feel like a child, yet would not call themselves an "adult". Young people's views must be listened to and heard as young people do not imagine "sitting in the same room" as "40 year olds who are suffering from severe depression. The need to plan for mental health services to offer "user friendly and age appropriate" supports and interventions is a must. This will ensure young people feel their needs have been fully considered during their transition.

Learning from significant case reviews have demonstrated that despite efforts to ensure young people requiring continued mental health services but who are no longer eligible for

young people services, seamlessly transition into adult services; we however know that this is more often the exception. Instead, we have situations where young not only go without their usual professional supports but are not referred to an adult service provider either. If they are referred, young people may not be eligible or may be placed on a waitlist or lose access to their case worker or child and family supports.

Reports indicate that young people and adult services do not seamlessly collaborate with each other, which results in less than ideal transitions for young people. This lack of a standard collaboration process is likely due to several barriers, including: different cultural approaches to the treatment of mental health and mental illness in children and young people, different administrative processes, a lack of two-way communication between the organisations and consistency of case/care management, variation in administration, and confusion over clinical responsibility for the young people 13-19 years.

Transitions from and between services also provides a challenge in the pace of referrals and access to supports. In recognition that transitions from one service to another, between childhood services and that the period through young adulthood is a time of major life during which transitions may present added risk of poor mental health that may affect emotional well-being throughout adult life, we plan a project (within the whole-system Change Programme) dedicated to transitions to ensure our patients of all ages and between a range of services experience strong clear seamless pathways that allow no person to fall between the gaps of services.

11. Quality Improvement and Mental Health

Through this strategy and subsequent change programme aims to put the people first, so that every person that uses our services, whether at home, in their local community, or in a hospital, has a good experience. To do this, the quality and safety of our care and services is a core focus throughout all our plans, from small changes in one service to the driving large scale change creating new service models across Mental Health.

Our purpose therefore is to transform service user experience and nurture a consistently person-centred approach in every member of staff, every day. Evidence suggests that people who take an active interest in their health care experience have better health outcomes and make effective use of resources leading to service user and service satisfaction.

To provide high quality care, we seek to improve all the time through addressing gaps and/or mitigating risks, and in striving for excellence. Our approach to improvement is that all staff have two roles: to do their job and to improve their job, seeing service users/patients as equal partners in their care, and the services we provide through eyes of the patient, family, carer. We believe that this will ensure that we have the highest quality services for the people we serve.

The NHS and public sector organisations alongside our partners supports a systematic approach to innovation, service improvement and leadership. We aim to actively foster a culture that enables our staff to be curious, courageous and creative providing opportunity to seek different ways to provide health and social care and to improve and innovate services. Achieving improvements in the service user/patient experience, outcome and financial efficiency requires rigorous methodology that is rooted in a range of improvement methodologies.

Quality is everyone’s business, however specialist improvement teams are required to take a rigorous and structured approach to change alongside all organisations stakeholders. Complex change and improvement of this scale requires the application of a range of

improvement methodologies and availability of a range of experts across the 'improvement' field to lead and implement a sustainable change process that results in sustainable, longer term improvements and gains. It makes sense for organisations invested in this strategy to note that Change is constant and organisations need to invest in specialist resource and be flexible and ready to respond at any time. Kotter[49] and other academic authors support a matrix management approach as applied here in Tayside to co-create this strategy, which is worth consideration regarding the transferability to a dedicated multi-disciplinary improvement team approach to support successful implementation to deliver an integrated, robust and sustainable rigour in our change programmes.

'Living Life Well', will be the blueprint to implement a redesign and improvement programme for mental health & wellbeing in Tayside over a 5 year period 2020-2025. Taking a strategic change programme approach will enable a shared vision and commitment to be achieved across national and local organisational boundaries. Our collaboration and commitment will be at the heart of successful delivery plans for redesigning mental health & wellbeing supports and services.

Quality improvement is a systematic approach to improving health services based on iterative change, continuous testing and measurement, and empowerment of frontline teams.

The links between poverty, deprivation and inequality are clearly major factors in poor mental well-being. This strategy point out that mental health improvements will be limited if we fail to make progress on poverty and inequality. Together using improvement methodologies we must highlight the need and develop demonstration projects to scale up to national level.

The Centre for Sustainable Healthcare (SHC) developed the Sustainability in Quality Improvement framework[50] (SusQI) is an approach to improving healthcare in a holistic way, by assessing quality and value through the lens of a "triple bottom line". In SusQI, the health outcomes of a service are measured against its environmental, social and economic costs and impacts to determine its "sustainable value". The framework was developed by CSH with partners, including the Royal College of Physicians.

All improvement methodologies are applicable to health and social care settings and are a fundamental toolkit for any organisation seeking to deliver high quality, reliable care for service users and their families while also supporting staff, service users and their families to actively engage in service development and improvement. This chapter has set out the thinking behind the quality improvement approach being adopted by NHS Tayside to facilitate the changes required to deliver the Living Life Well Strategy.

Going forward NHS Tayside will produce a dedicated Quality Strategy for Mental Health.

12. Leadership and Culture in Mental Health

"Together with people living with lived experience of mental health conditions, their families and carers, and our staff, we will continue to work on addressing the issues raised from the Independent Inquiry and set out in the Trust and Respect (2020) to build high quality mental health services that meet people's needs and build a working environment that supports our staff". Tayside Executive Partners, January 2020

Mental Health and wellbeing are our top priority.

The Tayside Executive Partner organisations, NHS, Police Scotland and Social Care systems are facing challenges that require fundamental changes to the way we respond to increasing demand to consider how, where and by who support, care and treatment is provided. Because

of shifting demographics, new patterns of care needs, new treatment methods, increasing demands and huge budget pressures, the service must adapt on a scale never seen before.

The Tayside Executive Partners (TEP) in their joint statement of intent make it clear that responsibility for developing a collective leadership for the strategy rests firmly with the boards of these organisations. As part of the strategy development and its delivery over the next few years we will undertake an assessment of the leadership capabilities required to shape and maintain mental health services of the in future, how these are going to be developed and acquired, and what organisational and leadership interventions will enable them to be delivered.

Mental health and in particular mental healthcare is and will remain our top priority within NHS Tayside, working with Local Authorities, Integration Authorities and all third sector organisations as an integral part of co-creating and continuing to develop our plans as we embark upon an ambitious whole system change programme to co-produce and implement our whole system strategy.

Our co-creation process acknowledges that no one organisation, sector or community can tackle the challenges to shape the mental health services of the future alone. This Mental Health and Wellbeing (MHW) Strategy requires leaders, within and across our organisations, to learn and work together with a shared vision of continuously improving, high-quality and compassionate care with those people receiving the services, their families, carers at the centre of our practice.

In response to Trust and Respect report and through this strategy we aim to ***ensure that the experience of our patients, service users and staff are all clearly interdependent and lead to improvements providing a place where staff feel joy in work and patients and families feel positive about their support, care, treatment and outcomes.***

To make a sustainable difference in mental health services we will develop leadership at every level to build a mental health inclusion culture where everyone understands the priority and importance of delivering the highest quality of care in every setting without exception.

All our staff will be supported to be highly skilled communicators, committed to partnership and collaborative working in service of person centred care, ensure genuine.co-production with those who access mental health services and their carers; technologically-adept; values-driven; and able to provide physical as well as mental health care.

Organisational culture shapes how we plan, deliver and review care, manage our work, interact with each other and develop new and improved services.

Our culture is therefore best seen as the “way things are done around here”, which includes what we prioritize and will signal the importance through our values, our communication, talking, writing and actions, the ways in which we make decisions, and the day-to-day norms and behaviours we each enact and consider acceptable.

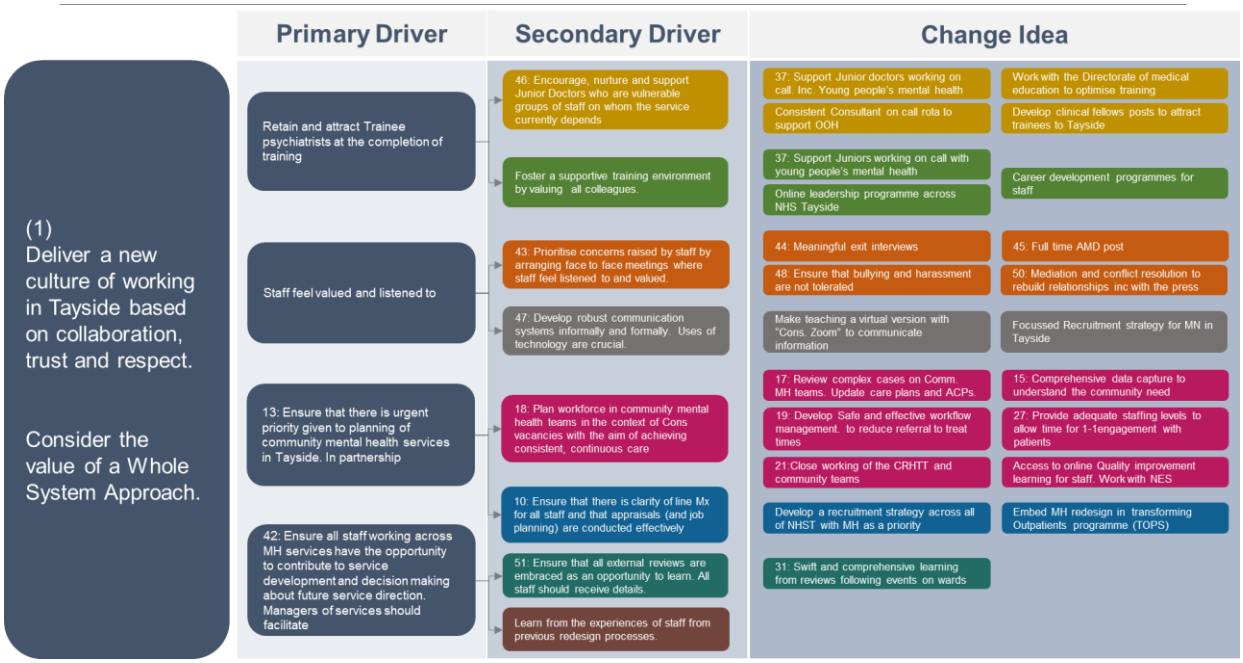
The main driver of these aspects of culture is leadership, by which we mean not just leaders’ styles and behaviours, but the quality of the interactions between leaders and those being led[51].

Individuals are leaders in their own right, with the ability to make choices and decisions that work towards the inclusive culture and committed leadership that the strategy envisions. The culture will be about encouraging everyone to role model within their ability and capacity, not just those at the top or in managerial positions. Thus, in combination, leadership and organisational culture impact directly and significantly on the quality of care, outcomes, safety and organisational effectiveness.

Staff experience of the combined effects of leadership and culture, and patients’ experience of positive outcomes are also clearly linked. Where quality, safety and team-working are

valued, levels of staff satisfaction, commitment and patient satisfaction are higher. Where leadership is exercised with *care and compassion* by taking expectations and values into account, positive results are more likely to follow[52]. There is strong empirical evidence[53] that if leaders and managers create positive, supportive environments for staff, this empowers those they lead to create caring, supportive environments that deliver higher-quality and compassionate care.

The chart below is an example of work commenced to develop our plans around organisational culture.



13. Mental Health Governance in Tayside

Governance and leadership lay at the heart of the Independent Inquiry's final report recognising that good governance and leadership are central to the effective delivery of mental health services in Tayside.

The concept of Governance in mental health includes standards of clinical quality, incorporates staff and financial governance and organisational structures in mental healthcare and critical decision-making process to ensure safe, effective and person centred care. The Care and Clinical Governance system of mental health is responsible for the continuous improvement of the service quality.

NHS Tayside is accountable for all Mental Healthcare Services in Tayside, the current structures of the organisations responsible for the delivery of a range of community mental health services in Tayside are a product of the integration of health and social care Public Bodies (Joint Working) Act 2014[54]. The process of public and staff involvement from all areas of Tayside is giving people in Tayside the chance to work in partnership and become part of the decision making process and ensure we deliver our vision of 'Everyone has the best care experience possible'.

The Integration Joint Boards (IJBs) are responsible for the planning and commissioning of mental health functions delegated under the Act, which sets out the full legislative framework

for integrating health and social care. NHS Tayside also has mental health services retained with Acute, hospital based services.

In June 2020, NHS Tayside assumed operational responsibility for Mental Health Inpatients services. Thus, mental health services in Tayside remain integrated across the three health and social care partnerships, the acute division and the NHS Board.

A standard 5 year review of the Integration Schemes, will conduct a whole system review to scope out the strategic needs of mental health in Tayside and will see options developed to establish new schemes incorporating future clinical models and service configuration for mental health in Tayside. This will create improvements in organisational structure that acknowledges the whole systems requirements and inter-operability of mental health services, maintain the principle of care closer to home as required to ensure safe, effective and person centred services across all mental health functions in Tayside. The goal of the review of integration schemes will be to provide a clear service map for all services that are seamless, bridge transitions where people know where to go for support, care and treatment, first time.

14. Communication & Engagement – Our Inclusive Approach

NHS Tayside and our partner organisations working on this strategy have emphasised a strong commitment to involving those with lived experience and the public in the planning and delivery of services and, importantly in their own care. The process of public and staff involvement from all areas of Tayside is giving all those people the chance to work in partnership and become part of the decision making process and ensure we deliver our vision of ‘Everyone has the best care experience possible’.

Our communications and engagement approach aims to promote inclusion, equality and human rights, and ensure our emphasis is on addressing inequalities as an underpinning principle for all activities. Through our engagement first approach, people have more control of the decisions being made concerning their mental health and take an advocacy role in service of the people in our communities to feel assured that lived experience is heard and underpins our co-created strategy and change programme developments to ensure accountability to the people of Tayside.

A communication and engagement sub group has been operating since the spring and performed a key role in the co-creation of the Mental Health and Wellbeing Strategy and Whole System Change Programme.

The membership of the group is predominately and deliberately made up of service users and community organisations with dedicated, specialist communications and engagement as well as programme management support The group members also populate a range of project groups of inter-agency and multi-disciplinary groups to develop the scope, scale and content of the strategy and change programme projects and workstreams.

The communication and engagement strategy has and will continue to seek contributions, views, ideas from the public, service users, staff, third sector and wider community based organisations ensuring a significant reach into the widest range of interested groups to input into the development of strategy, service redesign and implementation of change programmes. The extensive engagement process has and will continue to apply the Listen Learn Change approach to ensure people’s (service users, families, staff) voices are heard and visible in this strategy and the comprehensive Change Programme.

The sub group will ensure the programme undertake an Equity Diversity Impact Assessment (EDIA) to ensure all hard to reach, out of reach groups are engaged and plan for any source of disadvantage experienced by those who are not easily accessible. This will mean fully utilising the communication mechanisms, engagement and survey expertise within the range of organisation to establish the reach necessary. By doing this we have gained a lot of

insight and taken on board all contributions to the strategy. The strong emphasis will be those who receive and work in our mental health services as well as the wider population.

14.1. Communication and Engagement

The communications and engagement strategy and plan will:

a) Design and set out a process and infrastructure that will enable effective stakeholder engagement and communication.

b) Ensure all those with a stake in the development and delivery of Mental Health and Health and Social Care across Tayside have been identified and are engaged appropriately.

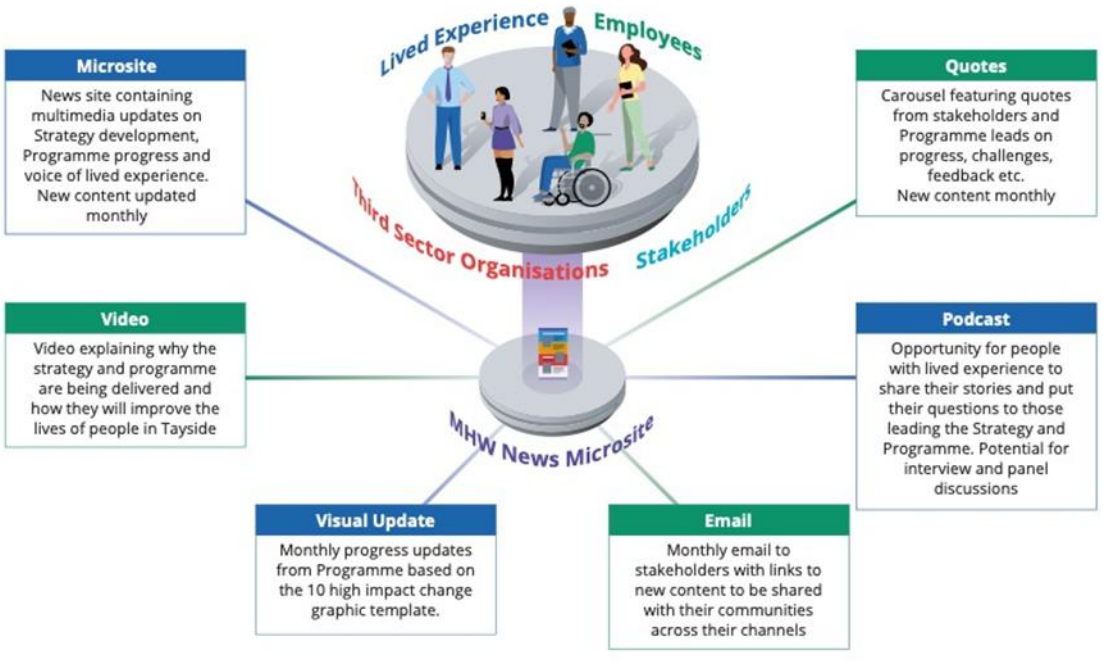
c) Capture the voice of staff and Listen Learn Change to improve their experience.

d) Ensure that communication is coordinated across all parts of the organisations and that all messages are consistent.

e) Ensure all feedback and comments are captured in a structured and manageable format.

f) Ensure all interested partners – service users, staff, third sector organisations, elected members, partner organisations, national organisations and others are considered, can contribute or are kept informed.

14.2 Communications and Engagement Plan



The Graphic below sets out an agreed approach, co-created by the members of the MHW Strategy, Communication and Engagement Sub Group.

15. Third Sector Organisations

15.1. Third Sector Interface

As part of the Scottish Government's commitment to developing the role of communities and the Third Sector, it invested in the development of a network of Third Sector Interfaces (TSIs) across Scotland[55].

The 'Third Sector' is an umbrella term that covers a range of different organisations with different structures and purposes, belonging neither to the public sector nor to the private sector. TSIs engage with the third sector and localities at all levels to strengthen the relationships and ensure that the voice of the community is heard at a strategic level.

The TSI's in Tayside aims to support better connectivity between the third sector and with the community planning process, and to enable third sector organisations to influence and contribute effectively to the design and delivery of services. The Mental Health Network to engage people with lived experience who wish to be involved formally or informally in statutory services, running, planning and development.

The following values are upheld by monitoring, evaluation and appropriate training:

- **Openness** in our response, communication, processing of information and consultation
- **Respect** for the range and diversity of organisations and interests within the voluntary sector
- **Equity** in the way we work to redress inequality and disadvantage
- **Integrity** in the way we conduct our business in an open and professional manner, including confidentiality, honesty, open agendas and informed decision-making
- **Accountability** in the way we record, conduct and audit our services and activities.

The Tayside TSI's include:

15.1.1. Voluntary Action Angus

The Third Sector in Angus has a crucial role in providing services, supporting people, and developing strategy and policies, including social prescribing which we will work with them to expand.

"Social Prescribing is to support people with a range of emotional, physical and mental health needs to better access support, largely in the community to improve their lives" *(Andrew Radley, Consultant Pharmacist, NHS Tayside)*

The Social Prescriber's offer non clinical support to patients to empower them to take greater control over their health and wellbeing by setting goals, and addressing problems and issues that the individual brings to the conversation. This gives the individual the opportunity to talk about what really matters to them. The Social Prescribers role is to empower the individual to access relevant resources or services within the community.

15.1.2. Dundee Voluntary Action

Dundee Volunteer and Voluntary Action is an independent charity that aims to ensure the third sector (charities, social enterprises, community and voluntary groups etc.) is robust, resilient and delivers high quality services for the people of Dundee. In service of the community they provide a wide range of support to third sector organisations and have expertise in a wide range of skills and topics including governance, funding, legislation, policy, planning and problem solving to name just a few key areas. This organisation makes the links with community groups who are hard to reach and out of reach making inclusion easier.

The primary role in ensuring the continuation and development of a vibrant third sector in Dundee, and achieving this by supporting organisations to be, well governed and managed to enable them to deliver quality outcomes, and to be better connected and able to influence and contribute to public policy.

15.1.3. PKAVS -Third Sector Interface (TSI) for Perth & Kinross

The TSI has the responsibility of supporting and developing all local third sector activity, whatever its form, develops and connects voluntary organisations, charities, community groups, social enterprise, and volunteering throughout Perth & Kinross. PKAVS also plays a 'brokerage' role, ensuring the third sector has a voice as a professional partner in local partnership work, and that its skills, knowledge, and impact are well recognised and supported to tackle key priorities within communities and partnerships. In the task of reforming public services, this role is becoming increasingly vital to help achieve better outcomes for all.

Across Tayside many of these locally based organisations are engaging as equal partners in achieving a rights based approach, with participation and engagement amongst our communities focussed on strengthening and ensuring the voice of lived experience is heard with opportunities to feed into developments.

This is vital when considering the Mental Health and Wellbeing Strategy approach, content and delivery, as Third Sector organisations can help build capacity in local areas for effective partnerships between Third Sector bodies, between the Third Sector and public authorities, and support continuing development of Mental Health services across Tayside.

16. The Importance of Carers

Living Life Well, acknowledges the sizeable contribution carers make to the health and care system as care providers. It is well known that while in a caring role, carers are not protected from financial hardship. Caring (***a role which is often adopted suddenly if a loved one becomes ill***) often results in a burden of care being placed on the carer and a reduction in household income (in the short and longer terms because of pension implications), through the inability to work at all or full-time.

There are at least 690,000 carers in Scotland this includes 29,000 young carers under the age of 18. The value of unpaid care provided by carers in Scotland is £10,347,400,000 a year. Three out of five of us will become carers at some stage in our lives and 1 in 10 of us is already fulfilling some sort of caring role[56].

The third sector has been instrumental in building community capacity to address the needs of older adults and in promoting active ageing, resilience and connectivity and we will continue to build asset-based approaches as well as ensure support for carers in line with the 2018 Carers Act.

The Scotland's Carers report 2015**[57]**, and in other national reports, unpaid carers[58] provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill-health, frailty or substance misuse behaviours. A Carer does not need to be living with the person they care for. Anybody can become a Carer at any time in their life and sometimes for more than one person at a time. Carers can be any age from young children to very elderly people.

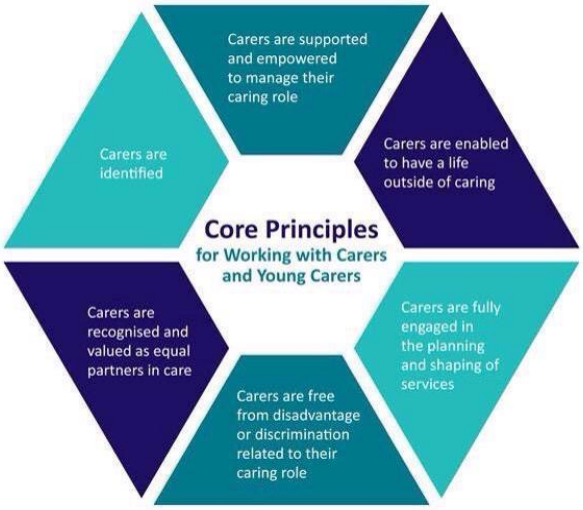
The actual number of carers is not known but is estimated to be around 700,000 to 800,000. The latest estimated number of carers is 690,000. This includes 29,000 who are under the age of 18[59].

The Triangle of Care: 'A Guide to Best Practice in Mental Health Care in Scotland'[60], is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing. The key points of which are that the Triangle of Care:

- An alliance between the service user, staff member and the carer.
- Provides better recognition that carers are key partners in mental health through using Triangle of Care is an investment in safety, quality and continuity of care at relatively little financial cost.
- Approach encourages partnership working with carers at all levels of care from the individual to overall service planning in line with carers' rights under the Carers (Scotland) Act.

It is It is crucial that the "Living Life Well – A Lifelong Approach to Mental Health in Tayside" adopt the principles to be able to benchmark and evidence unpaid carer involvement and engagement.

Carers have a unique role in the life of the person, or persons, that they care for. They also have valuable knowledge to contribute to the planning and delivery of care and services for those persons. But sometimes professionals don't fully appreciate the valuable contribution of unpaid carers, or the impact of change on them.



Being Equal Partners in Care means that providers of health and social care services (and other relevant organisations) listen to and involve carers in planning and decision-making for the person they care for; creating an environment of mutual respect.

These principles reflect both national priorities and what is known to be important to carers.

Unpaid carers are integral to the care of the person who is in receipt of mental health services or support.

- Carers are often the only constant with a person on a mental health care journey.
- They are there when crisis occurs, when the person is well and when that person needs support with day-to-day activities.
- They often understand the service user's needs and condition extremely well and as such are a vital partner in care.
- Agencies and organisations must support carers to remain well and acknowledge them as a key partner in care, then service users will receive better care and support on their journey to recovery.
- Significantly, if carers are acknowledged and supported then they too are more likely to maintain or improve their own wellbeing.

The plan is to use Triangle of Care across all mental health services and work will be ongoing to bring Child and Adolescent Mental Health Services, Forensic mental health services and potentially learning disability services on board.

17. Independent Advocacy organisations across Tayside

- Independent Advocacy Perth and Kinross
- Dundee Independent Advocacy Support
- Partners in Advocacy
- Advocating Together
- Angus Independent Advocacy

The Mental Health (Care and Treatment) (Scotland) Act 2003 (MHCTA) placed a statutory duty on local authorities and health boards to secure the provision of independent advocacy for people affected by the Act. The Mental Health (Scotland) Act 2015 builds on the right in the 2003 Act to independent advocacy support, by requiring health boards and local authorities to tell the Mental Welfare Commission how they have ensured access to services up to now, and how they plan to do so in the future (The Mental Welfare Commission, 2018).

The Adult Support and Protection (Scotland) Act 2007 places a duty on local authorities to support and protect adults who may be unable to safeguard themselves.

The Adults with Incapacity (Scotland) 2000 Act was introduced to protect individuals who lack capacity to make all or some decisions for themselves. The Act supports the individual's families and carers in managing and safeguarding the individual's welfare and finances. The Act also aims to support an individual's involvement in making decisions about their own lives as far as they are able to do so.

The Social Care (Self-Directed Support) (Scotland) Act 2013 places a duty on local authorities to provide a supported person with any assistance that is reasonably required in order that the person can express their views about the options available and make informed choices about those options.

The Carers (Scotland) Act 2016 places a number of duties on local authorities and health boards in respect of unpaid carers, including the enabling of carer involvement in certain areas. Each local authority must establish and maintain, or ensure the establishment and maintenance of, an information and advice service for local carers. One of the particular areas that information and advice must cover is advocacy for carers.

SECTION 2 – WHOLE SYSTEMS MODEL FOR MENTAL HEALTH

1. Life Course Model

The UK has led in the adoption of a Life course approach in physical and mental health. This approach involves studying physical and social risks during gestation, childhood, adolescence, young adulthood, midlife and old age that affect subsequent health.[61]

This approach is based on understanding that there are critical periods of growth and development when environmental exposures have a greater impact on health, and on long term health outcomes, than at other times. In addition, there is evidence of sensitive stages in childhood and adolescence[62] when social and cognitive skills, habits, coping strategies, attitudes and values – that can strongly influence mental and physical health in later life – are more easily acquired.

1.1. ***Living Life Well*** takes a life-course approach is particularly interested in valuable mental health research as:

- The wider determinants of mental health problems are diverse, including adversity in childhood (such as physical, sexual and emotional abuse or neglect) as well as socio-economic context, social relationships and health behaviours.
- A life-course approach allows the social, psychological and biological explanations for mental health problems to be integrated.

It can help to identify chains of risk that can be broken and particular times when the right intervention in the right place, first time may be especially effective. This may be during key life transitions (e.g. during exam periods, when leaving home, starting work, having children or retiring).

1.2. Whole Person

A person with a mental health problem has the same basic human needs as all of us. Recognising the whole person is the way to develop and lead a life that is full of purpose, interest, recognition, contribution, value and reward. People with a mental health condition are seeking a whole life comprising of these needs and aspirations. Enabling people to have a whole life opportunity and assisting them in their recovery and wellbeing requires full access to health, educational opportunities, vocational training schemes, work, volunteering, social networks, sport and leisure, art and culture and faith and religion.

1.3. Whole system

The Living Life Well approach promotes a whole system approach with an agreed common purpose and shared vision negotiated with all stakeholders. All sections and components of the whole system are interdependent with each other and have themselves a well defined contribution to the mental health and wellbeing of the population. The joined up nature of the work of all agencies and organisations is the most important aspect of this population wide strategy and not each component on their own.

1.4. Whole Community

The system wide, population approach actively benefits from a local communities human, economic, social and cultural resources. All communities have the potential to provide significant opportunities for individuals and families to continue or regain a whole life in all its areas. Ensuring the active participation of organisations and individuals from communities in co-creating and co-producing and also implementing a whole life whole, system strategy approach lies at the core of the success of this strategy.

2. Service Model in Mental Health

Mental Health services are concerned with the diagnosis, treatment and continuing care of children and adults of all ages with a wide range of mental health conditions and related conditions.

The service will provide high quality care for those who require it and we will work closely with all key partners to achieve the best outcomes for each patient that will be realised through a combination of treatment and management risk assessment rehabilitation and recovery. All interventions will be based on the best evidence and practice in the field of mental healthcare and will take account of the rights of individuals to lead as independent a life as possible within the context of patient and public safety.

This strategy sets out how the vision for a new mental health model to be realised, one that can modernise a shift to whole person, whole population health and social care approaches.

The model will provide a significant opportunity to improve care and ultimately the outcomes for people we care for. Details on how the model will be delivered will be outlined in the full text and associated appendices as a key area of work for the Mental Health and Wellbeing Programme as it develops the redesign programme and service specifications. In order to achieve this we will:

- Assess, treat, and manage, admit when necessary and discharge patients using integrated care pathways and a care management approach
- Ensure that staff are trained and supported to adopt new ways of working that are based on current evidence and patient need
- Ensure care planning is tailored to the needs of patients in terms of range, timing and the least restriction necessary
- Robustly ensure risk assessment and management plans are responsive to the changing needs of each patient
- Provide access to health and wellbeing activities that promotes engagement, recovery and hope in the future
- Employ modern technology and solutions that improve services
- Deliver clinical leadership by confident well equipped people who develop their teams and make use of performance management information for improvement purposes
- Establish a learning environment and a system that robustly reviews practice for improvement purposes

It is critical to people who require mental health assessment, support and services that easy access to information, earlier intervention, support, care, treatment and recovery that our service model, and service configuration are fit for the future.

In accordance with the Healthcare policy and vision to ensure a whole systems approach we will redesign and invest in services that are; in the community, optimise a multi-disciplinary/team based approach and make use of hospital services as necessary and practice an in-reach model to ensure a minimum length of stay with the right resources to return home and be supported to Live Life Well at home with family and carer support as required. The service will:

- Provide a structure that enables clinical teams to make decisions on resources and allows for greater interdisciplinary working between professional groups.
- Demonstrate the areas that will be delivered in new and different ways and support staff to meet these challenges.
- Ensure that communication and engagement with staff and patients provides continuous opportunity to improve support, care and treatment

Our overall aim is to reduce the proportion of care we deliver in a hospital setting which is urgent in nature, by creating alternative models of care to support patients with mental health conditions to be cared for at home or in their communities for longer with less reliance on hospital admissions to support care.

The emergent strategy will see emergency care for people with mental illness and mental health disorder rightly provided within the hospital setting by the specialist teams competent to do so. All other routine and urgent care management of mental health conditions will be provided in the community; however some elements of routine and urgent care diagnostics may be based within hospital buildings.

The service model for mental health needs to apply a consistent approach to care planning, case management and integrated locality based planning to stratify local population in terms of their pattern, seriousness and complexity of mental health conditions. Proactive planning will identify those individuals most at risk of future crises. An integral part of this approach or framework is to design, develop, and implement a system which supports a personal health record or electronic care plan and the sharing of information to support practitioners working across sectors and agencies.

Many people will have biological, social, psychological, economic and environmental factors that cause additional complexities to their needs. Service delivery should be re-designed to support people with multiple morbidities. This type of care delivery requires a fully integrated response across health, social care, housing, employment, benefits and voluntary sectors. An integrated care team containing health and social care personnel is best placed to help deliver this.

So much has been achieved to improve mental health access to General Practice, community based services and integration over the past five years through Scottish Government investment, the General Medical Services contract and the ongoing improvements described in the Primary Care Improvement Plans. Despite this, many of us are aware that trying to get an appointment with a local GP can be challenging. We see a picture of an overstretched primary care sector, highlighting a national shortage of GPs and junior doctors opting for more modern, 'portfolio' style careers. The demand, activity and budget pressures are also being felt in other services in the community. Within this strategy we will think about how buildings themselves could be better utilised to deliver more effective, integrated mental health services. This, in-turn, might relieve some of the pressure on front line doctors and support with the self-care and prevention agendas.

We will continue to engage with the Third sector by close collaboration with the Third Sector Interfaces (TSIs), in Dundee, Angus and Perth and Kinross. All TSI's have long standing knowledge and linkages to the Third Sector and played a key role within the reshaping of care for older people. Our relationship will continue to be strengthened by ensuring that the integration agenda continues to recognise the value of the services provided by the Third Sector. The sector provides a wide range of services and practical help for people of all age groups, from mother and baby groups through to lunch clubs for older people. Through these services, the sector helps to maintain quality of life and well-being within the community and in doing so, adds value to health and social care provision, tackling difficult issues such as reducing social isolation and anxiety through support and contact, providing a complementary service to that offered by the health and social care sectors.

The service model of the future will build in Mental Health assessment across the service pathway. For people in distress and crisis it is critical to get access to the right person, first time. The model of care for mental health in Tayside will provide fast access and an 'ask once' approach for support. For this to be meaningful all staff must work from a trauma informed perspective with a robust mental health assessment approach taken within each part of the

clinical pathway from NHS24 to on line and face to face supports onto community based Crisis services and Hospital based inpatient services when required.

An example of current good practice to be further developed to support urgent and emergency care in mental health is the new mental health hub developed by NHS24. The purpose of this new mental health hub, accessible by dialling 111 is to make sure that individuals are properly listened to and feel part of the conversation. By the end of the call they need to feel like the right decision has been made in their best interests. The NHS24 wellbeing practitioners will be able to provide an initial mental health assessment and link people to sources of support for issues that may raise and as they are experienced and trained within the mental health field are able to offer direct support and advice.

The list of new developments includes access to the right person first time from NHS24, digital connections with patients to reduce footfall in GP surgeries, Wi-Fi connections for patients and community based co-location with other services onsite, 24 hour a day appointment slots and the ability to consult with specialists through a web or video link from rural and remote areas and home no matter where if required in the future.

The locality approach will prioritise prevention, anticipation and community capacity building, with a focus on promotion of mental health and wellbeing and addressing known health inequalities at a locality level. The third sector plays a pivotal role in supporting people to access information, community assets and supports which prevent or delay the need to be referred onto GP, community mental health or inpatient services. By the year 2025 Web access and technology enabled signposting, self-assessment, self-care and improved forms of supported self-management will be developed to be the norm.

Hospital based services provide a comprehensive range of specialised mental health services for the population of Tayside. The doctors, specialist nurses, allied health professionals, healthcare support workers, managers and administrative teams work as part of the multi-disciplinary team delivering care across hospital and community services. Specialist input is required to diagnose presentations that require complex diagnostic assessment and analysis and resultant management. This is reviewed with care planning with access to multi-professional input. Medical staff across a range of mental health disciplines such as Psychiatry, Psychology and Psychotherapy will continue to care for patients with emergency conditions. The model of care in mental health will ensure consistency of care during transitions with clear pathways of de-escalation and escalation of care when moving through service. For example from inpatient to Community Mental Health Team (CMHT), so patients know who the point of contact is. The specialist Multi-disciplinary Team (MDT) will provide appropriate education and support effective care in the community.

We will continue to work with our partner agencies to ensure the demand for mental health care is delivered by the most appropriate healthcare professional, in the most appropriate location, through the development of clinical and services models.

The drivers for change are numerous, multi-factorial and include:

- Organisational changes and mental health services – NHS Boards, Integration Joint Boards, Local Authorities
- Demographic shift to an ageing population
- More complex clinical needs in the population
- Worsening health inequalities
- Greater patient expectation of health care
- Overcoming fragmented care provided to patients, carers and families – i.e. changing systems to redesign services for the future

- Workforce planning, retention and recruitment challenges
- Joint Strategic Planning as an opportunity for the future

The priorities take into consideration the Board retained services and those planned through Strategic Commissioning Plans for Dundee City, Perth & Kinross and Angus Integration Joint Boards.

Prevention and early intervention

- Working with third sector on accessible community based support
- Improve physical health of people with Mental Health problems
- Working with communities to reduce loneliness and isolation
- Identification and treatment of maternal depression and anxiety during the perinatal period
- Close working relation with the Alcohol and drug partnership
- Expand provision of liaison psychiatry services
- Early intervention services for first-episode psychosis

Better mental health care for people with physical health conditions

- Developing a workforce awareness of trauma and developing parity of care for mental health and physical presentations
- A continuing clinical priority focusses on increasing recognition of the vital role primary care plays in the management of mental illness and ensuring that primary care colleagues can provide high quality mental health care.
- Develop a co-morbidity pathway for people with substance misuse and MH problems
- Integrated physical and mental health care in the community for people with long-term physical health conditions and co-morbid mental health problems
- MH and WB practitioners working in every service
- Shift balance of care from inpatients to supportive community services

Improved services for people with severe and enduring mental illness

- Community-based alternatives to acute inpatient care for people with severe mental illness at times of crisis
- Expanded provision of evidence-based services for people with severe mental illness
- Ensure timely discharge and reduce average length of stay
- Work to transform interface pathway in and out of inpatient MH services
- Improved environments within inpatient services

The high level strategic vision for Mental Health in Tayside envisions an augmentation of current services and infrastructure to provide a dynamic, responsive and person centred service provision which transcends the traditional health and social care boundaries and time-based service limitations to deliver locally based high quality, safe and effective care.

The aim is to empower individuals with mental health conditions to self-manage on a daily basis and seek support during times of exacerbation, deterioration or when there are multiple challenges including where their mental illness reaches a stage of crisis.

Successfully building the capability and infrastructure to relocate specialist care from hospital based provision to the community (as has been successfully done for long term conditions) relies on flexible interfaces enabling the patient to access the right health or social care practitioner who can assess, and evaluate their needs, diagnose, plan, provide care/case management, and work with patients as equals to implement decisions.

3. Secondary Care Mental Health Services

The people of Tayside have a right to be assessed by a specialist mental health team when this is appropriate. For some this may be after treatment in primary care or because of the nature and severity of the mental illness it may be when the person first becomes unwell. This is because people who develop serious mental illness such as psychosis or mania have much better long term outcomes, and are more likely to return to work, if they are treated as soon as possible after developing symptoms. This is the approach for physical illnesses and should be the same for mental illness as well.

Team working
Specialist mental health services are organised in teams working in the community and in hospitals. Some clinicians, usually psychiatrists, work in both the community and hospitals. Each team has several types of workers who each have different knowledge and skills. They understand how the others in the team work and will understand how to tackle problems together.

Psychiatrist
A psychiatrist is a medical doctor with special training in the assessment and treatment of mental disorders. Each team has a consultant who has completed their professional training in psychiatry which is a minimum of six years. If you need to take medication, they will be responsible for arranging this. They may also have trained in psychotherapy. The team may also have a “specialty doctor”, who will have trained in psychiatry but who has not become a consultant. These doctors often work with doctors doing further training in psychiatry known as a “specialty trainees”.

Consultant Psychiatrists also have an important role as the Responsible Medical Officer for people who are detained under the mental health act. They have a legal duty to make sure a person’s human rights are still respected and the use of compulsory treatment is used only when necessary and for as short a time as possible

Mental Health Nurses
Community nurses work outside hospitals and visit people in their own homes, out-patient departments or GP surgeries. They can help you to talk through problems and give practical advice and support. They can also give medicines and keep an eye on their effects. Nurse therapists have had extra training in particular problems and treatments and provide talking therapies. Some nurses are trained to an Advanced Practice level and we are investing in training more of these nurses. They can make independent decisions in the assessment, diagnosis and treatment of patients, including the prescribing of medication.

Inpatient nurses have a similar range of skills to community nurses and using a recovery focussed approach help people return to living in the community.

Occupational Therapist

Occupational therapists help people to get back to doing the practical things of everyday life as well as help to re-build their confidence and to become more independent. This can be through working with on individual basis or talking with other people in groups.

Clinical Psychologist
Clinical psychologists have a degree in psychology and have completed at least three years of training in clinical psychology. They will usually meet regularly with people for a number of sessions to talk through how they are feeling, thinking and behaving. Although cognitive behavioural therapy is a common approach, clinical psychologists may use different types of talking therapy. They also help other members of the team to work psychologically with people.

Social Worker
Social workers work closely with the community and inpatient teams and can help people to talk through their problems, give them practical advice and emotional support and provide some psychological treatments. They are able to give expert practical help with money, housing problems and other entitlements. Some social workers have a specific role (Mental Health Officer) to support people detained under the mental health act as well as their families and carers.

Pharmacist
Pharmacists train for five years to become specialists in medicines. They can give expert advice to doctors and nurses and talk to patients and carers about medications.

Administration staff
People who attend community teams often get to know these staff quite well. They are not involved in any decisions about care and treatment but are still very important to the effectiveness of the team. They make the team run smoothly and are responsible for helping the clinical staff do their job as well as they can.

Types of teams
Specialist mental health teams provide care and treatment for people living with,

- Severe mental illness such as schizophrenia and bipolar disorder
- Common mental disorders such as depression and anxiety but where specialist treatment is necessary
- A personality disorder which is causing the individual significant distress or other significant problems in their life.
- Problems linked to neurodevelopmental conditions, such as Autism Spectrum Disorder, adult Attention Deficit Hyperactivity Disorder and neurodegenerative conditions such as Huntington's disease.

People with a major mental illness are also more likely to have multiple other problems with drug and/or alcohol use, homelessness, unemployment, physical ill-health, relationship problems and debt. Specialist mental health teams can also help with support and advice about these issues.

In Tayside there is also a range of more specialist teams, including:

- Home treatment
- Crisis intervention

- Rehabilitation inpatient
- Assertive Rehabilitation Team (ART)
- Forensic
- Eating disorder
- Learning Disability
- Adult Autism Consultation Team (TAACT
- Older people
- Specialist Child and Adolescent Mental Health Team (CAMHS)
- Liaison Psychiatry
- Advanced Interventions Service

These teams share most of the features described above, but deal with a particular set of problems. There also regional services YPU and MSU

How teams work
Community teams meet regularly and discuss referrals from a general practitioner. Usually a person is assessed by a member of the team over more than one appointment. A care plan is then developed with the individual of what treatment may help. Treatment isn't usually a simple choice of either medication or talking therapies and many people get help from both medication and talking treatments. Sometimes the team decide there are other ways to better help the individual and recommendations can be given to the general practitioner about other approaches or services.

Inpatient teams also meet regularly to discuss the results of assessments and to plan any treatment. There is a need for inpatient teams to work closely with community teams to try and ensure safe handover of care and also make sure the patient is not in hospital longer than necessary.

Recovery
Our understanding of how to help people with severe mental illness continues to improve and having a mental illness does not mean the end of a meaningful and useful life. There are an increasing number of effective drugs to choose from and a range of evidence based psychological treatments which support a person's recovery from mental illness even if some symptoms remain.

The aim of specialist mental health services is to ensure that everyone is offered a holistic assessment and person-centred treatment that will work best for them. This all happens in a way that supports them in their personal recovery in the widest sense.

The future
Improvement in health care services is happening all the time and that is no different for specialist mental health services in Tayside. It is important that changes to existing services and the development of new services are in line with national good practice and progress is already being made in this area. This is through the action plans from Listen Learn Change and the Mental Health and Wellbeing Programme

The following have been identified by clinicians working in specialist mental health services as priority areas for action

- ***Improving the advice to general practitioners and patients about what conditions can be managed in primary care and those which need referral to secondary care***

services. There is work already going on across Tayside about creating an online referral guidance service and mental health services are involved in this. CAMHS have already produced their guidance.

- ***Better continuity of care and joint working.*** This includes when people move from the community to hospital and back to the community. It is also important when people are receiving treatment from more than one clinical team or service. In these situations it is sometimes it is not clear who in these situations is responsible for delivering certain aspects of care and joint care planning can help with this.

  A structured assessment of a patient's readiness for discharge is embedded in everyday work for acute wards and helps with discharge planning between inpatient and community teams.

  In Dundee there has already been significant work done in creating a Discharge Hub and across Tayside there are plans for community teams which provide assessment and treatment for individuals who have both major mental illness and substance misuse.

  Systems of care such as the Care Programme Approach already exist and could possibly be used more widely.

- ***Improving the shared working between staff, patients and carers.*** The Trust and Respect report recognised this was already happening but it was not consistent and work is being done to improve this.

  An increased use of crisis plans, anticipatory care plans, Wellness Recovery Action Plans and Advance Statements can all help people have the right intervention when someone is unwell and have been shown to prevent the use of compulsory treatment in hospital.

- ***Reviewing and improving the crisis and urgent care pathways.*** This is to ensure those with urgent need for mental health services can access that as locally as possible and in emergency situations there is equity of access for people across Tayside. People who present in distress or crisis should have a range of options of help and support to reduce the need to admit a person to hospital.

  This has been emphasised in other areas of the strategy and is equally important for those who are already living with a mental illness. Work is already underway in looking at options for change to make services more responsive and person-centred. Specialist mental health services are an important partner with social care and voluntary services in the development of initiatives.

- ***Improvement in wards to ensure they are safe and therapeutic places to be***. Although inpatient units form a small part of the mental health system they are important because hospital care is for people who are the most unwell and need a period of more intensive care and treatment. A negative experience as an inpatient can also have a significant effect on a person's willingness to accept care and treatment in the future. This means it is important for wards to have environments which promote recovery and a full multidisciplinary team. This is equally important, if not more so, for people with a learning disability.

Work has already been done on implementing new patient observation practice and the team working in the Intensive Psychiatric Care has been recognised nationally for their work on reducing the use of restraint of patients. The programme to reduce restrictive practices in wards was impacted by the need to allocate resources to coping with COVID-19 but it is now planned to restart this important work.

There is a proposal around increasing input from psychologists for inpatient teams and there is an opportunity to look at improving inpatient access to occupational therapists and increasing the amount of activity available to people when they are in hospital.

- The link between physical and mental health has been described at various points in the strategy. There is a need to look at developing further the liaison psychiatry service to Ninewells Hospital and Perth Royal Infirmary. There are national standards produced by the Royal College of Psychiatrists which can help in this work.

- ***The development of a clinical pathway for people who have problems linked to having an Emotionally Unstable Personality Disorder.*** This has already started. Training for CAMHS staff has already been done and the plans about creating a trauma informed staff will be an important part of improving the care and support for this patient group.

- ***Development of new services.*** Tayside will have a new Perinatal and Infant Mental Health Team in 2021 and plans are being developed for an Early Intervention in Psychosis team. These new services have been developed in line with national programmes and will provide an important addition to specialist mental health services for the people of Tayside.

  Neurodevelopmental conditions such as Autism Spectrum Disorder, Huntington's disease and adult Attention Deficit Hyperactivity Disorder are managed in generic teams and benefit from input from highly specialist professionals which can be further developed.

- ***Workforce wellbeing and development.*** The best care outcomes for mental health care are achieved when it is delivered with kindness, hopefulness, compassion and a focus on recovery. To achieve this staff must have the time to listen and understand as well as opportunity for professional development and jobs which. This is described in more detail in the workforce sections of the strategy.

4. Psychological Therapies in Mental Health

The population based need for psychological therapies is considerable and continues to grow. As people become more informed about their treatment options, stigma declines and the evidence based expands, more people across a broad range of conditions expect psychological assessment and treatment to be a core component of their care. Equally, a range of multi-disciplinary health and social care teams and third sector partners recognise the added value that a psychological perspective brings.

The referral rate for local services has increased by over 230% in the period 2006 to 2019 a trend that is reflected in all psychological services across Scotland and shows little sign of slowing down.

Psychological therapy provision needs to be able to span the entire age range and across a range of problems and conditions much wider than that often described under the umbrella

of ‘mental health.’ Examples include the two-thirds of people who, by the age of 65, will have developed long-term health conditions such as diabetes, cardiovascular and respiratory difficulties and the 1 in 6 people living with neurological conditions.

Over half of all mental health disorders start before the age of 14. The earlier that interventions can begin, the better the longer-term prognosis is likely to be. For example, for the 3-10% of the population living with learning disability, autistic spectrum and neuro-developmental conditions, it is known that timely intervention may help reduce the well demonstrated increased risk of developing mental health problems later in life.

The psychological therapies service recognises the importance of a whole systems approach to person-centred well-being. Psychological therapies services need to be well integrated with other services surrounding an individual and be able to modernise and change as wider services and population need changes. Whilst the psychological therapies workforce has increased considerably over the last decade, there remains the risk of potential for demand outstripping the capacity to deliver this, on this basis there needs to be a continuous strategic approach taken to how and where the resource is best used.

Key strategic areas for development over the duration of this mental health and learning disability strategy period will be:

- To work with Health & Social Care partners and NHS Tayside to develop a detailed strategic plan specifically for the delivery of psychological therapies across the life-span and encompassing the needs that arise from both mental health and physical health challenges
- To ensure that there is a parity of access to assessment and evidence based psychological treatments between people of all ages
- To ensure that people with learning disabilities, neurodevelopmental conditions, neurological conditions and acquired brain injury have the same access to services as their age-related counterparts who don’t have those additional challenges
- To modernise the provision of psychological treatments for common mental health problems (regardless of severity) by establishing clinical pathways which cut across the current service boundaries or tiers currently in place in Tayside
- To invest in early intervention by supporting services available at community and GP level
- To be key contributors to the development of perinatal and infant mental health services and Early Intervention in Psychosis service
- To integrate clinical psychology presence within inpatient care to allow immediate access to psychological assessment and formulation when need is greatest; both across the age-span for adults with and without a learning disability
- To continue to support the development and enhancement of computerised and telephone therapy and other alternative models of service delivery, particularly with computerised self-help packages for those with longer-term physical health conditions
- To expand the capacity for training the wider workforce by working with key partners to establish expert trainers that are supported and developed by psychological therapists
- To fully engage in the wider organisational work on recruitment and retention in order to address the particular challenges of a small profession where newly qualified staff are largely available at only two points each calendar year
- To develop a workforce where less barriers exist between specialist parts of the service such that the breadth and depth of generic training can be used to take a risk-based approach to emergent gaps in service provision.

SECTION 3 - TAYSIDE MENTAL HEALTH AND WELLBEING PROGRAMME

The Mental Health and Wellbeing Programme Governance, as set out in the chart below. The Tayside Mental Health and Wellbeing whole system change programme includes 6 Programmes of work with a number of projects and workstreams set up to drive the co-creation, design and development of the overall change programme.

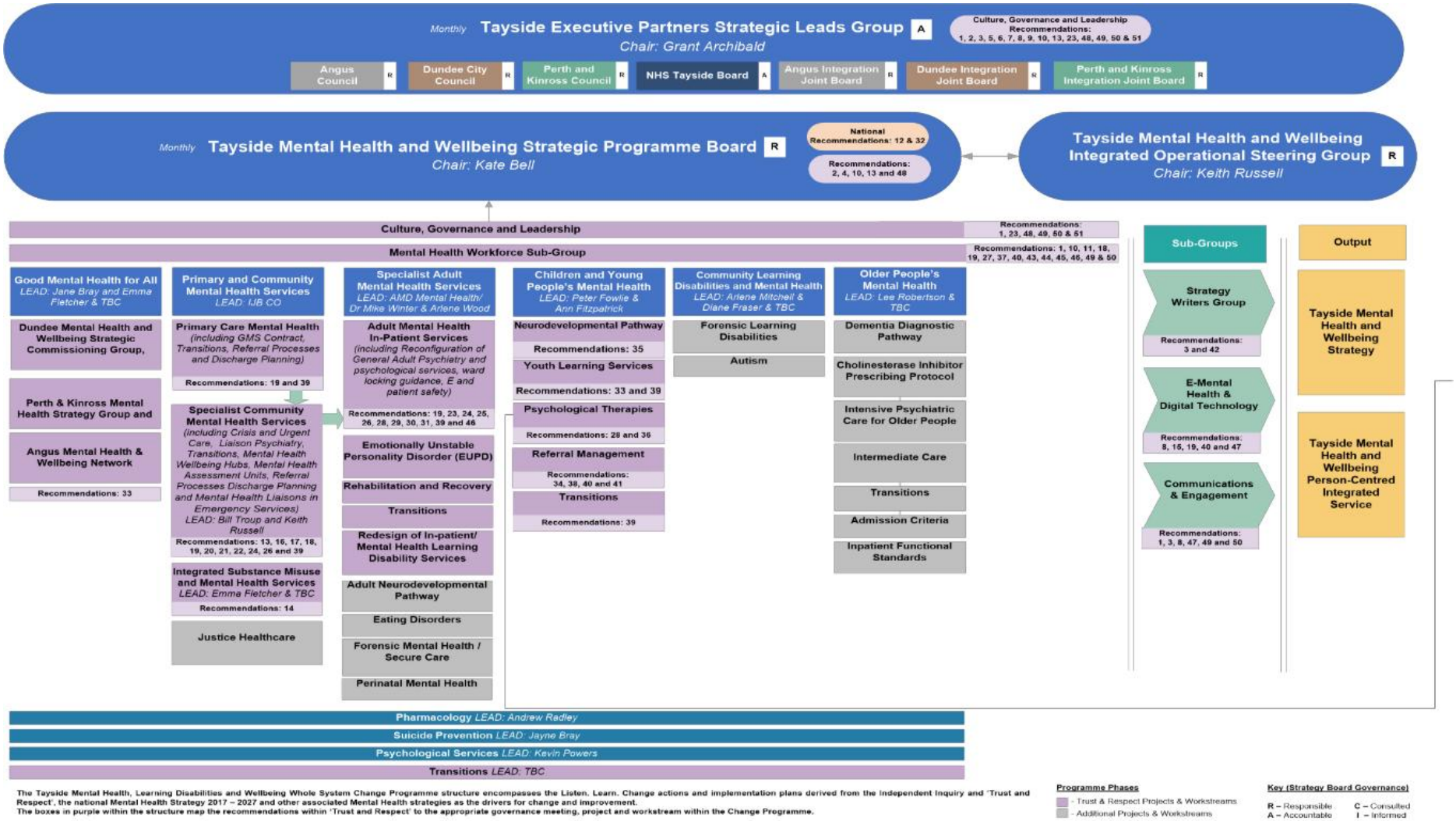
The Governance arrangements see the Tayside Executive Partners as the Strategic Leadership Group (SLG) as the Oversight Group with accountability for resourcing and supporting the MHW programme of work and to ensure safe and effective delivery of mental health priorities.

The Strategy development has included sessions to define the scope and the scale of the Change Programme to deliver all of the areas of work set out in the programme governance chart below.

The Chart also indicates which projects and workstreams will progress Trust and Respect recommendations that require more detailed planning to set out the project plan and timeframe for completion. These are indicated as number related to the recommendations in the chart below.

Tayside Mental Health and Wellbeing Programme Governance Chart

The schematic below represents the scope and scale of the Mental Health and Wellbeing Programme



1. Good Mental Health for All

In 2016 NHS Health Scotland produced *Good Mental Health For All (GMFA)*, which set out the role that good mental health plays in creating a fairer, healthier Scotland. It describes the key factors which operate at the level of the individual, their social circumstances and the wider environment which are protective of good mental health and those which are risks to good mental health. These are outlined in table below.

Protective and risk factors for good mental health

Themes	Protective factors	Risk factors
Environmental factors	Social protection and active labour market programmes against economic downturn Equity of access to services Safe, secure employment Positive physical environment including housing, neighbourhoods and green space	High unemployment rates Economic recession Socio-economic deprivation and inequality Population alcohol consumption Exposure to trauma
Social circumstances	Social capital and community cohesion Physical safety and security Good, nurturing parental/care relationships Close and supportive partnership/family interaction Educational achievement	Social fragmentation and poor social connections Social exclusion Isolation Childhood adversity (Gender-based) violence and abuse Family conflict Low income/poverty
Individual factors	Problem-solving skills Ability to manage stress or adversity Communication skills Good physical health and healthy living Spirituality Self-Efficacy	Low self-esteem Loneliness Difficulty in communicating Substance misuse behaviours Physical ill health and impairment Work stress Unemployment Debt

Source: NHS Health Scotland report, Good Mental Health for All, 2017

Drawing on this evidence, and building on work to date, Good Mental Health for All consultation and planning events were held in Tayside in August 2020 to develop outcome focused Good Mental Health For All section of the MHW Strategy, with an overarching focus on reducing inequalities across six priority areas:

1. Mentally Healthy Environments and Communities
2. Mentally Healthy Infants, Children and Young People
3. Mentally Healthy Employment and Working Life
4. Mentally Healthy Later Life
5. Reducing the Prevalence of Suicide, Self-harm, and Common Mental Health Problems
6. Improving the Quality of Life of those Experiencing Mental Health Problems, including the promotion of recovery, stigma reduction and physical health improvement

Evidence indicates that where people have the tools to manage their own health – including being supported to do so, such as through social prescribing – that their wellbeing may be improved, promotes a move towards prevention and recovery models focused on assets, strengths and self-care, self-management.

1.1. Physical Activity

There is widely accepted evidence that those living with mental ill health are more likely to be less active, experience significant inequalities in relation to accessing opportunities and facilities as well as more likely to be living with co-morbidities. Alongside experiencing such inequalities, the long term impact of using psychotropic medication increases the likelihood that patients will present with weight gain, chronic constipation and lethargy. In order to balance the side effects of medication, lack of meaningful activity and isolation often experienced, as well as overcoming the inequalities faced by many, it is of paramount importance that physical activity is included within existing and future care pathways. Physical activity is a powerful and tangible tool in improving health, wellbeing and the wider determinants that influence our behaviours, however we must ensure this is universally acknowledged, accepted and delivered across our services for the benefit of all.

Vision for Scotland

The Active Scotland Outcome Framework (Fig. 1) highlights the need to move towards a "More Active Scotland", where the vision is "*more people are more active, more often*". Regular physical activity provides a range of physical and mental health benefits, with the growing body of evidence demonstrating the protective effects of physical activity on a number of complex and wide ranging long term conditions. These include reducing the risk of disease, managing existing conditions, and developing and maintaining physical and mental function.

Physical Activity is a resource that can cut across the life ages and stages of our population and has a significant role to play in the prevention, intervention and recovery agendas within the mental health and wellbeing strategy for Tayside. The use and promotion of physical activity must be embedded into our mental health services to provide the recognition

required to ensure we are moving towards a holistic, preventative and supportive approach to mental health and wellbeing.

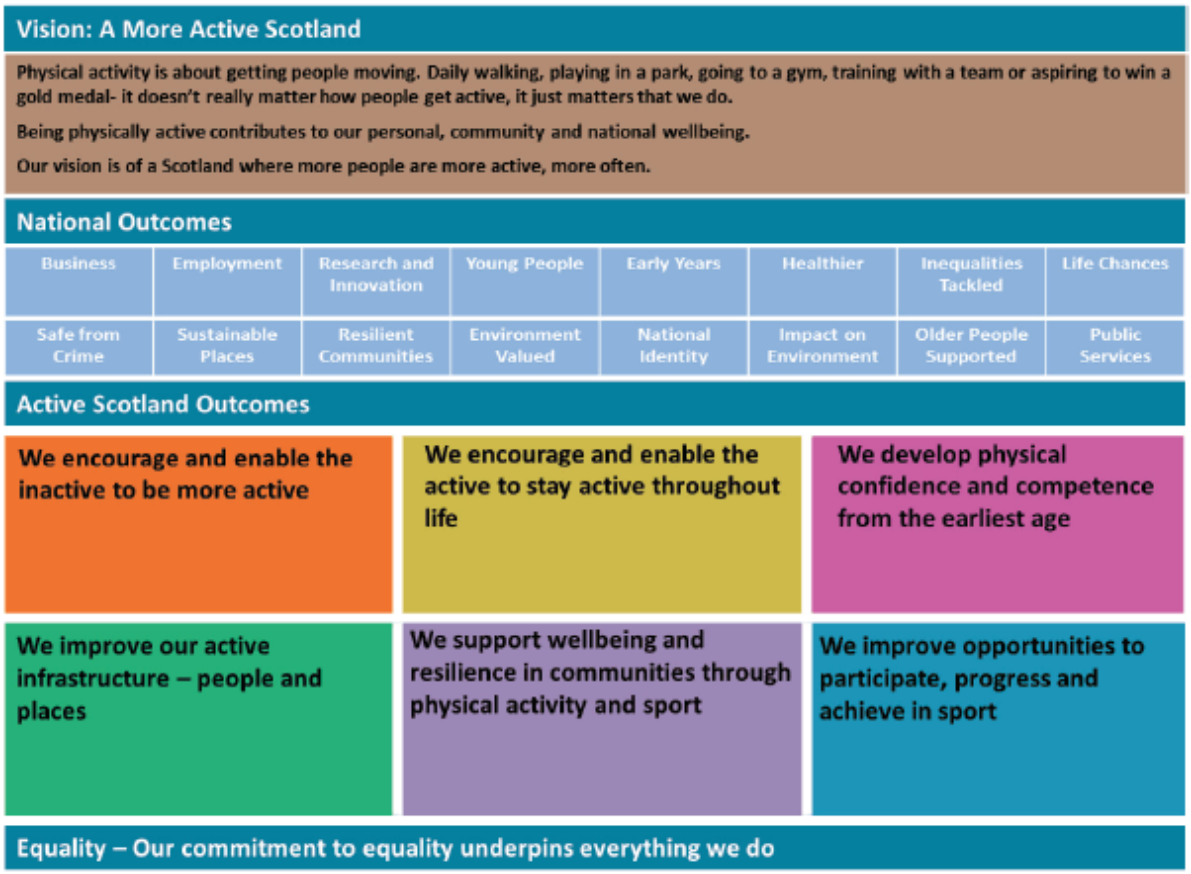
Call to Action

In order to achieve good mental and physical health, the Chief Medical Officer Guidelines highlight that adults should aim to be physically active every day. Our vision would be to have Physical Activity valued and supported in practice as a means of delivering wider health and wellbeing outcomes. This will be implemented via the National Physical Activity Pathway (NPAP), where physical activity can be embedded into established frameworks and staff can be up-skilled and supported to encourage and enable patients/clients to increase activity levels daily, in a manner that is meaningful and provides purpose to our population and those engaging with our services.

Key Areas for Action (*supported by a human rights based approach, and individuals should understand and know their rights under human rights legislation*).

- Increase the value placed upon physical activity for mental health and wellbeing benefits amongst staff, patients and carers
- Implementation of NPAP to strengthen links, ensure sustainability and raise awareness of local opportunities that increase physical activity levels of our most disadvantaged groups
- Roll out NPAP training for staffing groups across Primary, Secondary and Community Care services
- Maximise the use of the outdoors for every day activity through the Green Health Partnership approach and NHS Tayside green spaces
- Moving Interventions/'Active Wards' – promoting and enabling interventions and support to be delivered in a manner that is conducive to increasing daily activity levels

A Vision for a more active Scotland



Taking a life course approach recognises key transition points where there are opportunities to promote mental wellbeing at a population level (e.g. preconception, pregnancy and parenthood, transition from home to nursery and school, transition to adolescence and adulthood, unemployment or retirement) and also highlights opportunities to intervene early with those most at risk as a result of wider vulnerabilities.

1.2. Mentally Healthy Environments and Communities

At a population level a broad range of partnership programmes have been developed to address the wider contextual factors known to negatively impact on mental health and wellbeing. These include actions to mitigate the impact of welfare reforms, supported employment programmes, community safety, increasing focus on educational attainment, improving housing and addressing homelessness and improving green health and physical activity opportunities. Developing the capacity of the workforce to support mental health and wellbeing has also been a priority through training and workforce development.

We will continue to work through Health and Social Care Partners, Third Sector organisations, Community Planning Partnerships, Community Plans and Local Outcome Improvement Plans to create the conditions for good mental health and wellbeing throughout the entire life course recognising the importance of relationships, resilience, social connectedness and wider social and environmental factors (e.g. inclusive employment, good housing, community safety, education, financial security, environmental sustainability) and how these impact on wellbeing at all stages. There will be specific focus on improving life

circumstances, on creating cultures and environments that are inclusive of everyone irrespective of their mental health state and creating opportunities for people who are experiencing particular challenges in relation to poverty, domestic abuse, addictions, criminal justice and homelessness.

1.3. Mentally Healthy Infants, Children and Young People

Understanding of child development stages, psychological and emotional connections and early intervention from pre-pregnancy, the early years, in childhood and adolescence is crucial as the strongest prediction of life; satisfaction in adulthood.

Early intervention from pre-pregnancy and the early years, and in childhood and adolescence is crucial because a strong predictor of life satisfaction in adulthood is emotional health as a child There is a growing body of evidence on Adverse Childhood Experiences whereby children who have experienced cumulative key risk factors such as bereavement, parental divorce, abuse, parental drug or alcohol misuse and parental mental illness have been shown to be at higher risk of both physical and mental ill health in adulthood (*Better Mental Health For All 2016*).

The family, the environment and the wider community in which a child is raised are the most important determinants of wellbeing. Tayside has a broad range of programmes which aim to promote and support bonding and attachment pre and post birth, parenting skills, support trauma-informed approaches and build resilience in the early years. There are also a range of programmes delivered through Local Authority Education services within the Curriculum for Excellence which promote children and young people's wellbeing and resilience through education and community settings including given consideration to the role of social media as both a protective and risk factor in relation to wellbeing. These programmes will be reviewed and further developed through the Tayside Children's Services Partnership Plans, both of which have task groups focused on children and young people's mental health, wellbeing and resilience.

In line with the principles of Getting It Right For Every Child the ambition will be for children and young people to be empowered to take action for themselves, to reach out when problems arise and to get the right support at the right time.

1.4. Mentally Healthy Employment and Working Life

As people move into adulthood, relationships and responsibilities change as they become partners, employees, parents and carers. All of these responsibilities can positively or negatively impact on mental wellbeing.

The importance of good work in improving mental health is well documented as it enables people to contribute and develop social capital as well as have financial independence and security. However people who experience mental illness are more likely to be in low quality or insecure employment (e.g. zero hours contracts, irregular working patterns) or unemployed and this can negatively impact on their health through impacting on other determinants of wellbeing such as the ability to secure accommodation or borrowing and wider lifestyle patterns and routines.

There have been strong partnerships in Tayside with employability agencies and services to support people with mental health problems to maintain or return to employment and this work will be built upon and supported going forward.

There is also a need to build on work with local employers to promote fair work environments and conditions which value staff, support mental health and wellbeing and address mental health stigma and discrimination.

The national Healthy Working Lives Programme and the Scottish Business Pledge provide useful frameworks to support local employers and the ambition is that all community planning partner agencies will pledge to be exemplar employers in this respect.

1.5. Mentally Healthy Later Life

The importance of promoting mental health and wellbeing in later life is an area which has received increasing recognition in recent years. People are living longer and there is a need to work with local communities and the third sector to ensure strong and resilient social and community networks and intergenerational relationships which encourage and support independence and connectedness, and reduce loneliness and isolation, particularly at key transitional points such as retirement and bereavement. Older people make an invaluable contribution through caring and volunteering roles and this should be recognised and supported to allow carers' own health and wellbeing to be maintained.

Tayside has a long term commitment to improving the quality of life for people with dementia and their families and carers through improving post diagnostic support, promoting active ageing, improving access to community transport and promoting workforce development using the *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers (2011)* and the national Allied Health Professions (AHP) Framework *Connecting People, Connecting Support (2017)*. The Promoting Excellence Framework, the AHP Framework and the National Standards of Care for Dementia (2011) are underpinned by the Charter of Rights for people with dementia and their carer's.

1.6. Reducing the prevalence of common mental health problems, self-harm and suicide

As well as population based approaches to build individual and community resilience there is a need to ensure appropriate support for those experiencing common mental health problems, , or contemplating suicide.

a) Social prescribing and self-management approaches

Building on local assets we will build improved networks and a framework to create the conditions to makes it easier for people to access opportunities to improve their wellbeing, support prevention and promote recovery across a variety of domains including physical activity and leisure opportunities, green space, volunteering, employment, benefits, welfare and debt advice, self-management information provision through libraries and community based stress management classes.

We will continue to develop and extend accessible community assets and non-clinical sources of support to empower people to protect and improve their health and wellbeing, including maximising opportunities to promote wellbeing, prevention and supported recovery through technology and digital inclusion. We will address the stigma and discrimination which may prevent people accessing and maintaining support from community assets.

b) Distress brief intervention

Tayside is working with providers to establish a Distress Brief Interventions (DBI) service as part of the innovative national programme to ensure a compassionate and effective response to people presenting to services in distress.

DBI emerged from the Scottish Government's work on the Suicide Prevention and the national Mental Health Strategy (Action 11). It is an innovative way of supporting people in distress presenting with a number of contributing factors but who do not require a traditional clinical model of support.

The DBI ***'ask once get help fast'*** approach has two levels. DBI Level 1 is provided by trained front-line staff and involves a compassionate response, signposting and offer of referral, seamlessly with confidence and clarity to a DBI Level 2 service. Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days.

The DBI programme is hosted in Lanarkshire on behalf of the Scottish Government with pilots in the Scottish Borders, Highlands and Aberdeen being piloted over 53 months (November 2016 to March 2021). The approach is now being rolled out to 16 and 17 year olds. Tayside will work with Partners to take a Pan Tayside approach to DBI linked to our Urgent Care work in Mental Health and across other services such as NHS24, Scottish Ambulance Service, Police Scotland and our colleagues in Emergency Departments.

c) Suicide prevention

Every death by suicide is a tragedy not only for the individual but also one that has a far reaching impact on family, friends and communities. There has been a national focus on reducing suicides since 2002. Since then there has been a 19% reduction in the suicide rate across Scotland.

The local and national vision is for suicide to be prevented and that help and support is available to anyone contemplating suicide. This includes ensuring people affected and those bereaved by suicide are not alone and will be supported. Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

Every Life Matters: Scotland's Suicide Prevention Action Plan[7] (2018) outlines a range of actions aimed at continuing the downward trend in deaths by suicide based on known and emerging evidence about factors which can be associated with suicide.

A range of suicide prevention programmes have been successfully taken forward including awareness raising campaigns targeting young men, a group at particular risk of suicide, through local professional football clubs and local communities, development of a suicide prevention app, delivery of suicide prevention training and working with partners to target locations of concern.

These programmes will continue to be developed and evaluated in line with the evidence based actions outlined in the national plan. This will include continuing to work with the Suicide Review Partnership Group to review all suicides in Tayside and make improvements in line with learning from these reviews.

As well as population based approaches to build individual and community resilience there is a need to ensure appropriate timely access to support for those experiencing common mental health problems, mental health suffering or contemplating suicide.

d) Stigma and discrimination

Mental health stigma, discrimination and social exclusion are significant issues for both people with lived experience and their families, and is therefore a cross cutting priority for action across all priorities within this strategy.

We will work with See *Me* (*Scotland's national programme to tackle mental health stigma and discrimination*) to take forward a programme of work aimed at reducing stigma and discrimination and influence change in behaviours, cultures and systems in Tayside so that people with experience of mental health problems are respected, valued and empowered to achieve the outcomes important to them within four areas: education, health and social care, communities and workplaces. We will build on the success of local capacity to create a social movement for change to challenge mental health stigma and discrimination, and promote mental health inclusion and recovery.

e) Addressing physical health needs of those with mental health problems

People who experience mental health problems are more likely to have poor physical health, experience weight gain, smoke and misuse alcohol or drugs, and be at increased risk of diabetes, stroke and heart disease. The causal factors underpinning this relationship are often complex, interrelated and multi-factorial and may include inequalities in access to services, deprivation, poor lifestyle behaviours and social isolation. This does not negate the mental health of people with physical health conditions.

Locally work will be further developed to support the wider health needs of people who experience mental health problems better through holistic assessments and promoting

[7] https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/

access to services such as leisure, smoking cessation and wider community based programmes.

We will prioritise actions to ensure focus on our most vulnerable groups, including:

- care experienced children and young people
- people who are homeless, and their families
- people with addiction issues
- people in the criminal justice system and their families
- people who experience severe and enduring mental health problems

The Good Mental Health Action Plans will be developed through the Mental Health and Wellbeing Group in each Health and Social Care Partnership. Delivery plans will enable clear timescales and progress measures to be determined for each themes to be reported annually.

2. Primary Care and Community Mental Health Services

The 2018 GMS[8] contract builds on re-energised core values, developing the GP as the expert medical generalist at the heart of the community multidisciplinary team. The aims of the contract are to create a dynamic and positive career for GPs; a resilient and responsive wider primary care with opportunities for all healthcare professionals to flourish; and an assurance that patients will continue to have accessible, high quality general medical services

The Primary Care Improvement Plans[9] for Tayside, 2018 was formulated by the three Tayside HSCPs (Dundee, Perth & Kinross and Angus), NHS Tayside and the GP Subcommittee, as a joint plan for Tayside. The single shared plan will allow services to be planned at scale; to be integrated with the other major strategic changes occurring across the region's health and social care services; and assists in the aspiration of an equal standard of service across the population.

Tayside currently has 70 GP practices providing care to a population of approximately 416,000 registered patients. Over a third of our population have been diagnosed with at least one chronic disease and for a growing number they suffer from multi-morbidity. These patients often require significant numbers of clinical attendances, are on multiple medications and may require significant social care support

The Plan requires an effective primary care system is critical to sustaining high quality universal healthcare and is vital if we are to realise Scotland's ambition of improving the health of our population and reducing the burden of health inequalities that rests upon it. As a nation we require a strong and thriving general practice at the heart of our primary care system if we are to succeed in these goals.

The vision is for people across Tayside can access the right support at the right time in the right place. Taking a whole systems perspective acknowledges that the vast majority of healthcare interactions (circa 94%) for our population start and end within primary care, with

[8] https://www.gov.scot/publications/gms-contract-scotland/
[9] Primary Care Improvement Plan (PCIP) Tayside 2018

General Practices acting as a necessary and efficient gateway to decisions about referral, admission and prescribing. These decisions will continue to have a direct impact on the entire health and social care system with emergent resource implications.

A key component of this will be achieved through the Government funding available between 2018- 2022, (Action 15 of the National Mental Health Strategy[10]) to improve access to mental health supports and services in the community and to increase and enhance the workforce adding to our services, and reshape the existing interfaces. At the end these services will be running and will offer real alternatives to the current services, allowing people to access the right help quicker than previously.

Action 15 funding will increase the workforce in General Practice and Community to give improved access to dedicated mental health professionals, consider urgent care requirements with Emergency departments, within and aligned to GP practices, within police station custody suite, and to our prisons.

Over this period of time increasing additional investment to £35 million for 800 additional mental health workers in those key settings across Scotland. This will result in more additional Mental Health workers being employed across these areas in Tayside.

Since Action 15 funding became available from the Scottish Government in 2018, new developments in Tayside (Angus, Dundee, and Perth & Kinross) have included a range of newly commissioned services to increase support and improve access to mental health services in communities.

More specifically, services in General Practice, Primary Care and Community teams will be developed to improve access to specialist mental health staff and fit between traditional primary and secondary care. This approach will be added to improving digital ways of working with people across systems, NearMe consultations, improving how we work as a health and social care system by working closer with other NHS Scotland services such as NHS24, Scottish Ambulance Service, and Police Scotland joining up with NHS Emergency departments to ensure people in crisis and distress get to the right place first time.

In order for these services to work effectively, we also need to examine how our existing primary and secondary care processes and transitions work, as well as deliver new service

[10] Increase the workforce to increase access to dedicated **mental health** professionals in all A&Es, all GP practices, every police station custody suite, and to our prisons

models that build in reach into communities, GP Practices and where necessary people's homes, enhancing practice roles, growing capability and capacity, to shift the balance of care and ensure a seamless pathway to bridge this gap.

Exploring how and where within our systems we can provide easier access to self-care and self-management models, develop social proscribing models and enable the public with access to self-referral so that services will enable people to take greater responsibility for self-care, know where to go when they make these choices may reduce overall demand and provide timely fashion with the right level of care, we may be able to prevent mental health problems worsening and increase capacity for the more specialist services.

In most situations a person must see a professional and then go through a referral procedure, but both the initial appointment and the referral process can be time consuming and inefficient. This has been part of the gatekeeping function in primary care, and has helped to ensure the small resource in secondary care is not overstretched.

There is a need to develop and enhance the existing skill sets of almost all staff involved in the care of our community to enable people to be treated at the first point of access, which may be via NHS24 or a community pharmacy. Developing new roles such Advanced Nurse Practitioners, increased number of Pharmacists, specialist mental health staff, link workers, multi-disciplinary teams including Paramedics, Physiotherapists and other allied health professionals.

However, there are many cases that need more than a primary care solution, but do not need the full input of the limited secondary care service.

At present, specialist mental services are based largely in secondary care (specialist psychiatry), representing a focus on those at with the most severe illness. This creates several key challenges which we will work together to resolve

Trust and respect recommendations to be achieved sustainably;

- Crisis and Urgent care pathway workstream - **Recommendations 16, 20 and 22**
- Specialist Mental Health Services - **Recommendation 17**
- Integrated Substance addiction and Mental Health Services - **Recommendation 14**

Additionally these areas of the mental health and wellbeing programme will cover;

- Increase commissioning of mental health support.
- Use of virtual clinics
- Social Prescribing/Green Prescribing which is available in Dundee should be rolled out Tayside wide and become mainstream for management.
- Use of virtual Complex Case reviews within primary care to support staff to increase in competence and specialist skills to be appropriately utilised.
- Referral pathways streamlined - direct people quickly to Third Sector, Community Specialist support or other specialist support.
- New Mental Health Urgent Care pathway is being co-designed for implementation in 2021

- Specialist Community Mental Health (*Liaison Psychiatry, Transitions, Mental Health Wellbeing Hubs, Mental Health Assessment Units, Referral Processes Discharge Planning and Mental Health Liaisons in Emergency Services, Mental Health and Substance Use Related Harm)*

Integrated Mental Health and Substance Use Related Harm (Trust and Respect, recommendation 14)

The aspiration is to develop an integrated team that can treat mental health and substance use as interdependent conditions to help make improvements in access, support and care options, reduce stigma and discrimination and deliver better joined up, team based working and allows a person's substance misuse behaviours to be considered alongside their wider mental, physical and social health.

There are numerous studies highlighting the overlap between mental health and substance use, estimating that about half of those diagnosed with a mental health condition during their lives will also experience a substance use problem and vice versa.

Our aim is to acknowledge the prevalence of intersecting risks and vulnerabilities of this dual need and build a service that supports a person more holistically in multiple areas simultaneously *e.g. addressing mental health problems or insecure housing, alongside alcohol and drug use.* Services will need to consider wider family, social group and community context, including addressing family poverty and disadvantage and intergenerational poverty issues.

Future development of an integrated model of care will explore:

- Firstly, understanding identified and expressed need to co-design the model with those using and engage those who may not be making use of services, and ensure we engage people with lived experience in the specification development, and in regular reviews to the pilot project to monitor progress culminating a robust evaluation.
- Integrated approaches involving statutory, community and voluntary sector mental health and substance addiction services, with agreed local pathways to meet wider social care needs.
- Mental health services leading on, and helping with, access to other health and social care services. This includes primary healthcare, education, housing and employment as well as substance addiction services (NICE, 2016).

The joint project with the Dundee Alcohol and Drug Partnership will develop a proof of concept project testing out an approach to an Integrated Mental Health and Substance model would operate.

We will know we have made a difference in these areas when:

- People in Tayside will have shorter waits to see mental health care professionals, in outpatient clinics and in Emergency Departments.
- Referrals to secondary care will decrease
- Those patients requiring secondary care (specialist psychiatry) will feel that they receive a better service, measured by outcome star (or similar)

- Emergency department 4hr breaches for mental health will decrease
- Police will need to visit A&E less often
- Audits of prison health care will show better access times

Justice Healthcare

In recent years, new arrangements have opened up the opportunities for closer partnership working between health and justice. In 2011, the NHS took over responsibility for the delivery of healthcare in prisons and in 2014 partnership arrangements were established for the delivery of healthcare in police custody. The National Prisoner Healthcare Network was established to support and facilitate local working. In 2017, re-organisation of community justice was implemented and the national body Community Justice Scotland was set up, as well as Community Justice Partnerships at local authority level. A document setting out Scottish Government's plan.[11]

Police Custody

We will improve access to specialist mental health assessment to achieve better outcomes for people experiencing mental health problems in custody, to connect better with locality-based support and mental health services and to reduce the need to transfer individuals detained by Police Scotland to Emergency Department for assessment. This will result in more effective use of Police Scotland personnel and more response service to the individual.

Veterans First Point

Veterans First Point (V1P) Tayside is a small, specialist service developed in 2015 to support former military personnel and their families across Angus, Dundee and Perth. It is one of six V1P regional Centres in Scotland (Ayrshire & Arran; Borders, Fife; Lanarkshire and Lothian) and is part of the newly formed NHS Scotland Scottish Veterans Care Network.

The model aims to provide:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Wellbeing - including a comprehensive mental health service delivered by a multi –professional team on site.

A unique feature of V1P Centres is the staff team. This is comprised of veterans, employed as peer support workers and mental health clinicians. The peer support workers offer assistance with a broad range of welfare issues and the mental health clinicians offer comprehensive mental health assessments, broker treatment and deliver psychological interventions for a range of mental health difficulties, including those attributable to military service. The focus on delivering a ‘one-stop-shop’ for welfare and mental health needs enhances the credibility, accessibility and co-ordination of the service we offer. Over a third of referrals are veterans who opt to self-refer.

[11] Scottish Government, Justice in Scotland: vision and priorities, 2017 https://www.gov.scot/publications/justice-scotland-vision-priorities/

The service works with veterans and their family members, supporting those experiencing mild to moderate levels of difficulty and distress, to those with severe and enduring mental health issues. V1P Tayside will assertively broker care packages from within mainstream services wherever possible, while retaining the clinical capacity to deliver psychological therapy to those with the most complex needs who present with barriers in accessing mainstream mental health/psychological therapy services.

The V1P Network of Services has been independently evaluated by Queen Margaret University and demonstrates clinically significant improvement outcomes for those to utilise V1P services across Scotland. The model operationalises the principles and aims of the Armed Forces Covenant.

V1P Tayside currently receives matched funding from Scottish Government and the Dundee Health and Social Care Partnership.

3. Specialist Mental Health Services Project

Adult Specialist Mental Health services aim to provide specialist, evidenced based, high quality person centred care and treatment for people with complex mental health needs.

Specialist Mental Health services are required for people with complex mental health needs that require assessment, care and treatment, offering a range of interventions, provided by a multidisciplinary team of including Psychiatrists, Occupational Therapists, Pharmacists, Peer Support Workers, Psychologists and Mental Health Nurses – all of whom will have undertaken specialist training in the management of mental health conditions.

Specialist Mental Health Services work with multiple partners including primary and social care services and voluntary sector organisations to ensure that people can access an appropriate specialist mental health pathway of care in a timely manner.

Specialist Mental Health Services aim to provide:

- assessment of individuals referred to specialist services with a mental health disorder that cannot be managed safely in other settings
- effective person centred care and treatment for people with complex mental health needs – usually within a community based service unless there is a need for in-patient care, when this will be provided timeously if required
- specialist support and advice to Primary Care Services
- safe and effective transitions for people with complex mental health needs between services such as:
    - Children and young people to Adult services
    - Adult services to Older people services
    - Between Adult services and Substance use services
- evidence based physical, pharmacological, psychological and social interventions to support recovery from acute mental illness

Our vision for specialist mental health services in Tayside is that:

- People are empowered to ask for help and get the right help in the right place at the right time
- Views are expressed and heard using human rights based approach
- Safe, person centered, effective, high quality care can be accessed by people adversely affected by mental illness
- The lived experience of people underpins our service improvement and development plans
- Our services are joined up, person centred and facilitate a smooth journey of care for people

A number of priority areas have been highlighted for Tayside in response to feedback from service users and partners to ensure people have access to the right support, by skilled, compassionate staff, without lengthy waits and difficulties in accessing services.

There are 10 priority work streams within the Specialist Mental Health Services section of our strategy. These will focus on the design and delivery of person centered services working in partnership with people with lived experience, their families, carers or advocates clinical and professional teams, connecting with primary care and local communities including third sector.

The priority work streams are outlined below:

1. Specialist Community Mental Health services
2. Early Intervention in Psychosis
3. Emergency and Urgent Care Pathway, including crisis support
4. Personality Disorder Services
5. Rehabilitation Services
6. Inpatient Services
7. Perinatal and Infant Mental Health Services
8. Secure Care Services
9. Eating Disorders
10. Adult Neurodevelopment Pathway

Adult Inpatient Mental Health and Learning Disability Services

Mental health services are currently delivered across NHS Tayside through Board retained services and those mental health service devolved (from April 2016) to the three local Integration Joint Boards in line with the Integration Act (2014).

Adult Mental Health and Learning Disability Inpatient services are currently delivered from three hospital sites in NHS Tayside; Carseview Centre Dundee, Murray Royal Hospital Perth and Kinross and Strathmartine Hospital Dundee.

Adult Mental Health and Learning Disability Inpatient services is a key work streams within the Specialist Mental Health programme of work. The specific area requiring review is the configuration of the Adult Mental Health and Learning Disability service model and to determine the optimal model for the future of the inpatient services.

In January 2018, following a significant period of planning, options appraisal and stakeholder engagement the current Adult Inpatient Mental Health and Learning Disability Redesign

Transformation Programme (MHLDRTP) was approved for implementation by Perth and Kinross Integration Joint Board in the approval of this programme was a critically important landmark event for the inpatient Services, whereby the review of clinical models of care and inpatient accommodation from which care is provided to patients commenced as far back as 2013.

During the course of 2014-18 significant work was undertaken to establish the service configuration including an options appraisal process undertaken with a wide range of stakeholders to consider the options around providing the inpatient service from one or two sites and to consider the future of the Learning Disability Inpatient Services given the ageing infrastructure of Strathmartine Hospital. This included a formal public consultation that ran between October-December 2017.

The programme ambition was a service redesign that sought to achieve the following;

- Single centre for Adult Psychiatry Inpatient Service at Carseview Centre, Dundee
- Single centre for Inpatient Learning Disability Services at Murray Royal Hospital, Perth
- Tayside-wide Intensive Psychiatric Care Unit remain at Carseview Centre, Dundee
- Rehabilitation, Substance addiction services and Low and Regional Medium Secure Forensic Services remain at Murray Royal Hospital, Perth

The Independent Inquiry into Mental Health services in Tayside interim report (May, 2019) stated that

"*the proposed changes should not be implemented before there is a comprehensive review of the wider needs of the community, beyond inpatient requirements*" and also "*In light of the independent inquiry, there is clearly a need for a comprehensive review of mental health service strategy rather than simply undertaking a move of beds and sites*"

This resulted in the preferred option being paused awaiting the outcome of the Inquiry which was published in February 2020.

Integral to our Mental Health and Wellbeing Strategy and whole system change programme is a re-visit to the Adult Inpatient Mental Health and Learning Disability redesign. Given the passage of time a rapid review of the previous redesign has commenced to inform future configuration of these services.

In August, 2020 NHS Tayside with input from all interested stakeholders, including people with lived experience and their families commenced a rapid review of MHIP services with a view to reviewing the previous redesign, consider if this remains contemporary as part of whole systems approach being taken, to propose and agree the future service model and service configuration for MHIP services as part of whole system of care and treatment for people in Tayside.

The proposed redesign and reconfiguration of Adult Mental Health Inpatient and Learning Disability Services requires a whole system response to mitigate the risks associated with the current service model and service configuration. It is a pre-requisite for a successful whole systems approach that the all clinicians are fully engaged in the co-design, development and future management of the clinical services they deliver. To enable this,

clinicians, who take on the necessary leadership roles, and will have the necessary time and support in order to deliver this responsibility.

Redesigning end-to-end mental health services involves many agencies and a consistent and coherent approach to system-wide engagement about service changes.

NHS Tayside has adopted an inclusive approach for stakeholder engagement through the Tayside MHW Programme. Proactive engaging people in the right way will make a big difference to the co-creation of the model, future planning and delivery of mental health services which are fit for the future.

Ongoing stakeholder engagement is critical to the success of the development of a new service model and service configuration as a key component of the overarching Tayside Mental Health and Wellbeing (MHW) Programme.

Those involved in the current whole system change project accept that the majority of patients accessing Mental Health Services do not require in-patient care. There is, therefore, a compelling need to improve Community Mental Health Service provision in parallel with the changes outlined in this strategy. The redesign of Adult Mental Health and Learning Disabilities Inpatient will ensure the following principles underpin redesign:

- Mental healthcare in NHS Tayside will see a rapid change, with a greater focus on community based services through General Practice and community teams focussed on recovery and improved mental wellbeing in communities.
- A holistic and whole systems approach is taken that recognises that specialist hospital services will always be needed for those who are most unwell and, when people are in hospital, they should receive the highest possible quality of care in buildings which are fit for the delivery of modern healthcare.

The change process is taking an inclusive approach, engaging with service users, their families and carers, people with Lived Experience and with the third sector to explore best practice to co-design a new model of care responsive the needs of people with mental health problems, has a specialist multi-disciplinary workforce developing end to end pathways of care.

The stakeholders involved in the strategy and change programme acknowledge that at times change may be challenging, however all partner organisations agree the status quo is not fit for purpose and recognise that it is necessary now to put people first, avoid any further delays, prioritise this work to achieve the best possible outcomes for patients. The delivery of these plans is critical in mitigating a number of the environmental risks associated with Adult Mental Health and Learning Disability inpatient wards, and creating person-centred environments of care

With this decision we now have the opportunity to co-create and coproduce the model with the one aim of providing high quality, safe, person centred, effective inpatient treatment in modern facilities to all those who require our services. This project will require work with staff from across the system, and crucially people with lived experience, their families and carers and local people in further developing inpatient and community services aligned to the needs of the population to make this a success.

Our Inpatient Mental Health and Learning Disability services are designed to provide a safe and stabilising environment for people who are in crisis, experiencing an acute episode of mental illness requiring admission to hospital. Service users may be informal or detained under the Mental Health Act or directed to the service as part of a Court Mental Health The Adult Inpatient Mental Health and Learning Disability service extends to a stepdown model of service provision for patients requiring rehabilitation or managed transition returning to the community and planned care inpatient service supporting alcohol and drug detoxification that cannot be safely provided in a community setting.

The ethos across mental health inpatient services is about assessing and treating service users with least restrictive care and planning for discharge in a robust and timely fashion. With a focus on recovery, we support service users to manage their mental health, reinforce daily living skills and prepare for independent life back in the community.

This key critical high impact change aspect of the Strategy and Change programme was initiated on 29 September 2020 taking on board previous work as noted above and aligned to the national programme of review of mental health inpatient services being facilitated by Healthcare Improvement Scotland.

The co-creation change strategy will build a 90 day change programme focussed specifically on the rapid review and redesign of adult mental health inpatient services. The 90 day change programme will then commence and will be run over three distinct 30 day phases

a. **Phase One** – strategic phase – development of the revised proposals through an “expert panel”
b. **Phase Two** – tactical phase – converting the strategic proposals into a tactical deployment plan
c. **Phase Three** – governance & approval phase – engaging all stakeholders and securing support and formal approval for the revised plans

- What is the role and function of inpatients for adults with mental health needs
- What level of activity and demand would be identified against this need and hence the scope and scale and configuration of specialist mental health inpatient services and provision required for Tayside
- What specific needs can only be or are best provided for in an inpatient facility (episodes/longer term needs)
- How do we understand this in terms of the whole system flow, pathways, and planned community based services, urgent and crisis care and interventions, and emergency to inform the design of the capacity requirements of the population.
- For unscheduled care, differentiate between crisis needs (which can be met in other ways) and true inpatient care
- Consider redefining the provision based on these needs

This robust and inclusive approach will then produce a report and statement of future state provision with recommendations on how our current plans should be modelled to take us there.

A similar process to that set above is planned working with service users, their families, carers and staff and carers to consider the future needs for inpatient provision for people with a learning disability.

In parallel with this work there are number of high priority projects that are well underway that will enhance the safety, quality and person centred approached to care within the Adult Mental Health and Learning Disability Inpatient Services. These include;

- a programme of refurbishment across areas of the mental health inpatient estate to enhance safety within the ward areas
- implementation of the Royal College of Psychiatrists Accreditation for Inpatient Mental Health Services (AIMS) programme of peer review and accreditation across all inpatient mental health and learning disability adult inpatient facilities to improve and assure the quality of care provided during acute inpatient admissions
- Implementation of a structured patient safety programme reflective of the National Scottish Patient Safety Programme in conjunction with the Health Improvement Scotland Improvement-Hub incorporating:

    - Improving Observation Practice
    - Least restrictive care
    - Physical Health
    - Leadership and Culture
    - Communication

- Development of existing carer forums to amplify the voice of carers and service users to work together on all related aspects of strategy and improvement work within Adult Mental Health and Learning Disability inpatient services.

Inpatient Learning Disabilities

A similar process to that set above for MHIP has been initiated working with services users and particular families and carers a separate project within the overall strategy and change programme will address the future needs for inpatient provision for people with a learning disability to ensure a whole systems approach is taken and produces a modern high quality service model for people with Learning disabilities includes community services, independent living arrangements and specialist inpatient services to meet current and future need. *See Learning Disabilities section at 10.5.*

In-patient Care for Children and Young People in Tayside – Young People's Unit

The Young People's Unit (YPU) provides in-patient care for young people aged 12-18 who have a psychiatric illness which is causing them and their families/carers extreme difficulty. The YPU is a 12-bed hospital based in Dundee which provides in-patient care to patients from across the North of Scotland region (NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland and NHS Tayside).

Our mission

Making a positive difference to a young person's life by enabling and empowering them to work towards realising and reaching their full potential.

Our aim

We will strive to work to the best of our abilities to provide high quality standards of therapeutic care as an integrated professional team; in partnership with patients, families and carers by learning from our mistakes whilst being fair, open and honest to consistently improve our practice

The YPU operate as a multi-disciplinary team providing individualised evidence based therapeutic interventions and care collaboratively with young people. Our approach is one that is holistic in order to support full understanding of a young person's journey. We facilitate this through encouragement and enablement to obtain the best possible outcome. Our team brings together the following professional groups: nursing, medical, psychological therapies, occupational therapy, speech & language therapy, dietetics and physiotherapy.

We believe in providing person centred care collaboratively with young people, their families, carers and partner agencies. We hold the belief in promoting transparency and respecting young people's rights. Every young person has areas of strength and resilience and we believe in providing an environment where they can feel safe to express their views and feel heard. We know that recovery is a different journey for everyone, but we believe in different possibilities and that wellness is achievable.

Our values

- Holding a belief that change is possible whilst being empathetic and supportive to young people's ongoing struggles.
- Supporting young people to be the best they can be whilst walking alongside them on their journey and helping them to follow their own paths.
- Valuing and listening to children and young people, families, carers and partner agencies with the knowledge that they offer valuable opportunities for a young person to grow and develop at their most difficult times.
- Making a positive difference to someone's life through recovery by showing compassion and holding hope for other's when they aren't able to.
- Respecting equality and each other for our individuality thus providing opportunities to learn together.
- Encouraging creativity, fun and laughter in a young person's recovery to utilise personal strengths.

Forensic Mental Health Services

NHS Tayside (NHST) provides medium, low and community forensic mental health services at Rohallion Clinic[12] and Birnam Day Unit, Murray Royal Hospital Perth. Medium Secure services are delivered on a regional basis covering a large geographical area, hosted by NHST on behalf of the North of Scotland Health Boards, including NHS Grampian, Highland, Orkney, Shetland and Tayside.

The service is an integral part of a national network of Forensic Mental Health and Learning Disability Services across Scotland. At present high secure services are delivered on a national basis, medium secure care on a regional basis, low and community on a local basis. Although a large majority of forensic mental health services are run by NHS Health Boards, Scotland also has a few independent low secure inpatient forensic mental health services.

Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings. Some other people are managed by forensic mental health services because they are deemed to be at a high risk of harming others or, rarely, themselves under civil legislation.

[12] https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/RohallionClinic/index.htm

The Forensic service in Tayside also provides care and treatment for restricted patients, who are patients detained in hospital under a compulsion order with a restriction order. They have usually committed an offence punishable by imprisonment but as a result of mental disorder are not imprisoned but ordered to be detained in hospital for treatment, without limit of time. They are dealt with through a programme of treatment and rehabilitation - the aim being to prevent recurrence of offending by dealing with the mental disorder.

Scottish Ministers have responsibility for the oversight and scrutiny of day-to-day management of restricted patients including:

- authorising suspension of detention from hospital
- transfers between hospitals
- transfers between hospital and prison
- recall from conditional discharge to the community

The medium secure unit in Rohallion has 32 male mental illness beds. Spey Ward (Admission) has 8 beds. Vaara and Ythan Ward rehabilitation/recovery have 12 beds each.

The low secure unit has 35 beds male mental illness beds for NHS Tayside but only 24 of these beds are currently operational. Esk Ward Assessment/ Treatment has 12 beds. Lyon Ward (rehabilitation/recovery) has 12 beds. Faskally Ward has 10 vacant beds as a result of a shifting the balance of care redesign in 2017. The use of these beds will be considered as part of the Adult Inpatient Mental Health and Learning Disability redesign.

The Rohallion Forensic Community Mental Health Team is based within Birnam Day Centre. The service is currently exploring the development of Liaison and Diversion (L&D) services. These services aim to provide early intervention for vulnerable people as they come to the attention of the criminal justice system. L&D services provide prompt response to concerns raised by police, probation services court services, and provide critical information to decision makers in the justice system, in real time, when it comes to charging and sentencing these vulnerable individuals. L&D also acts as a point of referral and assertive follow up for these service users to ensure they can access, and are supported to attend treatment and rehabilitation appointments.

In this way, L&D services are expected to help reduce reoffending, reduce unnecessary use of police and court time, ensure that health matters are addressed by healthcare professionals, and reduce inequalities for some of the most vulnerable in society.

Forensic Mental Health and Learning Disability Services nationally are currently undergoing a review on behalf of Scottish Government, which is due to report early 2021. It is anticipated that NHS Boards across the North of Scotland will be asked to consider the development of low secure women's services on a regional basis thereafter. Some work has commenced on the feasibility of having such a service attached to the Forensic Inpatient Services here in Tayside.

Perinatal and Infant Mental Health

NHS Tayside has been successful in applying for funding from the Perinatal Mental Health Network for Scotland (PMHN Scotland), which is a national managed clinical network.

The aim of this work is to help develop and improve access to high quality care for women, their infants and families, who experience mental ill health in pregnancy or during the first

postnatal year. We want to make sure that expert-led care and treatment is available wherever a woman lives in Scotland.

The four themes which drive our work are:

- Working in Partnership;
- Developing Professional Expertise;
- Ensuring Equity of Care; and
- Delivering Best Outcomes.

Perinatal and Infant Mental Health Services (PNIMH) are underdeveloped across Tayside and whilst services are available for women and their families these are not part of a funded and identifiable PNIMH Service.

There are currently no funded posts within Mental Health Services in Tayside to provide specialist PNIMH services to pregnant women, postnatal women or partners. As a consequence care experience can be inconsistent in terms of its delivery, timeliness and quality.

A Perinatal and Infant Mental Health Commissioning Protocol was established in July 2020 and this was shared with representatives from NHS Tayside and Perth and Kinross Health and Social Care Partnership at a meeting with the PNIMH Programme Board on the 7th August 2020.

NHS Tayside as a Board, with a birth rate above 3000 births per annum, has been invited to submit bids for funding allocation for:

- A Community Perinatal Mental Health Service
- A Neonatal and Maternity Psychological Service

This is in line with the staffing recommendations set out in the Delivering Effective Services Report.

The development of PNIMH forms part of the overall Tayside, Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme and will report through the existing Programme Governance Structure.

PNIMH forms part of the Specialists Adult Mental Health Service work stream and will report through the:

- Tayside Mental Health and Wellbeing Integrated Operational Steering Group
- Tayside Mental Health and Wellbeing Strategic Programme Board and to the
- Tayside Executive Partners Strategic Leads Group that are accountable for the delivery of the Whole System Change Programme.

There has been a long standing PNIMH Steering Group in NHS Tayside which has led on the development of local care pathway development, education, training and developed the integrated proposed hub and spoke community model. This group will form the main project membership for this work. In addition members of the Steering Group have supported the development of the Neonatal and Maternity Psychological Service

The central funding is recurring for 3 years only and financial planning beyond that period will need to include a sustainable financial model for the service in the medium to long term.

It is highly likely that the mental health and wellbeing of women, their babies and families will remain a core priority of mental health policy and strategic direction over coming years along with a focus of prevention and early intervention.

It will be essential that a sustainable financial model is developed beyond the funding period which will require a joint commitment from the Tayside Executive Partners Strategic Leadership Group.

4. Mental Health of Children and Young People

Prevention and early intervention services for children and young people within Tayside will focus on a whole systems approach which recognises the importance of specialist services, but also the need to develop early intervention approaches at tiers 1 and 2 to help prevent the development of mental health problems in children and young people.

The areas of work Mental Health and Wellbeing of Children and Young People are:

- Universal Services
- Child and Adolescent Mental Health Services
- Neurodevelopmental needs pathway
- Psychological Therapies
- Referral Management
- Transitions
- National Picture

At all times and throughout our services we aim to provide the best possible start for our children and young people within Tayside by providing the right support at the right place, right time, listening to the voices of the children and their families and adopting an early intervention approach which is focused on outcomes.

Across Tayside we know the need for good emotional wellbeing and mental health support for children and young people is increasing. Working collaboratively we understand the needs of our children and young people will not be met solely by the skill and expertise which rests within clinical settings and consulting rooms. It will require the resources which rest within our communities to be fully activated; in schools, young people groups, charities and the family home.

The community and service engagement necessary to meet this need will challenge us all to think and behave differently.

It will affect change in our attitudes, culture, beliefs and behaviours and systems. Children must be made aware of, and be supported to use healthy habits and coping strategies: exercise, emotional self-control, a positive relationship with a trusted adult, diet, sleep and peer support.

In the absence of appropriate education, relationship and support, children may engage in substance abuse, violence, abusive relationships and poor eating habits.

If we are to get it right for all our children and young people in Tayside, change must begin with ourselves, our local authorities, health services, parents, schools and partners. We must

all work in partnership with children and young people to understand their lives and work together to address the underlying challenges.

Our strategic plans for children and young people in Tayside is premised on the following principles, underpinning our service improvement.

1. **Ask Once, Get Help Fast (Early Intervention and Community Support)**
   Children and young people will get the right help at the right time from the right people

2. **For all our bairns(Collaborative Working)**
   Breakdown organisational and professional boundaries to provide children and young people with the right care; provide experiences which are experienced as consistent and integrated

3. **Notice, Ask, Know (Creating a navigable system you can understand)**
   Adults will apply their understanding of the continuum of need and support from universal to targeted and specialist services
   Pathways to appropriate support should be easily accessible in a navigable system that all can understand

4. **Can Asking Really Inspire New Growth? (Communications with Children and Young People)**
   Adopt an enquiry-based approach in service design and delivery
   Through Learner Participation we will provide better outcomes – learn by listening

5. **Folding the Edges in (A Welcoming Environment)**
   - Vulnerable children and young people will be enabled to access services by ensuring environments are welcoming, friendly and emotionally safe.

In Tayside, we take a life-course approach to mental health because good mental health begins in infancy.

- One in ten children and young people aged five to 16 have a clinically diagnosable mental illness (Audit Scotland, 2018) Children & YP Mental Health

- Tayside has **1091** Looked after Children who are **4-5 times** more likely to suffer mental health issues than their peers (NHS T, 2017)

- Over 75% of all mental health problems have their onset before the age of 20, and childhood and adolescence are the key stages for promotion and prevention to lay the foundations for mental wellbeing (PHP Scotland 2019) **Child Health Profile (March 2019)**

- **1 in 4 children**. At least 7 out of 10 of these live in a house where at least one adult is working increasing the likelihood of developing poor mental health
- 19.5% of children (0-17 years) in Tayside live in the most deprived areas (SIMD 1 Quintile 1).

- 75% of 15-year-old girls and 53% of 15-year-old boys in Scotland feel pressured by schoolwork (HBSC, WHO, 2020) Health Behaviour in School-aged children

- 11% of young people (18-34) report having attempted suicide and 16% report self-harm at some stage in their lives (PHP Brit J of Psychiatry, 2018)

- 40% of LGBT young people consider themselves to have a mental health problem compared to 25% of all young people in Scotland (LGBT Young people Scot, 2013)

Mental health, wellbeing and resilience is a priority for all Partners through the Tayside Regional Improvement Collaborative , demonstrating the importance of mental health for the multi-agency partnerships and evidencing the importance of building resilience as the means to help children and young people withstand the emotional pressures that they face.

Our vision is to maximise the mental health and wellbeing for all children and young people in Tayside, putting children and young people at the centre of planning and delivery and building on the principles of 'Getting it Right for Every Child' (GIRFEC) Getting it Right for Every Child Principles which was placed on a statutory footing by the Children and Young People. Getting it right for every child (GIRFEC) is based on children's rights and its principles reflect the United Nations Convention on the Rights of the Child (UNCRC).

The whole systems approach is for all children and young people to ensure all agencies are able to proactively predict if or when children, young people and their families are in need of planned, urgent or emergency co-ordinated supports. GIRFEC also respects parents' rights under the European Convention on Human Rights (ECHR).

The Tayside Regional Improvement Collaborative (TRIC) plan will:

- Have a stronger focus on prevention, social support and early intervention, beyond the current focus on specialist mental health services, which has seen a 22% increase in referrals to specialist services over five years, with an increase of 24% in the number of rejected referrals during the same time, and an average waits of 11 weeks for a first appointment
- Provide a wider range of generic, less specialist services which are more able to respond appropriately for those who don't require clinical intervention, which will free up specialist services to see those in most need
- Review alternative models of supports and services and consider a co-ordinated approach to piloting alternative models
- Building the evidence base on 'what works' and share good practice
- Building better information and understanding for the public, all agencies and services, of where emotional distress is best addressed

The focus for delivery of mental health and wellbeing supports and services will the local Children's Services Partnerships (CSPs) as they are intended to support and build on existing and developing good practice. Children and young people's mental health should be a visible priority for all relevant public bodies and partnerships and unambiguous commitment is needed at all strategic levels to support those working together on the frontline to deliver services. A whole system approach, underpinned by 'Getting it Right for Every Child' (GIRFEC) will help children, young people and their families receive the support they need when they need it. Our priorities include:

- Transformational change to improve children and young people's mental health and the services that support them and that preventative approaches are central to this

- Early intervention and prevention through universal services and education services will be vital to improving outcomes for children and young people and decreasing the need for direct referral to CAMHS
- Specialist services such as Child and Adolescent Mental Health Services (CAMHS) will establish linkages to create fluid integration across sectors and throughout lifespan settings, to provide preventative primary care as well as reactive acute holistic patient centred care; develop patient-reported outcomes, reflective of wellbeing, service performance and helpfulness and proactively develop information technology platforms to better engage with stakeholders that is reactive and proactive, enables easy access to online appointment portals, and facilitates self-help supportive modalities.
- Intensive support is co-ordinated and available for Looked after and accommodated children, young people and their families.
- Creating a service that reflects a person-centred neurodevelopmental pathway for the lifespan of children and young people, ensuring it seamlessly supports transitioning for the journey of the child and young person through and into adulthood.
- Improving our planning around transitions - for children, young people and also their families and carers, transitions from children's mental health services into adult mental health services can be fraught with challenges. All agencies and services providing care, treatment and support during transitions from children's to adult services need to co-operate, ensure robust care/case management is in place to make this transition as safe, planned and seamless as possible.

Our aim is to deliver future services with strong communication and consistency between all health care settings, such as hospitals, social work, GP, community sectors is difficult and records are not shared and a lot of the time, duplication of information and repeating information occurs. This creates risk and impacts trust and seamless care delivery.

The picture below demonstrates a whole system model for children & young people's mental health support and services which we intend to embed.

Delivery of our vision will see an inclusive approach which covers the whole developmental period from preconception through perinatal and infant mental health into childhood, adolescence and early adulthood.

5. Mental Health and Wellbeing of People with Learning Disabilities

The focus for this are of the MHW Programme is:

- **Redesign of Inpatient Learning Disabilities**
- **Forensic Learning Disabilities**
- **Autism**

Scotland's Census, 2011, reported 26,349 people with learning disabilities, which is 0.5% of Scotland's population. Learning Disability Statistics Scotland (LDSS) reported in December 2019 that there were 23,584 adults with learning disabilities and/ or on the autism spectrum known to local authorities in Scotland at that time. This equates to 5.2 people per 1000 people in the general population.

Within Tayside 2044 people were known to have learning disabilities and/ or autism, with Dundee having the highest reported number across Scotland i.e. 8.8 per 1000 of the general population. Angus reported 5.0 people per 1000 population and Perth and Kinross 3.4.

There were 4,383 people known to local authorities who were identified as being on the autism spectrum. 1,115 people were reported as not having a learning disability. It is recognised that this data likely represents a significant underestimate of the number of adults who are on the autism spectrum but no associated learning disability. This is in part due to the collation of LDSS statistics being collected from learning disability services specifically.

The *microsegmentation of the autism spectrum: research project, 2018* establishes a national autism prevalence rate of 1.035% (103.5 per 10,000 people) for Scotland. This would suggest there are approximately 44,133 people on the autism spectrum in Scotland, with just over 4100 living in the Tayside area.

Our national Pupil's Census in 2017 reported that there were 14,200 children with a learning disability registered as receiving additional support in Scotland's schools.

A range of health and social care supports are currently in place within Tayside for people with learning disabilities and/ or autism. An inpatient service operates on a Tayside wide basis and community health and social care supports are provided across a number of statutory and 3rd sector teams. Support in areas such as employment and further education, and the provision of advocacy support, also figure strongly within each area of Tayside.

Co-production has been the key to improvements made in outcomes for people with learning disabilities and/ or autism over recent years and this will continue to be crucial as we develop new ways of supporting people and their families/carers across Tayside. The Association for Real Change (ARC) Scotland's National Involvement Network is a network of people who receive support who meet to promote involvement and share ideas about the things that are important to them. The Charter for Involvement which was developed by the Network has been welcomed across Tayside and a commitment made in each area to put into practice the Charter. The Network works in conjunction with local people/ groups who represent the views and needs of people with learning disabilities and/ or autism.

People with learning disabilities and their families/ carers will continue to be at the centre of both local and Tayside wide developments. It is recognised that there are some particular areas of improvement that require a Tayside focus without losing sight of priority areas for action within different localities across Tayside.

The Keys to Life Unlocking *Futures for People with Learning Disabilities Implementation framework and priorities 2019-2021* builds on the rights based strategic outcomes set out within the Keys to Life Strategy, 2013. These are:

1. A Health Life
2. Choice and Control
3. Independence
4. Active Citizenship

The Scottish Strategy for Autism *Outcomes and Priorities 2018-2021* also outlines the above 4 overarching outcomes as being priorities for people on the autism spectrum. The outcomes resonate strongly with the ambitions set out in *A Fairer Scotland for Disabled People 2016.*

Across Tayside, people with learning disabilities continue to tell us what is important to them. Some of the consistent themes we hear are:

- Equal access to universal services
- To be healthy
- Have social connections
- Choice of where to live and with whom
- Opportunity to be an active citizen
- To feel safe
- To not being subjected to stigma and discrimination
- To be treated fairly as citizens with equal rights

In a recently published report *Relationships Matter: The first report from the How's Life survey* people with learning disabilities who participated cited loneliness and an impact on wellbeing through a lack of opportunity for social connection.

Our plans

A programme of work to improve outcomes for people with learning disabilities and/ or autism across Tayside will focus on the areas set out within this Strategy. These will largely, but not exclusively, cover actions that require a Tayside response. More localised Plans will continue to be in place in Angus, Perth and Kinross and Dundee. The work to support our Tayside Strategy will use a framework of the 4 rights based outcomes highlighted above and a co-production approach will be applied to each area of improvement.

Some of the main priority areas will be:

A Healthy Life

- Pathways between community support and hospital care will be reviewed to ensure seamless and safe transitions
- The number of specialist inpatient beds required into the future will be determined alongside a clear outline of community resources that will be required to lessen the need for hospital admission
- Work will continue with Primary Care colleagues to clearly identify people with learning disabilities and/ or autism, improve access to general primary care support and support primary care colleagues by introducing further ways to reducing barriers to communication with people. Increasing screening and annual health checks will continue to be an area for improvement

- Positive Behavioural Support approaches – often associated only with challenging behaviour – will be adopted more widely to ensure that all people can expect their behaviour to be approached from a position better understanding why it may be happening and staff and carers enabled to respond accordingly
- A clinical pathway approach to neurodevelopmental disorders will promote equal access to expertise, care and treatment for people with autism spectrum conditions, ADHD and other related conditions whether the person has a learning disability or not.

Choice and Control

- Access to advocacy support, and the timely provision of this when it matters most, will continue to be a priority. Ensuring that this is readily available wherever a person may be, for example in hospital or within their community, is extremely important
- We shall continue to support people with learning disabilities and/ or autism to make choices about how their support is delivered and by whom.

Independence

- A commissioning approach will be taken alongside Housing colleagues from each of the local authority areas where care at home/ housing support services require to be provided for people with very complex health and social care needs. Some of the initial areas of focus for example may be where a person has significant forensic needs, Prader Willi, behaviour challenges
- Support for family and carers will continue to be progressed locally within each area of Tayside however it is recognised that there may be areas of improvement that require a Tayside approach. We shall continue to involve families/ carers in driving improvements forward, whether the focus of work is local or Tayside wide.

Active Citizenship

- Whilst most of the commissioning of social care, employment and further education support will be progressed locally within each area of Tayside, it is recognised that there is a potential benefit to sharing learning, any successes and new innovations across Tayside. This will ensure best use of overall resources and serve to reduce duplication of effort where appropriate
- We shall continue to improve information, including health care information, for people with learning disabilities and/ or autism to make this more accessible and understandable

There are some cross cutting themes that will be integral to all areas of focus.

A clearer picture of medium and longer term workforce needs will emerge as we develop some of the areas above. It is anticipated that this will be wide ranging and will span different sectors.

Transitions will be a priority consideration within each programme of work. Whether this be children becoming adults or perhaps an older person with learning disabilities who also has dementia, there will require to be an approach taken across the lifespan of people with learning disabilities and/ or autism. Planning for people and outcomes, rather than taking a service led approach, will be at the heart of this important area of work.

6. Older Peoples Mental Health

The areas of work identified within this section of the Strategy include:

- **Dementia Diagnostic Pathway**
- **Cholinesterase Inhibitor Prescribing Protocol**
- **Intensive Psychiatric Care for Older People**
- **Intermediate Care**
- **Transitions**
- **Admissions Criteria**
- **Inpatient Functional Standards**

Within the NHS, community teams have traditionally been set up based on age – as we know services should be needs led and not age led – however a balance is required. Current practice across areas is that on reaching 65 years of age – the majority of individuals in receipt of services/support are transferred to older people's services. Individuals reaching the age of 65 now have needs that are generally less about frailty and more about ongoing mental health issues, loss and transition in terms of life events. Many 65 year olds now would benefit from supports still available to them in adult services and consideration of best resources to meet needs is required. Older People's services includes all people with dementia regardless of age once a diagnosis has been achieved.

As individuals live longer we need to ensure that age is not the sole criteria for transfer to older people's services so that these services are not overwhelmed. Similarly transition should be looked at from children's services to adult services and it may be helpful to look at this whole journey to ensure our services are robust and fit for purpose – ensuring capacity and flow across all pathways. However this work stream will focus on adult to older people's services.

Dementia diagnosis remains a clear priority nationally and internationally and timely and access to appropriate services remains an organisational priority. At the time of publication of Scotland's third National Dementia Strategy (June 2017) there were 90,000 people in Scotland living with dementia and it was estimated that 20,000 people would be newly diagnosed each year. From the Scottish Government's projected diagnostic rates of dementia for each region of Scotland published in 2014 it was estimated that the numbers diagnosed would increase each year and in 2020 there would be 1730 people who would receive a new diagnosis of dementia in Tayside.

- We plan a new Memory Pathway which will outline the patient journey for individuals of any age presenting with memory problems. The pathway will provide guidelines regarding the referral process and expected patient journey of individuals presenting with memory problems. It will allow patients with dementia to receive a diagnosis in a timely fashion and if appropriate to be offered prescription of anti-dementia medication.
- The future pathway will provide guidelines regarding the referral process and expected patient journey of individuals presenting with memory problems. It will allow patients with dementia to receive a diagnosis in a timely fashion and if appropriate to be offered prescription of anti-dementia medication.

- With regard to Intermediate Care, the following policies remain the evidence based approach; 'Reshaping Care': a programme for change 2011-2021 and 'Maximising Recovery, and Promoting Independence': 'Intermediate Care's contribution to Reshaping Care', An Intermediate Care Framework for Scotland 2012. These policies outline the current thinking that an enabling approach to Intermediate Care are a core element of National strategy to re-shape our health, care and support services for older people and those with long term conditions. They outlined that enabling people to live independent lives, with meaning and purpose, within their own community, is a fundamental principle of social justice and an important hallmark of a caring and compassionate society.
- We will review and improve transitions from one service to another to provide seamless care, ensuring that the individual gets the right care and treatment from the right service at the right time and with no detriment – i.e. loss of a particular service, financial, level of service. In particular the transition from adult mental health to older people's mental health.
- The current set of admissions criteria does not reflect the diversity of the patient group being cared for within POA. This deficit can lead to avoidable negative outcomes where a patient is inappropriately placed within the incorrect ward environment, not designed to cater for the type of risk associated with a patients presentation, for example, an organic ward is not properly equipped to minimise ligature risk but is appointed well for patients suffering from progressive cognitive decline. In contributing to the Tayside Mental Health and Wellbeing Strategy the Admissions criteria working group will consult with relevant stakeholders and carry forward the Tayside Psychiatry of Old Age ethos of patient centred care to consider the following:

    - criteria for admission to functional inpatient units
    - criteria for admission to organic assessment units,
    - distinction between the admissions criteria for each type of inpatient facility

In forming this guidance, we aim to unify admissions processes across the region and liaise with core colleagues involved in admissions to Psychiatry of Old Age.

Across mental health functions inpatient beds attract a lot of attention publicly, politically and financially and there is a key focus through mental health care regarding shifting the balance of care and ensuring community services can provide meaningful alternatives to hospital care as part of a whole systems approach to holistic care.

Psychiatry of Old Age have worked hard to develop their Tayside wide working relationships and none more so than in relationship to their bed models and appropriate use of beds Tayside wide. There is a real scarcity of research and evidence base around functional mental health for older people and it is this combined with the increasing number of local and national standards that were being implemented across Psychiatry of Old Age in Tayside that requires consistency of approach to Tayside wide working.

The development of Functional In patient Standards will follow on from the CMHT Older People's standards developed, agreed and currently being implemented as part of a 5 year implementation plan.

The standards will follow the same design and layout as the CMHT standards to allow easy transition between the two for an individual in their journey. They will focus on the key parts of an individual's journey into and out of hospital. These are multidisciplinary standards

An overall aim of providing services for Older People means there will always be a focus on ensuring that people get back into their home or community environment as soon as appropriate with minimal risk of re-admission.

The following set of measures will be used to monitor our approach in relation to quality indicators/evaluation measures, impact/benefits for patients and families, clinical outcomes, outputs, and health gain.

- Delivery of Safe care – planned and delivered by involving the older person (is possible), their family or carer in the decisions that affect them
- A reduction in incidents/suicide attempt/self-harm/adverse medication incidents.
- Timely and appropriate physical health care by knowledgeable and skilled practitioners.
- Impact on length of stay, evidence of prevention of admission strategies, timely well planned and partnership discharge – feedback from carers and users/other professionals/disciplines will support this.
- The service along with adult mental health becomes needs led and not age led – recognising the individual needs of an individual who requires hospital care and which environment is best placed to provide this.

7. Workforce Strategy for Mental Health

There has never been a more important time to work in mental health. There is a genuine growing consensus that mental health matters as much as physical health and is a priority area that will benefit from additional resource needed, particularly in communities to deliver real improvements for those who require access to specialist services.

We know change is already happening as staff in mental health services develop new and better ways of working introducing new roles, advanced practice and redesigned services: the integration of physical and mental health, the range of settings and partnerships, self-care and user-led models.

The needs of our future workforce are dependent on primarily the availability of the staff, specifically specialist staff in a very competitive and sometimes market driven process.

Developing our workforce strategy and plans will take into consideration a range of factors, including the:

- Scale of the services that we plan to offer in future
- Locations at which are staff are employed
- Models chosen of how we employ our staff
- Models chosen of how we operate our services
- Models chosen of how our services will work together
- New needs confidence, knowledge and skills our staff require to perform their roles
- Need to make Tayside a desirable place to work with excellent training & development opportunities
- Learning Environment, our culture and how we recruit and as importantly how we retain staff
- Opportunities to use staff more flexibly across services

- Mentally healthy working environments where staff are supported to perform at their best, have a positive life/work balance and can ask and receive support when they struggle with their own mental health without fear of stigma and discrimination.
- Financial envelope available

Our workforce strategy will strengthen the understanding that no one organisation holds all of the levers necessary to produce the required workforce. Development and delivery will require all providers, health and social care partnerships as commissioners, local authorities and the third sector to work together to ensure we recruit, retrain and retain the staff that we need to deliver a whole systems model of mental health that is accessible at the point of need. To develop and deliver this successfully will require not just good data, but a needs based, person-focussed thinking, pro-active, and system level leadership and behaviours that reflect the collective leadership and commitment to people with mental health needs and demonstrated through the shared values of all stakeholders.

Our focus on the whole system will continue to identify key actions to deliver on our commitments to build specialist mental health services into the system at all levels to enable early interventions, support for distress brief interventions, increased capacity in General Practice and Community to compliment CMHT and advance practice, in-reach from acute medical staff into community to deliver care and treatment closer to home to ensure we only use specialist inpatient mental health when required, either as part of support package to provide a period of acute care and return home and for cases where people with mental health disorders require.

We are working from a starting position where mental health services in Tayside need to change to improve access, increase multi-disciplinary and multi-agency working.

Workforce Development Plan

Our aim for Tayside Mental Health and Learning Disability Services in Tayside is to have a workforce that is innovative, confident, able, engaged and empowered to deliver the strategic ambitions of Tayside as a World Class Mental Health and Learning Disability Service.

The patient experience of care, high quality, safe, evidence based clinical care and a healthy, inspiring work environment for our staff is our key priority and will form a core part of our Mental Health workforce strategy.

The overarching principles underpinning our approach to planning and development will include:

- design of our workforce in response to population needs
- the critical importance of multiagency, team based and cross sector working within mental health
- encompass the 6 key themes of our Tayside Mental Health and Wellbeing Whole System Change Programme
- reflect national workforce planning frameworks

The NHS Tayside Mental Health Workforce currently comprises of approximately 1700 whole time equivalent staff. Understanding the whole system contribution to mental health will form part of the workforce strategy.

The development of a workforce strategy and plan is an essential component of our Mental Health and Wellbeing Strategy. Understanding our current workforce model across the four public sector organisations and our third sector partners, planning against the challenges we

will face and setting our workforce requirement in this context to deliver new models of care and treatment whilst building in a continuous improvement ethos and methodology will ensure we have access to a multi-disciplinary workforce with the right skills, knowledge, and values. We will do this by working alongside service users, co-creating care people with people with lived experience, growing more peer support worker roles in all settings to make a demonstrable change at the forefront of care wherever it is delivered.

As the demands on our workforce changes in response to the new models of care a sound understanding of our workforce demographics, supply, vacancy, patterns and trends is necessary to ensure our plans are sustainable, viable and affordable. This will enable us to so support people to live independently at home and ensure access to community and specialist mental health.

Valuing and recognizing our workforce as our greatest asset and appreciating their commitment in the delivery of the diverse range of mental health and learning disability services provided locally is paramount to an effective workforce plan, recruitment and retention strategy.

There is a clear congruence between access to high quality training, good supervision and practitioner experience. Training, development and education opportunities are critical to developing staff, maintaining evidenced based practice. NHS Tayside is developing strategies specifically designed to facilitate the training and education of medical staff, trainees and mental health practitioners in evidence-based practices (including medical training, adult education, and teacher training). Investing in training, education and development opportunities will boost staff morale, add to team based working and retaining staff.

By March 2021 we will take a phased approach to the build of our integrated workforce plan to enable delivery of high quality care and treatment across our range of services, working towards a sustainable, long term model over the period of this strategy 2020 -2025.

The Scottish Psychological Trauma Training plan (2019) was launched as a companion document to the Transforming Psychological Trauma Framework. Mental Health and Learning Disability Services in Tayside are committed to a trauma informed and trauma responsive service. A trauma informed and trauma responsive workforce by 2021 is one of our key priorities. Rolling this out to other areas of the NHS and Social Care will enhance and strengthen cross agency working in service of complex cases.

The wellbeing and development of our diverse workforce is fundamental in recruiting and retaining quality staff with skills, knowledge, experience, values and beliefs to undertake their roles effectively. A valued and diverse workforce who are well informed and appropriately trained, can access development opportunities and have a strong voice throughout the organisation and delivery the mental health and wellbeing services to meet the needs of our population.

Recruitment and Retention

Making Tayside the best place to work is the objective of our Recruitment and Retention Strategy for Mental Health and Learning Disability services across Tayside.

The outcome of an effective approach to attraction and recruitment is that we are better able to target and recruit – and ultimately retain – the right numbers of staff with the right skills to

ensure we offer the best possible service to the patients and users of our Mental Health services in Tayside in line with the NHS Tayside Mental Health and Wellbeing Strategy.

This will be achieved by

- ensuring recruitment and retention processes are inclusive of mental health and don't stigmatise or discriminate attracting and retaining a diverse workforce which is able to work flexibly within Mental Health Services and respond effectively to any changes
- promoting NHS Tayside as an employer of choice, with a focus on Mental Health Services, balancing the need to attract staff with the right skills, experience and/or potential to develop from local, national and international arenas.
- developing a style of recruitment advertising that supports a consistent and recognisable brand that differentiates NHS Tayside Mental Health Services in the wider market place;
- ensuring all legislative requirements and PIN requirements are met, both through the recruitment process and by ensuring those involved in the recruitment process are appropriately skilled.

Mental Health Services in NHS Tayside recognise that it not only needs to promote itself to attract new employees, but it needs to retain them by ensuring that they are feel valued through a supportive culture that develops them to their full potential.

In order to attract, recruit and retain a workforce for Mental Health and Learning Disability Services in Tayside we have developed 6 high impact changes to underpin our strategy. These are outlined below:

- Developing a creative and modern approach to recruitment
- Identification of a range of new and innovative support roles
- Establishing a 5 year plan for advanced professional roles
- Compassionate leadership development programme
- A Trauma Informed Workforce
- Staff support, learning and development opportunities

Organisational Development

The organisational ambition to become a first choice employer for mental health will only be realised if our workforce have a great experience in work.

We Want Our Staff to:

- feel valued, cared for, supported and rewarded for the work they do
- feel that they are well informed and involved in decisions
- feel empowered and able to innovate and improve the way they work
- to be themselves in work and develop an open culture where people feel able to speak up, share ideas, raise concerns or make suggestions and be treated fairly and consistently
- to feel trusted and respected within their working environment and wider organisation
- to be treated with dignity in an environment where diversity is valued
- ask for help when they struggle with poor physical and/or mental health, and get the support they need when they need it to stay in / return to work swiftly

The way we go about our business, how we treat each other and live our organisational values sets the tone and creates the organisational culture.

Organisation Development team will support the development of these ambitions undertaking a comprehensive cycle of Organisational Development to inform future interventions and support needs, and in the shorter term by:

- Working with the senior leadership teams in the first instance, exploring Tayside Values, in order to establish an agreement of purpose and expected ways of working. This will include behaviours, attitudes and ways of being which can be expected and experienced working within Mental Health Services. More crucially the agreement will included what will not be acceptable to experience.
- Promoting the importance of meaningful appraisal and PDP planning conversations. Delivering Appraisal Training to Staff at all levels to achieve this, promoting timely feedback in the form of both re-enforcement and re-direction.
- Prioritising colleagues within Mental Health Services for development programme opportunities both locally and nationally.
- Provide opportunities and encouragement to senior staff to undertake psychometric assessment
- Provide timely access to Business Coaching and Mentoring

Our focus upon these three areas of workforce development, recruitment and retention and organizational development aims to maximize our workforce availability to deliver modern mental health services by 2025.

8. Mental Health and New Technologies

The strategic aims of the national ehealth strategy remain in support of this work and are to:-

- Enhance the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality
- Support people to communicate with NHS Scotland, manage their own health and wellbeing, and to become more active participants in the care and services they receive
- Contribute to care integration and to support people with long term conditions
- Improve the safety of people taking medicines and their effective use.
- Provide clinical and other local managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery
- Maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money
- Contribute to innovation occurring through the Health innovation Partnerships, the research community and suppliers.

Tayside's ehealth programme and emergent Digital Strategy recognises the role that technology will have in enabling the changes required to support the implementation of the Mental Health and Wellbeing Strategy.

Our Priorities include:

- Integrated digital clinical records
- Integrated data linkage to all support services within and eventually out with NHS to get a patient-centred view of care
- Agreement of whole system outcomes and reporting of KPIs

- Whole-system reporting of patient reported outcome measures (PROMS)Digitally enabled support for those with Mental Wellbeing needs – apps, eLearning

We plan that data collection is built it into clinical care so that clinical outcomes and systems of performance management and supervision are embedded in every day working and reporting enabled automatically.

There are four key steps to doing this:

Pillar 1: Identification. We need to know what we want to know.
Pillar 2: Collection. We need to have systems for reliable data collection.
Pillar 3: Analysis. We have to turn data into information that is useful and meaningful.
Pillar 4: Reporting. We have to regularly and usefully feed the information back to the clinicians and managers who are using it.

The development of integrated digital clinical records will provide a clear and coherent strategy for improving data collection*[13].

9. Medicines and Mental Health

The use of medicines in supporting people with and managing mental health conditions and mental illness has featured a lot in the co-creation and development of this strategy.

People with lived experience and their families have shared their views on the use and the clear potential for over use of drugs. Lived experience feedback states that the challenges with this are:

- That some medicines prescribed for a mental health conditions or an acute mental illness may be associated with higher rates of withdrawal symptoms are not monitored frequently enough to review the impact and put alternatives in place
- In the absence of consistent medication reviews can and do lead to an individual developing substance using behaviours
- This affects person's quality of life when the original reason for the prescribed drugs is no longer present.

Those in the clinical community note the evidence base to this approach and provide the view that medicines are a core aspect in the management of mental health and they should be used in conjunction with other established treatments and therapies where appropriate.

- Prescribed medications play a key role in the treatment of co-occurring mental health disorders. They can reduce symptoms and prevent relapses of a psychiatric disorder. Medications can also help patients minimize cravings and maintain abstinence from addictive substances.
- Although psychiatric medications don't cure mental illness, they often significantly improve symptoms. Psychiatric medications can also help make other treatments, such as psychotherapy, more effective
- Treating mental illness and mental health disorders with specific medications, alongside regular talk therapy sessions, is very important to help these individuals maintain normal, healthy lives

[13] ***The current collection rate for the 'mandatory' dataset for the community ranges from 0% to 3%. It consists of simple measures covering: diagnosis; severity; improvement; and functioning. Basically a diagnostic code, two numbers between 1 and 7, and another number between 0 and 100. Clinical Psychology have completion rates in excess of 85% so we aim for all services to do this.***

NHS Tayside data states that 93,000 people are prescribed a medicine for a mental health issues in Tayside

Of this group, a large number of patients are prescribed a large number of medicines.

- 58,081 are prescribed 6 or more medicines
- 45,566 are prescribed 8 or more medicines
- 35,006 are prescribed 10 or more medicines
- 26,508 are prescribed 12 or more medicines

We know from prescribing data that approximately 93,000 people in Tayside are prescribed a medicine for a mental health problem. There is high use of anti-depressants in some populations with e.g. 1 in 4 of the population of Dundee being prescribed an anti-depressant.

There is growing recognition that this situation needs address. With the correct investment and cooperation by public service partners, we could create a supportive landscape in which medication was one of a range of options that people could choose to help them obtain the best help possible.

We recognise that many of our key stakeholders feel that they are on-lookers' in the over-medicalisation of mental health issues and this is compounded with the problems of health inequalities, deprivation and the wider social determinants of health. A bold plan is needed to build the infrastructure to make access to alternative community resources as straightforward as taking a 'prescription' (*of a new kind*) to the pharmacy.

Through this strategy and the NHS Tayside Prescribing strategy, our objective is that people with mental illness are supported to achieve the outcomes for their health that are important to them (*Realistic Medicine*[14]). Realistic Medicine is not about failing to offer medicines, it is about supporting people to feel empowered to discuss their treatment and share in the decision making process regarding treatment options. Our joint working with all key stakeholders will:

- Develop other options for treatment (where clinically indicated), and also plan on introducing advanced practice with pharmacy staff working directly with patients at GP practice level to commence case managing those on high numbers of medication, to enable a holistic physical and mental health review to occur, working with the person to establish what would support them most.
- Ensure medicines are one of the effective therapeutic choices for the treatment of mental illness. We know that medicines do not work for all of the people who take them and that regular review of prescribed medication is necessary, to ensure that desired outcomes are being achieved. (Mental Health Strategy 2017-2027). Improving the mental health of people living in our communities means that we must use medicines more thoughtfully and adhere closely to standards of prescribing and review.
- Deliver a holistic, kind and compassionate approach that good health is more than just the absence of disease or infirmity but a state of complete physical, mental and social well-being.

[14] https://www.realisticmedicine.scot/

- Recognise that recovery from mental illness encompasses a sense of well-being and linkage with the community surrounding us.
- Implement fully the Realistic Medicine strategy, where shared decision making around the use of medication is embedded, should be a step that helps to achieve this. However, culture change ambitions are long-term commitments.

On many occasions, exercising regularly, maintaining a healthy weight, not smoking and following the advice on drinking alcohol will provide additional benefit to that achieved from using medication. This is especially important for people with mental health issues, who experience profound health inequalities to the detriment of their physical health compared to other groups. We are clear that we need people to work in partnership with us to achieve the best quality of health and wellbeing. (Mental health Strategy 2017-2027).

One of the strengths of the new GP contract is that the general practice pharmacy workforce has expanded significantly. The implementation of serial prescribing as part of the community pharmacy contract, means that management of supply and prescription review is now managed through pharmacies, between medical reviews. Leadership and mobilisation of this workforce is the best chance of making significant progress.

The provision of social prescribing infrastructure needs to be significantly up-scaled. There are currently less than a third of the link workers we require across Tayside to make easy access to community assets a reality for most people. Third sector provision is continually operated on the basis of short-term funding and it is difficult to plan for a substantial part of the required capacity when the operation of these services is constantly fragile. This needs to change.

Our plans

- We must build in our new approach to clearly communicate the facts about how people can achieve the best health possible.
- Continue to develop strong collaborative working to ensure improvements in prescribing follow the patient through their healthcare journey.
- Ensure people are equal partners in their own care to understand how people experience their care and understand what matters to them is critical to achieving the cultural shifts required to share the responsibility and accountability for prescribing decisions and care plans with patients.
- Ensure the same standards of medication use should be available to people with mental illness as for other long-term conditions.
- Put in place a consistent approach that assures that transitions between the different locations that provide care are seamless and that knowledge of the care plan agreed with the person and their wishes are effectively communicated.
- Take assertive action and investment in promoting effective medication use, additional access to social prescribing and community alternatives for people with mental health issues as a high priority. This could be achieved in the medium term, with support and investment.
- The pharmacy service will explore posts that will mobilise the workforce to address the prescribing issues surrounding mental health medicines.
- Progress the prospective outcomes monitoring system for the non-fatal overdose pathway.

- Pursue investment for additional workforce capacity within Tayside Substance Misuse Service (TSMS) is being taken forward.
- Develop additional management data around prescribing activity to ensure it is accessible and readily available. Performance indicators around the quantities of medicines prescribed, how long those medicines are prescribed for, when they are reviewed and the characteristics of those receiving the medicines are straightforward to produce.
- Establish activity data around the uptake of well-being services can be produced and can be used to inform us how well any change in patterns of use has proceeded. Measurement of social prescribing activity and outcomes has already been attempted.
- Establish systems and processes for the measurement and monitoring of the culture changes that are required may be harder to measure

SECTION 4 – DELIVERING THE STRATEGY

1. Delivering Whole System Change

Transformational change and improvement of this scope, and at this scale requires the application of a range of improvement methodologies and availability of a range of experts across the 'improvement' field to lead and implement a sustainable change process that results in improvement. It makes sense for organisations invested in this strategy to note that Change ***is*** constant and organisations need to invest in specialist resource and be flexible and ready to respond at any time, Kotter, (2018)[15].

The programme above sets out an ambitious and bold set of changes to mental health services in Tayside. To make a real difference these changes have to be sustainable, effective and long lasting improvements. We must continue to take a structured, disciplined and evidenced based approach to change to continue to successfully deliver the vision, aims and changes set out in this document. In the design of the overall programme and in co-creating the strategy and engaging all stakeholders, particularly people with Lived Experience we have incorporated in our strategy the aspiration of these people, our staff and the wider population. This strategy must have a full 3-5 year implementation plan to match the expressed and identified needs of those described in this strategy.

2. Evaluation - Measuring Success of the Strategy

An achievement framework will be established to ensure we understand the value of ***the inputs*** (the content of the strategy, ***the outputs*** (redesigned services) and ***the outcomes*** (improvements for people and improvements in services) will be co-created with stakeholders using an evidenced based approach. This will let everyone see, what we started with and what will be achieved in the longer term.

Firstly, we need look no further than the reasons why this strategy is required to measure its success going forward. Key areas for consideration will be, how and to what degree has it:

- Responded to the needs expressed by people with lived experience, their families, carers.
- Restored confidence in the mental health services available, 'end-to-end' in Tayside
- Re-instated public trust, respect and confidence in mental health services by improving mental health services
- Planned approaches to tackle inequality as both a cause and consequence of mental health problems
- Reduced the existence of mental health stigma and discrimination
- Addressed fragmentation across mental health services; specifically made mental health supports and services more; accessible, safe, delivered quality and standards of care throughout mental health services in Tayside.

To make a serious attempt at evaluating mental health and wellbeing over time to understand overall gains, local research and development of mental health indicators

[15] Kotter, John, Change model, 2018, https://www.change-management-coach.com/john-kotter.html https://www.kotterinc.com/8-steps-process-for-leading-change/

(Living Life Well indicators) for mental health in Tayside could be established on the basis of what these look like in Tayside, what is important locally, matching the definitions as set out below in the national adult mental health indicators to ensure meaningful qualitative and quantitative reporting. Key questions to assess progress could be developed to provide indicators of improvement over time. These questions must be tangible and not ambiguous to ensure usefulness of the data obtained for improvement purposes.

The set of formal adult mental health indicators for Scotland are a suggested framework for measuring our lifespan ***system wide*** approach to ***Living Life Well***. These include:

- **Equality** - Mental health problems are not distributed randomly in the population but are more common in socially disadvantaged populations, in areas of deprivation, and are associated with unemployment, less education, low income or material standard of living
- **Social inclusion** - Social exclusion on ***any grounds*** is both a cause and consequence of mental health problems. Individuals with mental health problems are also amongst the most excluded people in society
- **Discrimination** - Discrimination, on the grounds of race, gender, religion, sexuality, impacts adversely on mental health, affecting a person's dignity and self-esteem, and can lead to a sense of alienation, isolation, fear, and intimidation and make it difficult for individuals to feel socially included and to integrate into society
- **Financial security/debt** - People who experience financial strain are at greater risk of common mental health problems than are those without financial worries
- **Environment** - Characteristics of the built environment can have direct effects on mental health (*e.g. high rise housing, housing quality, crowding, loud external noise, indoor air quality*) as well as indirect effects through psychosocial processes (*e.g. personal control, socially supportive relationships, recovery from stress*). Also the potential importance of access to green spaces, value of community facilities to feel safe on the streets, neighbourhood quality, space and noise and social fragmentation.
- **Working Life** - Employment is strongly protective of mental health, the workplace, working environment and working practices, significantly influence mental health and well-being.
- **Violence** - Living with or experiencing violence or the fear of violence, which can include psychological abuse, is a significant risk factor for poor mental health.

It is understood that the current indicator set is necessarily limited by gaps and weaknesses in the evidence-base, availability of data and/or the feasibility of collecting data. For these reasons, the current indicator set is not the final answer to creating a summary profile of mental health. It does however provides a firm basis on which to build and develop a greater understanding of the causes and consequences of mental health and how these can best be measured.

Source: Health Scotland Mental Health Indicators, 2007

3. Funding the Strategy

Living Life Well in Tayside - A lifelong approach to mental health in Tayside will require the collective resources of all respective organisations will be needed to deliver sustainable quality, with multiple perspectives and pooled resources we are more likely to offer robustly planned solutions to complex issues.

Achieving long-term financial sustainability of our health and social care system and making the best use of our total resources is critical to the successful delivery of this strategy.

Mental Health services are currently funded across four organisations and managed collectively with NHS Tayside oversight.

A programme of change of this scale will require a significant effort from all organisations as expenditure and activity are at record levels and growth trends indicate that the level of funding will only need to increase. However, with greater pressures on the system, this will also require change in where and how current services are delivered. We will seek to do things differently in future to shift the balance of care, to take on new ways of working and apply a continuous improvement model to ensure safe and effective, efficient and person centred services at all times.

We have public, voluntary and third sectors, with a proud history of successful innovation in Tayside. It is clear that our most cherished of public services has had to evolve, changing to reflect advances in medicine and the changing needs of our people. Our NHS, and the wider health and social care system, will need to continue to adapt, recognising changing demands and that people are living longer, thanks in no small part to the NHS and the care and treatment it has provided.

Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment, improvement, restructuring and redesign.

Collectively, we recognise that like other health and social care systems, we do face inflationary pressures, which could be exacerbated by the uncertainty that is being created by the Global Pandemic and also Brexit. Achieving long-term financial sustainability and making best use of resources is critical to delivering on current and future imperatives, with mental health a top priority.

4. Implementing of the Strategy (2020-2025)

Living Life Well, A Lifelong approach to Mental Health in Tayside will be the blueprint to implement a redesign and improvement programme for mental health & wellbeing in Tayside over a 5 year period 2019-2024.

Taking a strategic change programme approach will enable our shared vision and commitment to be achieved across national and local organisational boundaries. Our collaboration and commitment will be at the heart of successful delivery plans for redesigning mental health & wellbeing supports and services, locally and informing national improvement methodologies.

As described in section 2 of the strategy a portfolio programme approach has been set out to ensure a structured, disciplined approach is taken to plan, develop and deliver all aspects of the programme.

A programme specification will be written in the form of a Programme Definition Document with a full resource plan. This will be supported by the project documentation for each project.

A number of cross cutting themes will see full and detailed plans developed. These include:

- Risk management Strategy and Plans,
- Communication and engagement Plans,
- A Transitions strategy and Plan,
- A digital/new technologies plan and crucially
- A workforce strategy and Plan
- A Financial Plan

All of the above will see dedicated implementation plans set out with timescales, milestones and resource, finance plans.

The work of the programme will be managed through the continuation of Tayside Mental Health and Wellbeing Programme Board chaired by the Director of Mental alongside the key stakeholders who have co-created and co-produced this strategy.

APPENDIX 1 Suicide Statistics

Table 1: European age-sex-standardised rates per 100,000 population, with 95% confidence limits (ScotSID)

Gender	Angus	Dundee	Perth and Kinross	Scotland
Men 2014-18	**15.3** (10.9-20.8)	**31.1** (25.2-37.6)	**21.2** (16-26.6)	**19.1** (18.4-19.0)
Women 2014-18	**5.9** (3.5-9.3)	**9.0** (6.1-12.7)	**6.5** (4.1-9.7)	**6.7** (6.3-7.1)
Persons 2014-18	**10.6** (8.0-13.7)	**20.0** (16.7-23.7)	**13.8** (11.2-16.9)	**12.9** (12.5-13.4)
Persons 2009-13	**13.3** (10.4-16.7)	**15.3** (12.5-18.5)	**10.7** (8.4-13.4)	**14.5** (14.1-15.0)

Figure 1: Suicides by age (2016 – 2018 Tayside)

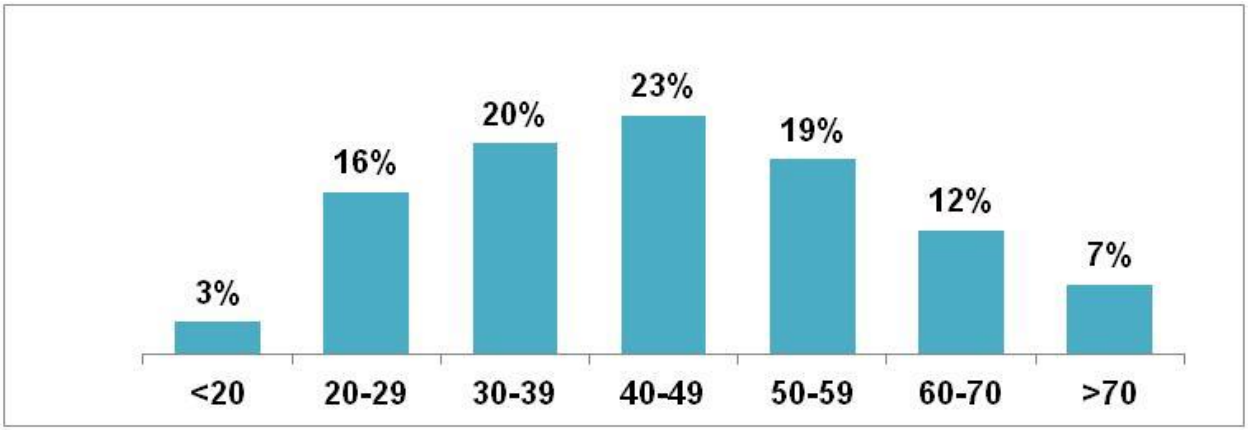
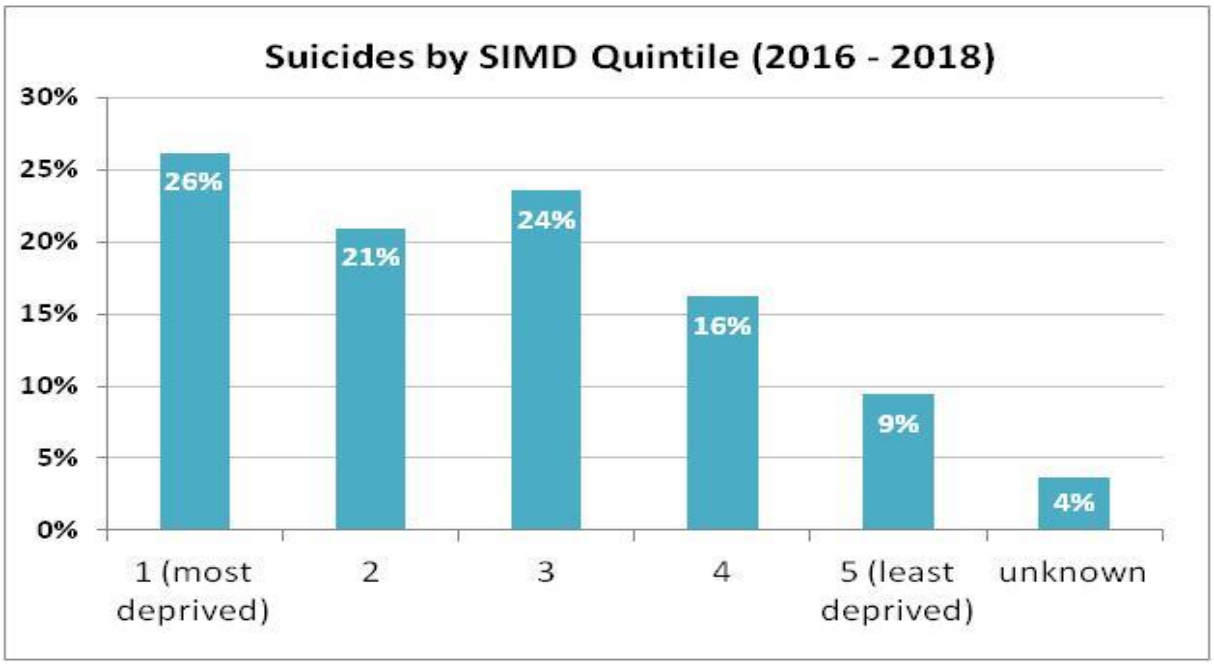


Figure 2: Suicide by SIMD Quintile (2016 – 2018)



There is a clear inequality gradient associated with suicides, with the highest prevalence occurring in areas of greatest socioeconomic deprivation. Suicide is three times more common in the most deprived quintile in Tayside compared to the least deprived.

Figure 3: Suicides by method 2016 – 2018

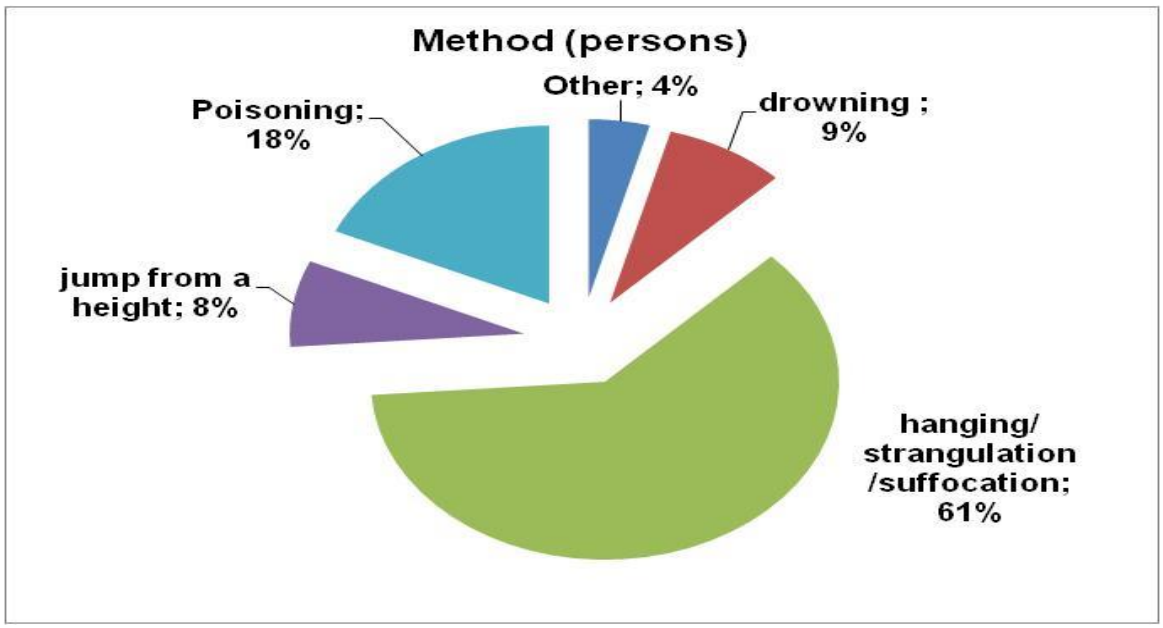
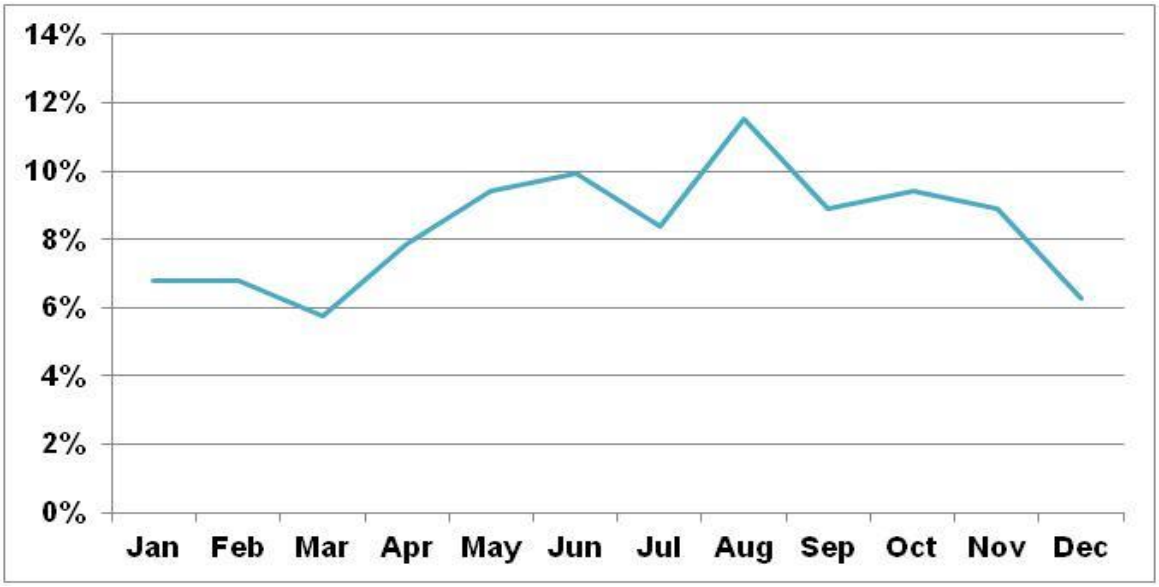


Figure 4: Suicide rates by month



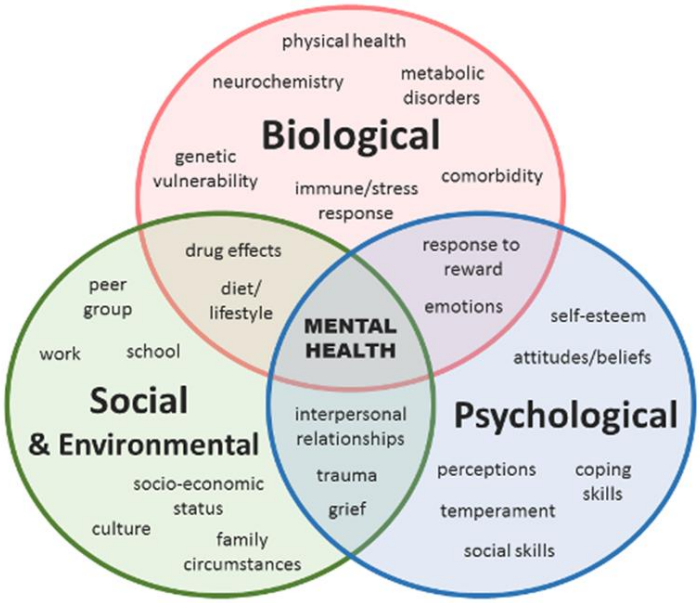
Information is provided for suicide deaths in Tayside from 2016, 2017 and 2018:

- Local Authority – Dundee City had the highest proportion (47%) which is in keeping with the strong association between socio-economic deprivation and suicide.
- Deprivation – SIMD quintile 1 to 3 (most deprived) attributed with 71% of deaths.
- Age – mean age was 45 with the most prevalence in the age group 40-49.
- Gender – 78.5% male
- Employment & Social Circumstances – 88% eligible workforce: 37% employed and 50% unemployed.
- Social Circumstances – 41% were living alone and 27% with a partner.
- Method – hanging 61%
- Location – 66% at Home of which hanging was most prevalent (71%)
- Substance Misuse behaviours – 22% substance use ever (15% opiates)
- Alcohol misuse – 28% (41% of females).
- Timing – the rate of suicide increases in the summer months and reduces between November and April (see Figure 5).
- Mental Health Services – 35% contact in year prior to death (Scotland 26%).

APPENDIX 2 Bio-Psycho-socio-environmental model

The bio-psycho-socio-environmental model for mental health.

The biopsychosocial model for mental health set out in a Venn diagram below has a central assumption behind the model which is the *interdependence* between biological, psychological and social factors. The model takes a more holistic approach and when viewed in this way can be fundamentally important in devising explanations and possible interventions in mental health.



The bio-psycho-socio-environmental model for mental health.

The model offers a more holistic understanding of mental health science by giving importance to all relevant domains of knowledge. This does not mean that we should not focus on a given domain and explore this in more depth. Development of greater understanding requires us to critically examine defined aspects within a given domain, as well as their relationship with other elements.

[1] The Independent Inquiry into mental health services in Tayside -2020 https://independentinquiry.org/final-report-of-the-independent-inquiry-into-mental-health-services-in-tayside/
[2] The Independent Inquiry into mental health services in Tayside -2020 https://independentinquiry.org/final-report-of-the-independent-inquiry-into-mental-health-services-in-tayside/
[3]Scottish Government, Rehabilitation and Recovery Plan 2020 https://www.gov.scot/news/covid-19-rehabilitation-and-recovery/
[4] Buck and McGuire (2015) Inequalities in life expectancy Changes overtime and implications for policy; The Kings Fund
[5] Scottish Government, Mental Health Strategy 2017-2027 https://www.gov.scot/publications/mental-health-strategy-2017-2027/
[6] Scottish Government, Rights Respect and Recovery Plan, https://www.gov.scot/publications/rights-respect-and-recovery-action-plan/
[7] Policing Scotland, a 10 year strategy for Policing Scotland 2017-2026, https://www.scotland.police.uk/spa-media/jjkpn4et/policing-2026-strategy.pdf?view=Standard
[8] Dundee Partnership, Dundee Drugs Commission report 2019, https://www.dundeecity.gov.uk/dundee-partnership/dundee-drugs-commission
[9] Scottish Government 2020, Remobilise, Recover, Redesign framework, NHS Scotland, https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/
[10] Scottish Government, Public Health Priorities for Scotland, 2018 https://www.gov.scot/publications/scotlands-public-health-priorities/
[11] Scottish Government, Scotland's Suicide Action Plan 'Every Life Matters' 2018 https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/
[12] The Keys to Life - Unlocking Futures for People with Learning Disabilities. Implementation framework and priorities 2019-2021 https://keystolife.info/wp-content/uploads/2019/03/Keys-To-Life-Implementation-Framework.pdf
[13] Health Scotland, Learning Disabilities in Scotland, http://www.healthscotland.scot/media/1690/people-with-learning-disabilities-in-scotland.pdf
[14] Independent Inquiry into Mental Health Services in Tayside 2020, Dr David Strang https://independentinquiry.org/final-report-of-the-independent-inquiry-into-mental-health-services-in-tayside/
[15] The Health and Social Care ALLIANCE report, 2018 'Hearing the Voices of People with Lived Experience https://www.alliance-scotland.org.uk/blog/resources/independent-inquiry-into-mental-health-services-in-tayside-hearing-the-voices-of-people-with-lived-experience/
[16] Tayside Executive Partners, 'Listen Learn Change Action' July, 2020, in response to the Independent Inquiry report, Trust and Respect Listen Learn Change Action Plan (July 2020)
[17] Scottish Government, Priorities for Public Health, 2018 https://www.gov.scot/publications/scotlands-public-health-priorities/
[18] *World Health Organization*, *Bulletin of the* 2013; 91:3-3A. doi: 10.2471/BLT.12.115063, World Health Organisation website – accessed 2020/10/11 https://www.who.int/bulletin/volumes/91/1/12-115063/en/
[19] Scottish Government, Mental Health Strategy, 2017 https://www.gov.scot/publications/mental-health-strategy-2017-2027/
[20] Scottish Government, Mental Health Legislation, https://www.legislation.gov.uk/asp/2003/13/contents
[21] Scottish Government, Mental Health Legislation https://www.legislation.gov.uk/asp/2015/9/contents
[22] Scottish Government Policies, Mental Health, Children and Young People https://www.gov.scot/policies/mental-health/children-and-young-people/
[23] Scottish Government Policy, Suicide Prevention, https://www.gov.scot/policies/mental-health/suicide/
[24] Scottish Government Policy, Learning Disabilities, Autism, https://www.gov.scot/policies/mental-health/autism-and-learning-disabilities/
[25] Scottish Government Policy, Forensic Mental Health, https://www.gov.scot/policies/mental-health/forensic-mental-health/
[26] Scottish Government, Policy, Perinatal and Infant Mental Health, https://www.gov.scot/news/mental-health-care-for-new-mums/

[27] (Knapp and Wong 2020 *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6953559/)*
[28] Scottish Drugs Forum, 2020, Guidance on non-stigmatising substance use terminology http://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf
[29] Scottish Government, Suicide Prevention, Every Life Matter, 2018 https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/
[30] Scottish Government, Suicide Prevention Plan 2013-2016, http://www.scotland.gov.uk/Publications/2013/12/7616
[31] National Service Scotland, Information Services Division, (*SIMD population estimates, SAPE (Small Area Population Estimates). The 2019 SAPEs are not yet available at the time of this report, scheduled release is late 2020.*
[32] Scottish Government Publication *https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness*
[33] *Government Webpage: b) Weaver et al (2003) Comorbidity of Substance Misuse and Mental Illness in Community Mental Health and Substance Misuse Services https://pubmed.ncbi.nlm.nih.gov/14519608/*
[34] *Winklbaur et al (2006) Substance abuse in patients with schizophrenia https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181760/*
[35] *ISD Scotland: The National Drug-Related Deaths Database (Scotland) Report 2015 and 2016 Deaths https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2018-06-12/2018-06-12-NDRDD-Report.pdf*
[36] *Cerullo, M & Strakowski, S (2007) The prevalence and significance of substance use disorders in bipolar type I and II disorder https://substanceabusepolicy.biomedcentral.com/articles/10.1186/1747-597X-2-29*
[37] *National Confidential Inquiry into Suicide and Safety in Mental Health [NCISH] (2019) https://www.hqip.org.uk/resource/national-confidential-inquiry-into-suicide-and-safety-in-mental-health-annual-report-2019/#.Xv8jmMJYaUk*
[38] Scottish Independent Advocacy Home - Scottish Independent Advocacy Alliance (siaa.org.uk) https://www.siaa.org.uk/wp-
[39] https://www.legislation.gov.uk/asp/2003/13/contents
[40] -Scottish-Government-Code-Of-Practice/pdf/Adult_Support_And_Protection_.
[41] South Lanarkshire Partnership, Stronger Together, 'Getting it Right for Every Child' 2017-2020; https://www.southlanarkshire.gov.uk/downloads/file/11688/childrens_services_plan_2017-2020
[42] UNICEF Convention on the Rights of the Child http://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_PRESS200910web.pdf
[43] Government Policy, Child Protection Legislation, Children (Scotland) Act 1995 https://www.legislation.gov.uk/ukpga/1995/36/contents
[44] Government Policy, Children and Young People (Scotland) Act 2014 https://www.legislation.gov.uk/asp/2014/8/contents/enacted
[45] Mental Welfare Commission report, https://www.mwcscot.org.uk/sites/default/files/2020-10/YoungPeopleDetainedUnderMHA_October2020.pdf
[46] Scottish Government, Adults with Incapacity Act, 2000 https://www2.gov.scot/Publications/2008/03/25120154/1
[47] Scottish Government Publications, The Adult Support and Protection (Scotland) Act, (2007) https://www.gov.scot/publications/adult-support-protection-scotland-act-2007-short-introduction-part-1-act/
[48] Griesbach D and Platts A (2014) Practitioner views on the Mental Welfare Commission's good practice guides http://www.mwcscot.org.uk/media/191992/practitioner_view_of_guides_-_report_-_final.pdf
[49] Kotter, John, Change model, 2018, https://www.change-management-coach.com/john-kotter.html https://www.kotterinc.com/8-steps-process-for-leading-change/
[50] Centre for Sustainable Healthcare, https://sustainablehealthcare.org.uk/susqi
[51] Martin, G., et al., (forthcoming) Changing logics in healthcare and their effects on the identity motives and identity work of doctors, Organization Studies – Glasgow University Webpages, accessed 30.10.20 http://eprints.gla.ac.uk/203628/
[52] De Zulueta, P. C. (2015) Developing compassionate leadership in healthcare: an integrative review, Journal of Healthcare Leadership, 8, 1-10, 18th December
[53] Faculty for Medical Leadership and Management, Kings Fund, West et al (2015) Leadership and Leadership Development in Healthcare: The Evidence Base
[54]Scottish Parliament, Public Bodies (Joint Working) (Scotland) Act 2014,

https://www.legislation.gov.uk/asp/2014/9/contents/enacted
[55] Scottish Government, Third Sector Interface Network, 2016, https://www.gov.scot/publications/evaluation-scotlands-third-sector-interface-network-model-voluntary-action-scotland-9781786526526/pages/1/
[56] Carers in Scotland, *https://carers.org/our-work-in-scotland/our-work-in-scotland*
[57] Scottish Government, Carers Report, 2015, https://www.gov.scot/publications/scotlands-carers/
[58] Scottish Government, Unpaid Carers Policy and Practice, https://www.gov.scot/policies/social-care/unpaid-carers/
[59] Scottish Government, Scottish Carers report (March 2015) https://www.gov.scot/publications/scotlands-carers/pages/2/
[60] Carers Trust, Triangle of Care, a guide to best practice in Mental Health https://carers.org/resources/all-resources/78-triangle-of-care-a-guide-to-best-practice-in-mental-health-care-in-scotland
[61] WHO (2000) The Implications for training of embracing A Life Course Approach to Health. World Health Organisation/ International Longevity Centre
[62] Scottish Government, Adverse Childhood Events publication, 2020 https://www.gov.scot/publications/adverse-childhood-experiences-aces/

PERTH & KINROSS INTEGRATION JOINT BOARD

9 DECEMBER 2020

UPDATE ON REDESIGN OF SUBSTANCE USE SERVICES AND IMPACT OF COVID 19 IN PERTH AND KINROSS

Report by Clare Mailer, ADP Chair
(Report No. G/20/150)

PURPOSE OF REPORT

To update the IJB on progress with the redesign of substance use services and implementation of a Recovery Oriented System of Care (ROSC) in Perth and Kinross in the context of the COVID 19 pandemic.

1. RECOMMENDATION(S)

1.1. That the IJB notes the progress of PKADP noted within the annual report 2019-20.
1.2 That the IJB notes the content of PKADPs strategic delivery plan.
1.3 That the IJB continues to promote a whole system approach toward service design and delivery

2. SITUATION/BACKGROUND AND MAIN ISSUES

2.1 SUBSTANCE USE AND RELATED HARM AND IMPACT OF COVID19

2.1.1 Harm from Alcohol

Alcohol continues to have a significant impact on communities in Perth and Kinross. Since the lockdown associated with the COVID 19 pandemic began NHS Tayside Public Health has undertaken weekly monitoring of emergency department (ED) attendences for drugs and alcohol across Tayside. This data has not yet been broken down by individual IJB but the Tayside picture shows that alcohol related ED attendances up to the end of September 2020 are around 900 fewer compared to 2019. However, lockdown saw a significant reduction in ED attendances for all causes that lasted for about six weeks. Thereafter the number of alcohol related attendances continued to rise weekly

until mid-July. The data has fluctuated weekly since then but alcohol remains a significant contributor to attendances.

In addition to ED data, so far in 2020/21 there have been 112 recorded alcohol related hospital admissions between April and July which is 18% of the 2019/20 total. There were 618 attendances in the 2019/20 financial year which was the highest number of attendances since 2012/13. Whilst numbers attending hospital for alcohol related reasons have reduced during lockdown alcohol remains a significant contributor to hospitalisations.

Numbers of referrals for specialist substance misuse services in Perth and Kinross for alcohol treatment have seen considerable increases between quarters 1 and 2 of 2020/21. In quarter 1 there were 92 referrals for alcohol treatment and in quarter 2 there were 144. In context quarter 2 is the highest quarterly number of referrals for alcohol treatment for the past three years.

Nationally over 1 million people have reported drinking more since the pandemic began. The data available therefore indicates that while there have been reductions in the number attending acute services, people are increasingly requiring specialist support with their alcohol use and demand is likely to increase in the coming months.

2.1.2 Harm from Drugs

Up to September 2020 there have been 23 notifications of suspected drug deaths in Perth and Kinross (Including Perth Prison). This compares to 20 suspected drug death notifications for 2019 as a whole. Data for both years are not completed the reasons for which are outlined in 2.2.1 below.

As noted above both drug and alcohol ED attendances have been monitored weekly. Drug attendances over 2020 show a slightly different pattern to alcohol. They have largely remained consistent with 2019 and are around 50 fewer than up to the end of September 2019. In 2019/20 there were 232 drug related hospital attendances, the highest annual number recorded in our available data. There have been 64 drug discharges in Perth and Kinross in quarter 1 of 2020/21 which is 27% of the annual total for 2019/20.

There have been 60 referrals for drug treatment in quarter 1 and 59 in quarter 2. Referrals for drug treatment therefore have remained largely consistent so far this year and are slightly lower than 2019/20 over the same period (149 compared to 119). Drug harm continues to be a significant concern and the data indicates that lockdown did not significantly reduce the number of new people seeking treatment for drug misuse.

2.2 COVID IMPACT REPORT

Substance Use Services, like all others, have had to adapt to respond to the ongoing pandemic. Significant adjustments to the way services are delivered have been made to reflect the Scottish Government's framework and implementation of restrictions, including the recently introduced tier system.

Services continue to meet all the national guidance. Risk assessments, safe systems of work, staff training and communications are regularly reviewed to minimise risk and ensure service users and carers continue to receive the support they require.

2.2.1 Drug Deaths

Ongoing challenges in terms of national toxicology services, which pre-date COVID-19, mean that it is not possible to give an accurate figure of drug deaths in Scotland. This is because analysis cannot take place regarding accidental or intentional overdose of substances, which substances (including alcohol) are present in the blood stream, any underlying physical cause of death and whether this is the primary cause or not. Anecdotal information is available within areas but this is not shared nationally as to do so, without proper analysis, would not be helpful.

2.2.2 Naloxone

In May 2020, the Lord Advocate confirmed that the legislation with regard to the distribution of naloxone by non-drug treatment services had been reviewed and that, for the duration of the COVID19 crisis, it would not be in the public interest to prosecute any individual working for a service registered with the Scottish Government who supplies naloxone in an emergency, to save a life. It is of note that this does not affect the legislation that governs the administration of naloxone, which has been promoted across Scotland as a public health measure for the last 10 years and is in place across Tayside. Training continues to be available via Scottish Drugs Forum or the local ADP for any group or individual who wishes it.

2.2.3 Drug Death Taskforce

The Drugs Deaths Taskforce was established in July 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice, to tackle the rising number of drug deaths in Scotland. The primary role of the taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.

The Drug Deaths Taskforce produced a set of COVID-19 Recommendations– 16 April 2020. P&K ADP undertook a self-assessment against these recommendations and used this to inform improvement actions noted below. The self-assessment also informed a wider Tayside-wide document that was shared with Gold Command in April 2020.

2.2.4 SHAAP

Likewise, Scottish Health Action on Alcohol Problems (SHAAP), a national partnership of Medical Royal Colleges in Scotland and the Faculty of Public Health, based at the Royal College of Physicians of Edinburgh produced a set of guidance for working with people with alcohol problems during the COVID-

19 outbreak. Again, P&K ADP undertook self-assessment against these recommendations and used this to inform actions and new ways of working.

2.2.5 Access to services

Prior to COVID restrictions being implemented, a weekly drop-in “clinic” was in place in Perth & Kinross. This is a joint approach facilitated between NHST Substance Misuse Service, P&K D&A Team, Churches Action for The Homeless (CATH), Hillcrest Futures Community Recovery Service and Tayside Council on Alcohol.

The drop in and triage are held at Drumhar health centre. Rural drop ins have been trialled in Crieff and Blairgowrie to compliment this.

Following COVID restrictions, the drop-in clinic has been held via telephone five days per week. The process for commencing Opiate Substitution Therapy (OST) was shortened, with people typically starting their OST within 1-5 days of Non-Medical Prescriber assessment. PK ADP provided funding for the purchase of secure lock boxes that enabled people to store OST medication in and provided pre-paid mobile phones for people that were at risk of social isolation during the lockdown phase. This has helped reduce the risk of vulnerable people becoming isolated and unable to access support and medication.

2.2.6 Delivery of Opiate Substitution Therapy

With the advent of COVID-19 meaning that many individuals with long term health conditions had to self-isolate and/or shield, arrangements required to made to ensure that access to medications were uninterrupted. Although some community pharmacies offer a free medication delivery service, this is not part of the NHS contract and does not cover daily delivery of Controlled Drugs. In addition, disruption to public transport services across Perth & Kinross impacted on individuals being able to access community pharmacy.

PKSMS individually reviewed all their patient records to risk assess and identify individuals who could have supervision and/or dispensing schedules relaxed during the Covid-19 pandemic. This review process balanced risk of overdose and diversion of harmful controlled drugs in to communities against risk of covid-19 to patients, public and community pharmacy services. Approximately 40% of patients had supervision requirements removed. Individuals who were identified as high risk or vulnerable, or new to treatment have had daily supervision maintained.

Where individuals are self-isolating and unable to identify a named person/patient representative, staff deliver dispensed medications including OST, a schedule 2 Controlled Drug. Based on assessment of risk, OST delivery is undertaken by one, or two, members of staff. These staff do not need to belong to the same service. Partnership arrangements are in place between NHS Substance Misuse Service (PKSMS), Hillcrest Futures Community Recovery Service, and PKC Social Work Drug & Alcohol Team to

enable joint working to facilitate the delivery of medication. Staff are not responsible for supervising the consumption of medication.

These measures have helped ensure people have been able to access medication during the pandemic while reducing their risk of contracting COVID 19. This is significant given that a large number of people requiring OST have underlying health conditions so are at greater risk of severe illness or death if they contract COVID 19.

2.2.7 Postal delivery of naloxone and Injecting Equipment Provision

Due to COVID-19, many services across Scotland are trialling a postal mailing service for Injecting Equipment Provision (IEP). The intention is to provide safe and sterile injecting equipment to people who inject drugs while lockdown and social distancing measures are in place. The updated Scottish IEP guidelines recommend introducing postal IEP but until the pandemic it had not been done. Services in Grampian, Highlands, and Tayside are among some of the areas which have started to implement the service. NHS Tayside have established a postal IEP service, delivered by Hillcrest Futures and We Are With You. Along with the postal IEP, services are also offer postal naloxone.

2.2.8 COVID 19 testing in hostels for people who use substances

NHS Tayside has been able to implement testing for people with problem substance use (drugs or alcohol) who live in hostels with shared facilities and who are currently incarcerated. These settings were a priority to support due to the proximity of numbers of vulnerable people. There is close joint working between Substance Use Services and hostel staff and there are weekly meetings. Arrangements are in place in hostels to support social distancing.

2.2.9 Drug Trends Monitoring

Locally, Hilcrest Futures Community Recovery Service and Harm Reduction Service is collating drug trends information on behalf of the Tayside Overdose Prevention Group. This information supports local and national planning.

2.3 INVESTMENT

In June 2020, ADPs across Scotland were advised that funding was available to ADPs to work towards addressing the priorities noted by the Drug Death Taskforce. PKADP was successful in receiving funding of£78, 490 to support;

- the implementation of an outreach response to people, not open to substance use services, who have experienced non-fatal overdose. This outreach service will also facilitate a wider distribution of naloxone across Perth & Kinross and harm reduction advice and IEP.
- the rollout of Buvidal (long acting buprenorphine) across Perth & Kinross.

- support a partnership approach to workforce development across Education & Children's Services, and substance use services, specifically motivational interviewing.

2.4 ANNUAL REPORT

PKADPs annual report was submitted to Scottish Government on 15 October 2020 and is attached as Appendix 1. The report highlights progress made in the following areas – communication and engagement with communities, access to treatment and support, quality assurance, and engagement with people with lived experience.

2.5 DELIVERY PLAN

PKADPs Strategic Delivery Plan 2020-23 was submitted to Scottish Government on 23 September 2020 and is attached as Appendix 2. The Plan is written around the four priorities as noted within the national substance use strategy; Prevention and Early Intervention, Recovery Orientated Systems of Care, Getting it Right for Children and Families, and, Promoting a Public Health Approach to Justice. Progress against the Delivery Plan will be reviewed on a biannual basis.

2.6 PERFORMANCE FRAMEWORK

PKADP has agreed a set of Key Performance Indicators (KPIs) that are reported to ADP Strategy Group on a quarterly basis.

3. NEXT STEPS

3.1 STIGMA

"Moving Beyond 'People First Language' – a glossary of contested terms in substance use" a resource developed and published by Scottish Drugs Forum is free and available now via download at –

http://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf

The Glossary supports a consensus on some key concepts and terms in substance use by defining and explaining the cause and nature of contention and suggesting better practice in terms of the language choices we make. The central aim is to improve understanding and address the stigma betrayed in some common terms and concepts current within the field.

PKADP will work with communications partners across the Partnership to promote the above resource and challenge stigmatising language.

3.2 INTEGRATION OF SUBSTANCE USE SERVICES

The integration of all community-based substance use services in Perth & Kinross is the focus of the ADP over the course of 2020-23. This work is in line with the Scottish Governments vision that a whole systems approach will be used in the design and delivery of substance use services that are family inclusive. Using a transformational change philosophy, the ADP has, and is, engaged with key stakeholders as to how services should be delivered.

3.3 NON-FATAL OVERDOSE PATHWAY

NHS Tayside Substance Misuse Service and PKC Social Work Drug & Alcohol (SW D&A) Team receive information from Scottish Ambulance Service (via NHST Public Health) and Police Scotland (Adult Support and Protection Vulnerable Person report) with respect to any non-fatal overdose incident that either or both services attend. Where a person is known, contact is made by their worker within 72 hours. Where not known, a letter/telephone call from SW D&A Team to the person concerned offering contact and advising of supports available.

This will be augmented to include third sector and peer support services in 2020-21 to provide 'assertive outreach' to people not currently known to services.

3.3 GOVERNANCE

3.3.1 The Partnership Delivery Framework (Scottish Government, 2019) sets out the expectation of the strategic relation between IJBs, ADPs and other community planning partners.

3.3.2 A mapping exercise would support a partnership approach between the ADP, Community Planning Partnership, Integrated Children's Services and the IJB. This is required in order to facilitate the flow of information and sharing of strategic priorities and planning between each group.

4. CONCLUSION

P&K ADP has made significant progress in developing and implementing a Recovery Orientated System of Care across Perth & Kinross. Significant investment across statutory and third sector services as well as community-based resources and involving people with lived experience has provided a foundation for a whole systems approach to integrating substance use services. Quarterly monitoring of key performance indicators provides a benchmark for measuring effectiveness and impact.

This work will continue, as will the ongoing response to the COVID 19 pandemic.

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TE: 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.

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ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2019/20 (*Perth & Kinross*)

I. Delivery progress
II. Financial framework

This form is designed to capture your **progress during the financial year 2019/20** against the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018 We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2019/20. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please also ensure all sections in yellow are fully completed.

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland (PHS) evaluation team to inform the monitoring and evaluation of rights, respect and recovery (MERRR). This data is due to be published in 2021.

We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform the MERRR and excerpts and/or summary data from the submission will be used in published MERRR reports. It should also be noted that, the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Review you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Wednesday 14th October 2020** to: alcoholanddrugdelivery@gov.scot

NAME OF ADP: **Perth & Kinross**

Key contact:
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Job title: **Lead Officer**
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I. DELIVERY PROGRESS REPORT

1. Representation

1.1 Was there representation form the following local strategic partnerships on the ADP?

Community Justice Partnership	☐
Children's Partnership	☒
Integration Authority	☒

1.2 What organisations are represented on the ADP and who was the chair during 2019/20?

Chair *(Name, Job title, Organisation):* Clare Mailer, Head of Housing, Perth & Kinross Council

Representation

The public sector:	
Police Scotland	☒
Public Health Scotland	☒
Alcohol and drug services	☒
NHS Board strategic planning	☐
Integration Authority	☒
Scottish Prison Service (where there is a prison within the geographical area)	☒
Children's services	☒
Children and families social work	☒
Housing	☒
Employability	☒
Community justice	☒
Mental health services	☐
Elected members	☐
Other	☐ Please provide details…….
The third sector:	
Commissioned alcohol and drug services	☒
Third sector representative organisation	☒
Other third sector organisations	☐ Please provide details…….
People with lived/ living experience	☒
Other community representatives	☐ Please provide details…….
Other	☐ Please provide details…….

1.3 Are the following details about the ADP publically available (e.g. on a website)?

Membership	☒
Papers and minutes of meetings	☐
Annual reports/reviews	☒
Strategic plan	☒ P&K ADP

1.4 How many times did the ADP executive/ oversight group meet during 2019/20?
Four

2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?
Please tick those that apply (please note that this question is in reference to the ADP and not individual services)

Leaflets/ take home information	☐
Posters	☒
Website/ social media P&K ADP, RefocusPK	☒
Accessible formats (e.g. in different languages) Please provide details…….	☐
Other Please provide details…….	☐

2.2 Please provide details of any specific communications campaigns or activities carried out during 19/20 *(E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk)* (max 300 words).

During 2019/2020 PK ADP carried out a range of activities to promote key messages from Count 14 to the general public as well as to targeted groups of the population such as older men and withinareas of deprivation.
Key messages and campaign materials were distributed through social media and local websites including NHS Tayside, P&K Council and Tayside Council for Alcohol.

Targeted information on campaign messages and supporting resources were sent to Tayside GPs, Pharmacies, Leisure Centres and Libraries. This resulted in a large increase in resource orders with approximately 600 each of the Count 14 posters, Drinks Calculators, Unit Measuring Cups and Making a Change Booklets being ordered in the month following active promotion.

Alcohol awareness stalls were held in Perth Royal Infirmary and Castle Huntly Open Prison providing information and resources on lower risk drinking guidelines. Key campaign messages were incorporated into Tayside's Scotland's Mental Health First Aid training courses, with 8 courses delivered in Perth & Kinross to 133 participants during 2019/20.

Campaign materials were also included on staff intranet sites. An interactive alcohol quiz on NHS Tayside's intranet was accessed by 841 people during Alcohol Awareness Week 2019.

Quarterly alcohol & drug community forums across (planned to begin in March 2020, will be themed around the Quality Principles and will commence once restrictions are lifted)

Monthly recovery calendar published on social media and shared with colleagues in primary care, council, third sector etc for publishing within their own resources.

Weekly bulletin from March 2020 onwards to support information cascade during the period of COVID restrictions.

HMP Perth - Three Partnership Recovery Events were held during the reporting period;

Recovery Walk 2019 completed within the establishment (150 participants). The was preceded by a Recovery village within the Sports and Fitness Centre in partnership with the Scottish Recovery Consortium, NHS, SPS, and third sector partners.

Peter Charad seminar which presented a lived experience, ACES and dysfunctional families' presentation.

Bellany Exhibition, a Recovery art therapy project which displayed artwork from those in our care within Perth museum.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 19/20 specifically around drugs and alcohol (max 300 words).

Delivery of the Substance Misuse strand of the health and wellbeing curriculum in all schools in Perth & Kinross supported by the Tayside Substance Misuse Curricular Framework document (launched 2019) and P7 Well Good workshops with a focus on smoking prevention including topics such as addiction and wellbeing. 22 Primary Schools in Perth & Kinross participated in these workshops attended by 501 pupils.

S3 Theatre Tour, 'Your choice' 23 performances were delivered in Perth & Kinross secondary schools, attended by 825 S3 pupils. The drama included a focus on alcohol and drug use and was followed by a confidential question and answer session with representatives from various children and young people providers including Hillcrest Futures and Cool2Talk.

Alcohol and Drugs in the Workplace – delivery of 5 courses to 51 public and private sector managers across Tayside to explore the impact of alcohol and drugs on the workforce, and the steps that can be taken to identify issues and provide appropriate support.

Led by NHS Tayside, 11 Alcohol Brief Intervention Training workshops were delivered throughout 2019/2020 to 140 participants.

Party Hard, stay safe summer events information at Festivals in Perth & Kinross. May till Sept 2019

August Water Safety & Alcohol & Drug Use, this is a localised campaign.

Recovery Walk Sept Recovery Events., ADP organised & supported people in recovery & people with lived experience to attend the Recovery Walk and Recovery Events

1st November 'To Absent Friends. https://www.youtube.com/watch?v=uB45U5uc8fg&feature=youtu.be (2019 Video Event)

HMP Perth - Peer production of Naloxone leaflet and information by prisoner for prisoners. NPS information and specific information on harm reduction on display in all residential and reception areas.

2.4 Was the ADP represented at the alcohol Licensing Forum?

Yes ☒
No ☐

Please provide details (max 300 words)
Vice Chair of ADP was Chair of Licensing Forum for 1 year. He has now stood down and another chair has yet to be appointed.

2.5 Do Public Health review and advise the Board on license applications?

All ☐
Most ☐
Some ☐
None ☒

Please provide details (max 300 words)
NHST Public Health, as a member of the Alcohol & Drug partnership has put forward the case for an overprovision policy to the Licensing Board, this was rejected.

3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland: priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2019/20 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes ☒
No ☐
In development ☐

Please give details of developments (max 300 words)
NHS Tayside Substance Misuse Service and PKC Social Work Drug & Alcohol (SW D&A) Team receive information from Scottish Ambulance Service (via NHST Public Health) and Police Scotland (Adult Support and Protection Vulnerable Person report) with respect to any non-fatal overdose incident that either or both services attend. Where a person is known, contact is made by their worker within 72 hours. Where not known, a letter/telephone call from SW D&A Team to the person concerned offering contact and advising of supports available. This service will be augmented to include third sector and peer support services in 2020-21.

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk 19/20 (max 300 words).

Prior to COVID restrictions being implemented, there was a Monday morning drop in clinic that people could access from 9:00am till 12 noon. This is a joint approach, with shared paperwork etc and is facilitated between NHST Substance Misuse Service, P&K D&A Team, Churches Action for The Homeless (CATH), Hillcrest Futures Community Recovery Service and Tayside Council on Alcohol.

Completed assessments are discussed that afternoon at a triage meeting and the service that can offer the most appropriate support for that individual is then able to take forward the referral. Individuals with opiate dependency are then assessed by a nurse and then Non-Medical Prescriber over a 6-week period in order to commence treatment on to OST.

The drop in and triage are both held at Drumhar health centre. Rural drop ins have been trialled in Kinross, Crieff and Pitlochry to supplement this.

Following COVID restrictions, the drop-in clinic was held via telephone 5 days per week. The process for commencing OST was shortened, with people typically starting their OST within 1-5 days of Non-Medical Prescriber assessment. PKADP provided funding for the purchase of secure lock boxes that enabled people to store ORT medication in and provided pre-paid mobile phones for people that were at risk of social isolation during the lockdown phase.

3.3 What treatment or screening options were in place to address drug harms? *(mark all that apply)*

Same day prescribing of OST ☐
Methadone ☒
Buprenorphine and naloxone combined (Suboxone) ☒
Buprenorphine sublingual ☒
Buprenorphine depot ☐
Diamorphine ☐

Other non-opioid based treatment options	
Other	☒BBV testing, IEP provision, wound care

Buvidal widely available within HMP Perth following initial pilot scheme

Inpatient detoxification available via local inpatient addictions unit.

3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 19/20 (max 300 words).

Community - As mentioned above. The drop-in assessment clinic, facilitated by partner agencies, was piloted in rural areas to make it more accessible than simply being once a week in Perth City. Also, following introduction of COVID restrictions, people have been able to access an assessment every weekday between 9-5 by calling one of two mobile phones.

HMP Perth - Buvidal widely available within Perth prison following initial pilot scheme. All admissions screened and sign posted to services and treatments. Antabuse and Acamprase available on request. Integrated case management and focused orderly rooms centring around a therapeutic approach to promote Recovery.

Greater use of telephone/video consultation for assessment and reviews following introduction of COVID restrictions. Assessment process was also made more efficient to reduce time from assessment to commencing Opioid Substitution Therapy.

The impact of COVID-19 has had a positive effect on partnership working across all public protection areas, with a greater focus on working more closely, accelerating the momentum to create a P&K Public Protection forum.

3.5 What treatment or screening options were in place to address alcohol harms? *(mark all that apply)*

Fibro scanning	☒
Alcohol related cognitive screening (e.g. for ARBD)	☒
Community alcohol detox	☐
Inpatient alcohol detox	☒
Alcohol hospital liaison	☒
Access to alcohol medication (Antabuse, Acamprase etc.)	☒
Arrangements for the delivery of alcohol brief interventions in all priority settings	☐
Arrangements of the delivery of ABIs in non-priority settings	☐
Other	☐ Please provide details…….

Recorded ABI delivery continues to decline in Tayside, despite this, specialist substance misuse services continue to receive significant numbers of new referrals from primary care settings across the area. A comprehensive investigation into the decline in ABI delivery was undertaken in 2019 and it was established that pathways for alcohol referrals were still working and alcohol was routinely screened within primary care. However, the recording and delivery of screenings and ABIs was inconsistent across the area resulting in declining recorded numbers. A report outlined improvements to resolve this situation. The recommendations centred on establishing a strategic lead for ABI delivery and improving recording,

monitoring and training of staff in priority settings. Further action is still required in order to implement these recommendations and the three ADPs in Tayside are exploring the options to recruit to a permanent post to achieve this strategic oversight and delivery of the ABI programme.

People engage in effective high-quality treatment and recovery services

3.6 Were Quality Assurance arrangements in place for the following services (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	Adult Services	*Children and Family Services*
Third sector	☒	☒
Public sector	☒	☐
Other	☐	☐

3.6 Please give details on how services were Quality Assured including any external validation e.g. though care inspectorate or other organisations? (max 300 words)

ADP services work to the outcomes as set out in the HSCP Strategic Plan. Commissioned services report on service specific outcomes on a quarterly basis and there is a plan in place for statutory sector substance use services to do the same. We have resisted developing shared outcomes for services as we await the implementation of DAISy and the Recovery outcomes Tool, however, with the above in place, PKADP services are well positioned to be able to do so, should the need arise.

A high-level Performance Framework has been developed to determine the impact of the local system. PKADP has also used the recommendations for the Tayside Drug Death Report 2018 and the Dundee Drug Commission to inform an ADP improvement plan. The ADP Lead has been heavily involved in the development of a self-evaluation framework (PADS Quality) and would anticipate being early adopters of this piece of work.

PKADP has undertaken substantial work to embed the above performance framework over the last two years. The result of which is a set of key performance indicators that can be reported quarterly.

Social Work Drug & Alcohol Team cases are audited annually by selection for both Child Protection and Adult Protection audits.

TSMS Internal operates a quality assurance process via reports to P&K HSCP locality clinical governance and risk groups.

3.7 Were there pathways for people to access residential rehabilitation in your area in 2019/20?

Yes ☒
No ☐

Please give details below (including referral and assessment process) (max 300 words)

Community Services - The referral pathway for the service user is that they should have a goal of residential rehabilitation. The person should have exhausted what is available locally, be engaged in the model used in the rehabilitation unit e.g. AA or NA for fellowship-based Rehabilitation services. The detox phase is funded by NHS and the rehab phase by Perth & Kinross Council.

HMP Perth - Prison to rehab scheme along with Scottish Government early release scheme

3.8 How many people started a residential rehab placement during 2019/20? (if possible, please provide a gender breakdown)

HMP Perth - During the early release scheme funds were made available to allow direct entry to residential rehab units. To date HMP Perth has utilised this initiative to allow 2 people in our care to take up secure places and we have another place secured pending HDC review

People with lived and living experience will be involved in service design, development and delivery

3.9 Please indicate which of the following approaches services used to involve lived / living experience *(mark all that apply).*

For people with lived experience :

Feedback/ complaints process	☒	
Questionnaires/ surveys	☒	
Focus groups	☒	
Lived/living experience group/ forum	☐	
Board Representation within services	☐	
Board Representation at ADP	☒	
Other	☐	Please provide details…….

Please provide additional information (optional)

Community –. Between April 2019 & March 2020, there were eight Recovery Cafes operating across Perth & Kinross.

Hillcrest Futures employed 2 Peer Support workers for the Perth and Kinross area in 2019. They have been involved in the support of several people across the region and have helped to lead recovery cafes in Perth city, Perth prison and in the rural areas such as Aberfeldy, Crieff and Pitlochry. They have also established different groups that people can access such as walking groups, mindfulness groups, art groups and peer support groups.

HMP Perth - Prior to COVID we had several lived experience presentations and visitors to our recovery groups (including ex-offenders). Use of our newly trained peer mentors is not formally recognised but they have been utilised to support those in our care during COVID. Our trained staff have engaged with the inside out recovery community with Perth and Kinross.

For family members:

Feedback/ complaints process	☒	
Questionnaires/ surveys	☒	
Focus groups	☐	
Lived/living experience group/ forum	☒	
Board Representation within services	☐	
Board Representation at ADP	☒	
Other	☐	Please provide details…….

Please provide additional information (optional)

PKADP has, for several years had family members engaged with the ADP, this involves actively taking part in meetings and stakeholder events.

E.P.I.C.S. is a group of carers who are caring for, or have cared for, a loved one with a substance use problem. They offer confidential, non-judgemental support to all those who need it. This group is represented on the ADP.

3.10 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2019/20 financial year?

Improved	☐
Stayed the same	☒
Scaled back	☐
No longer in place	☐

Please give details of any changes (max 300 words)

PKADP had hoped to establish a Lived Experience Reference Group to act as a "critical friend" to the ADP Strategy Group and to have a more robust representation of lived experience. Plans were drawn up in November 2019, however this has not proved possible due to COVID-19 and lockdown/social distancing measures. The ADP remains committed to this and are considering how to facilitate this group and access to it. This will likely be with the purchase of additional communication devices/digital for use by people with lived experience so they can participate virtually.

3.11 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

Yes	☒
No	☐

Please give details below (max 300 words)

Hillcrest Futures have employed 2 full time workers in Perth and Kinross. Both Peer Support workers have lived experience of recovery.

Tayside Council on Alcohol provides both employment and volunteering opportunities to people with lived experience.

SMART Recovery is active in Perth & Kinross and offers employment and volunteering opportunities to people with lived experience.

At the request of PKADP, Independent Advocacy Perth & Kinross (IAPK) has developed a lived experience advocacy post in partnership with Scottish Recovery Consortium.

People access interventions to reduce drug related harm

3.12 Which of these settings offered the following to the public during 2019/20? *(mark all that apply)*

Setting:	*Supply Naloxone*	*Hep C Testing*	*IEP Provision*	*Wound care*
Drug services Council	☐	☒	☐	☐
Drug Services NHS	☒	☒	☒	☒
Drug services 3rd Sector	☒	☒	☒	☒
Homelessness services	☐	☐	☐	☐
Peer-led initiatives	☐	☐	☐	☐
Community pharmacies	☒	☐	☒	☐
GPs	☐	☒	☐	☒
A&E Departments	☒	☒	☒	☒
Women's support services	☐	☐	☐	☐
Family support services	☐	☐	☐	☐
Mental health services	☐	☒	☐	☐
Justice services	☐	☐	☐	☐
Mobile / outreach services	☒	☐	☐	☐
Other … *(please detail)*	☐	☐	☐	☒

As at March 2020.

A person-centred approach is developed

3.13 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

Fully embedded ☐
Partially embedded ☒
Not embedded ☐

Please provide details (max 300 words)

The ROSC continues to be progressed with the development and strengthening of the weekly multi-agency clinic, set up to ensure that individuals with lived experience, and family members, have a range of services on offer to support their recovery journey. Substance use services have developed constructive links with Social Prescribers to look at this as a way of supporting individuals to transition from substance use services and link back into the local communities, this has also been helped by the development of recovery cafes and a good network of SMART recovery programmes run throughout P&K by the 3rd Sector.

HMP Perth - At present the establishment is developing a training package and strategy to provide an improved focus on Recovery and trauma awareness which is person centred.

3.14 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?
Yes ☐

No ☒

Please provide details (max 300 words)

There are established positive working relationships between statutory mental health and substance use services with unwritten protocols however no formal arrangements or joint assessments are in place.

The ADP provides funding to the Lighthouse Project, an out of hours, crisis response service for people experiencing distress in Perth and Kinross, this is from the Programme for Government monies. The key role of the service is to operate outside normal office hours and ensure people in distress get the support they need, when they need it. The purpose being to reduce the unnecessary criminalisation of people experiencing mental health challenges or harmful substance use and reduce the impact on partner agencies such as Police, NHS and Housing.

The recovery community achieves its potential

3.15 Were there active recovery communities in your area during the year 2019/20?

Yes ☒
No ☐

3.16 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes ☒
No ☐

3.17 Please provide a short description of the recovery communities in your area during the year 2019/20 and how they have been supported (max 300 words)

The ADP approved a budget to pilot activities for people in recovery, under the project banner, Active Life Skills Project, a partnership between Scottish Fire and Rescue Service, Westbank Project, and St Johnstone Community Trust. This is funded from the ADP Programme for Government monies.

The activities provided are as follows.

Scottish Fire and Rescue
- Team Building
- Leadership
- Self-Awareness
- Good citizenship
- Fitness

St Johnstone Community Trust
- SFA Coach Education Accredited Course
- Referrals to other projects and activities

Successful participants receive a coaching qualification which will give them access to other SFA coach education courses.

Westbank Project
- Health and Safety
- Project (Split into 2 teams to build picnic bench or similar)
- Forklift and Telehandler Training
- Referrals to other employability projects

Successful candidates receive an accredited qualification in forklift and telehandler operation which is recognised UK wide and essential to obtain work in yards, warehouses, building sites etc.

There is continued support to independent grassroots Recovery group 'RecoverTay' to access funding to support the growth and sustainability of the group. Original peer worker has secured a qualified post after completing SVQ3 health & social care. There is a commitment to supporting the growth of this independent group and others.

PKADP has developed Recovery Cafes throughout Perth & Kinross, eight had been set-up and a move to expand these was actively taking place however, the delivery of these has changed in response to COVID-19 related restriction measures and the requirement for social distancing. The early response to this (March/April 2020) was to develop the use of social media and online platforms as a way of keeping in touch with people. This has continued to be developed in reporting period 2020-21.

A trauma-informed approach is developed

3.18 During 2019/20 have services adopted a trauma-informed approach?

All services	☐
The majority of services	☒
Some services	☐
No services	☐

Please provide a summary of progress (max 300 words)
Access to psychology available within NHS Tayside Substance misuse services, with access to staff training, supervision and support being made available for all SM staff.

Working with Parents who use Substances' training designed and delivered in partnership between PKADP and P&K Child Protection Committee is 'trauma-informed' and supports the approach in the workforce.

The entire P&K workforce has access to the SDF's trauma training, facilitated by the ADP.

HMP Perth - Limited staff trained in trauma informed practice and the asset-based approach but a training package is being developed and will be implemented in the following reporting year.

The impact of COVID-19 has had a positive effect on the willingness of all public protection areas to work more closely and has accelerated the momentum to create a P&K Public Protection forum, this will support the ongoing development of trauma understanding in the planning and delivery of services.

An intelligence-led approach future-proofs delivery

3.19 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

Alcohol harms group	☐
Drug death review group	☒
Drug trend monitoring group	☒
Other	☒

The Community Safety Partnership has developed a new group which meets monthly and is designed to reduce the impact of drugs on people and communities, Police, Safer Communities, SW D&A Team and Housing are standing members of this group. It considers all people who come to notice through harmful substance use and vulnerability. In this reporting period, the group has had a focus on 'cuckooing' and exploitation and seeks to use all resources at the disposal of the various agencies to challenge criminal behaviour and to protect vulnerable users and communities.

HMP Perth - NHS within the establishment are linked into the Dundee Non-Fatal Overdose group and any identified individuals entering the establishment on admission will be interviewed regarding harm reduction and Recovery services

3.20 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice (max 300 words)

PKADP has taken the decision to await the results of our colleagues in Glasgow's work around alcohol related mortality and the toolkit that Alcohol Focus Scotland are in the process of developing, rather than risk duplication of effort.

NHST Substance Misuse Service review alcohol related deaths if the servicer user dies in service. There are occasions when service users who are open due to alcohol issues die as a result of drugs and they are reviewed in the same process. NHST Substance Misuse Service receive information from Public Health about deaths and they are reported on a health risk reporting system called DATIX. A local adverse event review (LAER) is planned and takes place. All services involved in the care of the service user are invited. The review looks for any learning or good practice that can be identified and shared. Learning is shared in NHST Substance Misuse Service by memos to staff and discussion in team meetings. This approach can lead to a change in practice where improvement is identifed. It is an opportunity for family to recieve feedback and support around the death of a loved one

HMP Perth - Subject to Fatal Accident Inquiry, DIPLAR (Death in Prison Learning, Audit Review), and LAER (Local Adverse Event Review)

3.21 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

The Tayside Drug Death Review Group comprises representation from multiple agencies across Tayside.

Suspected drug deaths are notified to the Health Intelligence team within NHS Tayside Public Health. Details are then collected from partner agencies, assimilated and subsequently reviewed by the Tayside Drug Death Review Group to determine if the case should be considered a drug death or not and to identify any emerging trends and key themes to inform strategic work going forward. Specific areas of feedback in relation to a reviewed case are provided directly by the Tayside Drug Death Review Group to the service involved, where appropriate.

Recommendations identified by the Tayside Drug Death Review Group inform the work of the Tayside Overdose Prevention Group and action plans developed by each of the ADPs in Tayside.

PKADP has provided funding to NHST Public Health to employ an additional analyst. The increased capacity to co-ordinate and analyse drug death information continues to be of significant benefit to exploring and understanding drug deaths in Tayside. Over the last 6 months a range of analysis based on local data has taken place to inform ADP partners on the links between non-fatal overdoses and drug death, location of fatal overdose, and age and other demographics of those who have died from a suspected drug death. Continued analysis of substances taken, in what quantity and combination, and monitoring the annual trends in illicit and illicitly obtained drugs is supporting the work of services to educate and create awareness.

This post continues to support and inform the work of services, support organisations, health, police and other individuals and organisations to understand more about why, when, how and where people develop problematic substance use. This ongoing complex subject continues to develop and requires sustained investigation to ensure a breadth of evidence can support people, families and communities affected by addiction and substance use.

4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes ☒

No ☐

Please give details (E.g. type of support offered and target age groups)

There is a range of services for children and families affected by substance use:

The Hillcrest Futures young person's service currently offers support through a tiered model. This is designed to continually support young people as they grow and develop. It is also flexible enough that it can tailor support to an individual's specific needs should it be required or if their behaviours escalate. There are 4 tiers of support which cover the following:

1. Universal Awareness and Engagement: This is suitable for all young people with no specific presenting issues. The information at this stage is tailored to an age appropriate level and is generic in its delivery. May take the form of general awareness sessions/ education sessions or drop ins.

2. Focused Information and Brief Interventions: This is for young people who are starting to engage in risk taking behaviours and have low self-esteem, poor self-confidence, difficult family relationships etc. Information at this level is very specific to an identified need. Brief intervention and Node Link models are used. At this stage there are up to six sessions offered but there is scope to move onto tier three should it be necessary. Delivered via 1-2-1 or group sessions or targeted education sessions.

3. Structured Support: This is a formal, planned support for an identified need with a focus on behaviour change. A strength-based assessment plan is used, and progress is monitored with an Outcome Star. This is for young people who are persistent or high-risk substance users. This structured support is time- limited and will usually be in blocks of 12 weeks. The focus is 1-2-1 coaching.

4. Intensive Support: This is targeted at young people who are known to statutory services and will be facing significant difficulties in their lives. This stage will have been reached if the previous stages have not been successful and the issues are persistent/complex/severe. The interventions will be highly structured and will likely be multi-disciplinary.

Additionally, there are both universal and targeted youth services that have very good knowledge of substance use but do not specialise in this area, operating across Perth & Kinross. Links between Substance Use Services, Youth Services and Community Safety Team, facilitated collaboration to address the needs of young people gathering and consuming alcohol in groups.

Working with schools and youth services, specialist substance use services were able to share their knowledge and experience to support young people to be substance use aware, and to work with them to find other means of evening activity. Through the work of the Housing Schools project again substance use services where able to assist and support this work, that saw workers delivering planned sessions within allocated P&K schools.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes ☐

No ☐

Please give details (E.g. type of support offered and target age groups)

Barnardos Hopscotch service supports children aged 5-18 years and families who have been, or are being, affected by parental/carer substance use. Services offered include; individual one to one emotional support – child-led individual sessions using play-based and talking approaches to promote emotional wellbeing, one to one activity based sessions to promote self-esteem building and social opportunities by linking children to activities in their community, Family work to strengthen family relationships and communication and support to parents and carers offering emotional support and strengthening parenting capacity on issues linked to addiction and to help parents/carers feel less isolated and more confident in their roles.

Barnardo's Space4U Service is a commissioned service funded by Perth and Kinross Council and delivered in partnership with TCA. The service operates a flexible service design to support children and families impacted by parental substance use, parental mental health issues, and who may be living in households where there is domestic abuse, across Perth & Kinross. The service delivers work with young people aged up to 16 years and their families to address their needs and wellbeing, and help agencies work together to divert the families from crisis. This focuses on a combination of practical, emotional and therapeutic support on a 1:1 and family basis.

Change is a Must is a multi-agency partnership between Health, Substance Use services and Education & Children Services. This service offers support to pregnant women and those with children aged 0-3years, providing intensive family support.

Tayside Council on Alcohol Kith n Kin Kinship service supports children living in kinship care as a result of parental substance misuse. This service uses a whole family approach but also offers specific direct support to the child/young person.

4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes ☒
No ☐

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP sub group Children, Young People and Families Group (CYPFG) has initiated partnership working with the local Integrated Children's Services Group, as well as engaging with the local Child Protection Committee. The CYPFG meets on a quarterly basis to review and monitor the families affected by parental substance misuse. The Group s chaired by the Head of Service, Education and Children's Services.

Via the ADP Lead Officer and the Chair of the CYPFG, PKADP are represented on the Tayside Regional Improvement Collaborative and has contributed to the Tayside Plan for Children, Young people and Families.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2019/20 financial year?

Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
Click or tap here to enter text.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2019/20 financial year?

Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
Click or tap here to enter text.

4.6 Did the ADP have specific support services for adult family members?
Yes ☒
No ☐

Please provide details (max 300 words)

There is a post hosted within the Social Work D&A Team that is specific to family and carers' support with a range of skills, for example family therapy and bereavement counselling

This is in addition to the EPICS Group, an independent carers support group which is represented on the ADP.

Groupwork and 1:1 support for families is provided by Hillcrest Futures and TCA.

SMART Families and Friends is active in Perth & Kinross

4.7 Did services for adult family members change in the 2019/20 financial year?

Improved ☐
Stayed the same ☒
Scaled back ☐
No longer in place ☐

Please provide additional information (max 300 words)
Click or tap here to enter text.

4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice? *(mark all that apply)*

Services:	*Family member in treatment*	*Family member not in treatment*
Advice	☒	☒
Mutual aid	☒	☒
Mentoring	☒	☒
Social Activities	☒	☒
Personal Development	☐	☐
Advocacy	☒	☒
Support for victims of gender based violence	☐	☐
Other *(Please detail below)*	☐	☐

Please provide additional information (max 300 words)
Click or tap here to enter text.

5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

Yes ☒
No ☐
No prison in ADP area ☐

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Twice weekly engagement with HMP Perth Prison Hub; SW D&A Team workers attend to meet with individuals with planned liberation dates to provide information, advice and referral to Drug and Alcohol services. This supports relationship building prior to liberation.

All in treatment are offered naloxone on liberation

PKADP provided additional funding to Prisoner Healthcare to facilitate the recruitment of 0.5 Specialty Doctor, 0.5 Band 7 Advanced Nurse Practitioner, 1.5 Band 6 Non-Medical Prescriber, 1 Band 3 Support Worker.

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

Information sharing ☒
Providing advice/ guidance ☒
Coordinating activates ☐
Joint funding of activities ☒
Other ☐ Please provide details

Please provide details (max 300 words)

The SW D&A Team have re-established links with Community Justice Services to provide the support and intervention to individuals who are subject to a Community Payback Order.

In 2018-19 Criminal Justice Service (CJS) funded and carried out a review of services for men in Perth and Kinross. It concluded a transformation is required which can only be delivered with a dedicated project lead. In 2019-20, PKADP contributed £15,000 towards the costs of the Transformation of Men's Services in Perth & Kinross Project. This is funded from the ADP Programme for Government monies.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

Information sharing ☒
Providing advice/ guidance ☒
Coordinating activates ☒
Joint funding of activities ☒

Other ☐ Please provide details

Please provide details (max 300 words)
As stated

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

HMP Perth - upon arrival all at prison all admissions are interviewed by members of NHS and SPS staff and signposted to support for harm reduction and Recovery services

b) Upon release from prison

Partnership between Community Substance Use Services and Prisoner Healthcare continues to be developed. This is supported by additional funding provided by the ADP from the Programme for Government investment. This funding supports timely commencement of ORT and enhanced support provided for throughcare.

The Social Work Drug & Alcohol Team facilitates weekly drop in sessions for short term prisoners at HMP Perth

There is a close partnership between Hillcrest Futures (formerly known as Cair Scotland) and Castle Huntly open Prison – Prisoners have been released to support the allotment in Dundee (prisoners are from all areas including P&K and Angus).

TCA offers 1:1 Mentoring for Men who are involved with CJS or the Prison Service. Includes prisoners on Parole/home leave.

TCA offers Counselling service to prisoners on day release/home leave from Prison.

TCA offers Mentoring group and 1:1 support to women who are involved with CJS OWLS Service.

The Safer Communities Team has introduced a new partnership approach to managing prisoner releases. The people on the list are assessed for risk to themselves and others and information is shared with all relevant agencies including Housing and Drug and Alcohol Services. If a high risk of overdose is identified, then a multi-agency response plan can be developed to mitigate these risks where possible.

HMP Perth - All individuals in Recovery are offered Naloxone training upon release. Contact made with 3rd sector partners to liaise with community mentors through the prison Links centre or, for statutory

cases, local authorities are involved in developing the individuals' licence conditions which may involve compliance with addiction services in the community.

6. Equalities

Please give details of any specific services or interventions which were undertaken during 2019/20 to support the following equalities groups:
6.1 Older people *(please note that C&YP is asked separately in section 4 above)* Within statutory services there is no age limit other than working with people over the age of 16. There are several people aged over 65 within the service, as well as a number of cases where statutory substance services work in partnership with Older Peoples Services and Psychiatry of Old Age to address and manage presenting needs
6.2 People with physical disabilities Statutory Substance Services work in partnership with local Disability services to support people who present with comorbidities that include alcohol/ drug use and disabilities. Care and Treatment resources are limited within statutory substance use services, which requires a partnership assessment process to ensure individuals presenting with these comorbidities assessed needs are met.
6.3 People with sensory impairments There are no specific services to address this particular need although services can make arrangements on a case by case basis.
6.4 People with learning difficulties / cognitive impairments . There are no specific services to address this particular need although services can make arrangements on a case by case basis.
6.5 LGBTQ+ communities There are no specific services to address this particular need although services can make arrangements on a case by case basis.
6.6 Minority ethnic communities There are no specific services to address this particular need although services can make arrangements on a case by case basis.
6.7 Religious communities There are no specific services to address this particular need although services can make arrangements on a case by case basis.
6.8 Women and girls (including pregnancy and maternity) Change is a Must is a multi-agency team working in partnership between Health, Drug and Alcohol Services and Education & Children Services, providing Intensive Family Support for children affected by parental substance misuse in Perth & Kinross and women who are pregnant. One stop Women's Learning Service, (OWLS) is a partnership approach between substance use services, community safety and housing services, the aim of which is to provide a safe and welcoming space in which women, who have been referred through the Community Justice System, can access the support they need to make positive changes

Barnardos Tayside Domestic Abuse Service (TDAS) is a partnership between Barnardos and Police Scotland providing a service to women and children experiencing domestic abuse across Tayside.

The aims are to work towards the reduction and prevention of domestic abuse and enable adults and children to live without the fear of domestic violence and abuse; to work in partnership with Police Scotland and collaboratively with other agencies including Violence Against Women Partnerships to provide adults experiencing domestic abuse and their children with accessible high-quality services

II. FINANCIAL FRAMEWORK 2019/20

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,449,361
2019/20 Programme for Government Funding	
Additional funding from Integration Authority	629,950
Funding from Local Authority	15,732
Funding from NHS Board	1,704,664
Total funding from other sources not detailed above	
Carry forwards	
Other	
Total	3,799,706

B) Total Expenditure from sources – will follow

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	
Community based treatment and recovery services for adults	
Inpatient detox services	
Residential rehabilitation services	
Recovery community initiatives	
Advocacy Services	
Services for families affected by alcohol and drug use	
Alcohol and drug services specifically for children and young people	
Community treatment and support services specifically for people in the justice system	
Other	
Total	

As advised, PKADP is not in a position currently to be able to provide the breakdown as noted, within the timescales set. We will provide this by 31 December 2020, in the meantime, please see below breakdown as per previous annual reports.

B) Total Expenditure from sources

	£
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	196,737
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	3,520,469
Dealing with consequences of problem alcohol and drug use in ADP locality	82,500

Total	3,799,706

7.1 Are all investments against the following streams agreed in partnership through ADPs with approval from IJBs? *(please refer to your funding letter dated 29th May 2020)*

- Scottish Government funding via NHS Board baseline allocation to Integration Authority
- 2019/20 Programme for Government Funding

Yes ☒
No ☐

Please provide details (max 300 words)
PKADP Finance plans are approved and endorsed by the IJB.

7.2 Are all investments in alcohol and drug services (as summarised in Table A) invested in partnership through ADPs with approval from IJBs/ Children's Partnership / Community Justice Partnerships as required?

Yes ☒
No ☐

Please provide details (max 300 words)

Perth & Kinross ADP has a formal arrangement with our partners to take the Annual Reports and Delivery Plans and Financial Plans through the local accountability groups.

Perth & Kinross ADP presently reports to;

Housing and Communities Committee
Integrated Joint Board
Lifelong Learning Committee

PERTH & KINROSS

ALCOHOL & DRUG PARTNERSHIP

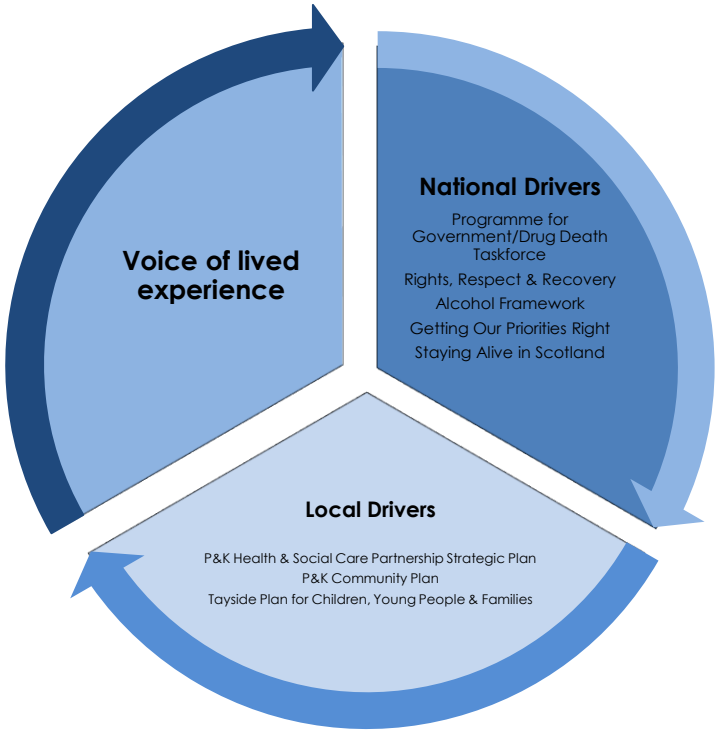
STRATEGIC DELIVERY PLAN 2020-23

RECOVERY PLEDGE

Perth and Kinross ADP will work to reduce the harms associated with drugs and alcohol and will facilitate opportunities for recovery for people affected by substance use. We will do this by

- **Engaging with people with lived experience, to help us shape our policies and our services**
- **Taking a whole system/whole family approach to service planning and delivery.**
- **Working to the recommendations made by the Drug Death Task Force, Scottish Health Action on Alcohol Problems (SHAAP), the national alcohol and drug strategies, and annual Tayside Drug Death Report. as well as the guidance provided by the Partnership Delivery Framework.**
- **Working with the Health and Social Care Partnership, and the Chief Officers Group to promote a "level playing field" between statutory and third sector services**
- **Ensuring that our approach is consistent with Partners working under the sphere of "Public Protection".**
- **Working to the recommendations of the Independent Inquiry into Mental Health service in Tayside; "Trust & Respect"**

WHAT SHAPES THE WORK OF THE PERTH & KINROSS ALCOHOL & DRUG PARTNERSHIP?



Alcohol

Almost three-quarters (73%) of alcohol sold in Scotland is in off-sales trade.

Neighbourhoods in Scotland with higher numbers of alcohol outlets have a higher rate of alcohol-related harm and death rates.

In 2018, there was 9% more alcohol sold in Scotland than England and Wales. This is the smallest difference ever recorded.

The Scottish Health Survey results for Tayside, show that during the period 2015-2018, 30% of men and 14% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units / week).

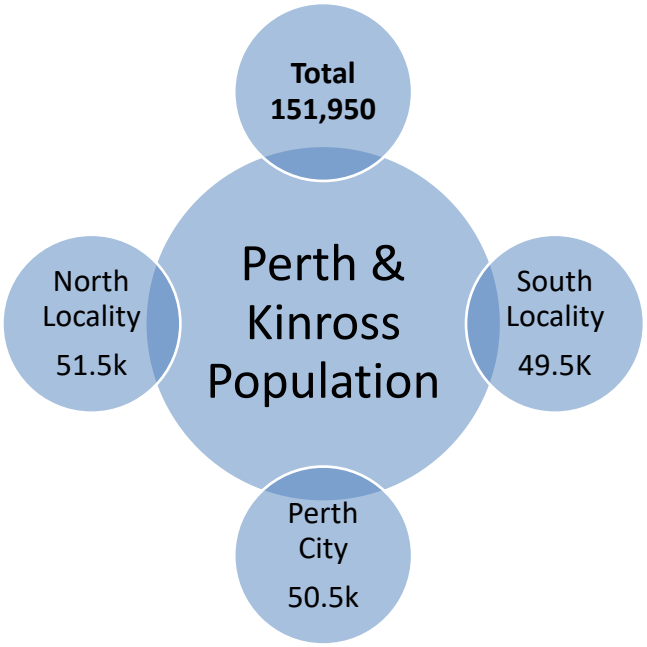
21% of adults in Tayside drink alcohol in excess of safe government guidelines which is marginally lower than the Scottish average 25%.

It is estimated that alcohol-related harm cost to Perth & Kinross is approximately £42.04 million per annum.

In 2018 there were 1,336 alcohol related attendances at A&E in Perth & Kinross (*age standardised rate of 931.5 per 100,000 population*)

In 2018 there were 571 alcohol related hospital stays (*rate of 379.1 per 100k population*) and 22 alcohol specific deaths *(five-year average of 20 per 100k population*)

DEMOGRAPHICS



Perth and Kinross contains 73,261 households and is broken down into 186 data zones in the Scottish Index of Multiple Deprivation

The 2020 edition shows that 11 are within the 20% most deprived in Scotland

This equates to 5.6% of the population in Perth & Kinross living within the 20% most nationally deprived areas in Scotland

35% of household's have single occupant tax discount.

Source: NRS Mid-year estimate 2019 / NHS LIST locality profiles

Drug

Scotland has the highest rate of drug related deaths per million of population in Europe.

It is estimated that there are 1500 problem drug users within the Perth & Kinross area which is an estimated prevalence rate of 1.6% and 454 people in receipt of Opiate Replacement Services.

In 2019/20 there were 315 drug Related Hospital discharges recorded in Perth & Kinross, this is the highest number recorded in 20 years of data collection.

There were 30 Drug Deaths Recorded in Perth & Kinross in 2018 and the five-year average rate of deaths was 10 per 100k population against a Scottish Rate of 16 per 100k

In 2019/20, 201 Non-fatal overdose incidents were recorded by the Scottish Ambulance Service in Perth & Kinross compared to 145 in 2018/19.

In Tayside, having effectively achieved Hepatitis C elimination, focus is on maintaining elimination via harm reduction and embedded BBV testing in our services as 90% of all new transmissions are in people who inject drugs.

Priority 1: Prevention and Early Intervention

Outcome: Substance use, and how to prevent the harms associated with it, is considered in the widest sense in Perth & Kinross, with acknowledgement that prevention of, and early intervention to, substance use, has its roots in social inclusion, quality of life and equity of opportunity. This requires links into other policy areas including housing, education and justice.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
Education, prevention and early intervention on alcohol and drugs	Substance use/wellbeing workshops are delivered in schools and programmes (online or delivered) are available to alternatives to mainstream education settings. Fewer young people experience harms associated with substance use. The inequality gap in harms resulting from substance use is reduced	Young people's attitude towards the risks of drug use (SALSUS) Young people's reported wellbeing (SALSUS)	Number of children and young people using drugs (SALSUS) Number of Young people using alcohol (SALSUS) Number of young people indicating problematic use (SALSUS) Number and rate of young people admitted to hospital for drug related admissions (Drug Related Hospital Statistics, Information Services Division: DRHA, ISD) Number and rate of young people admitted to hospital for alcohol related admissions (Alcohol Related Hospital Statistics, Information Services Division: DRHA, ISD)
	Perth & Kinross ADP has a clear prevention framework, utilising the knowledge and experience of our colleagues in Greater Glasgow and Clyde.		

	Alcohol Screening and Brief Interventions (ASBI) is embedded in Priority and Secondary settings in Perth & Kinross		Number of ABIS delivered a) In primary settings b) In secondary settings
Address stigma in our communities	Prevention, and early intervention to reduce harm associated with substance use, is reflected within the work of the Perth & Kinross Equalities workstream and the Perth & Kinross Chief Officers Group People who are closely affected by drug and/or alcohol related death are supported. Workforce development opportunities are provided that supports the wider health and social care workforce to enquire proactively and routinely about people's substance use in a non-judgemental way and know where to direct people for support if required		Rating of neighbourhood by SIMD – gap between 1st and 5th quintile (Scottish Household Survey [SHS] Report(s), SG) Child poverty rates in Local Authority area (Child Poverty Dashboard data, SG) Child poverty rates nationally (Child Poverty Dashboard data, SG) Delivery of Fairer Scotland Action Plan (SG: Delivery of FSAP Progress Report[s]) Rating of neighbourhood as a place to live (incl. by SIMD) – perceptions, strengths, engagement with local community, social isolation, and feelings of loneliness (SHS, SG); Feelings of safety in neighbourhood (Scottish Crime and Justice Survey: SCJS, SG) Rating of drugs being a problem in neighbourhood. (SCJS, SG) Level of self-reported stigma related to drug use among people who inject

			drugs (Needle Exchange Surveillance Initiative, Health Protection Scotland [NESI: HPS]) Social capital (and constituent parts – social networks, community cohesion, community empowerment and social participation) ratings by quintile (National Performance Framework, SG
A reduction in the attractiveness, affordability and availability of alcohol	ADP representation on Licensing Forum.	The ADP is represented in the actions and representations of the Alcohol Licensing Forum	

Priority 2: ROSC

Outcome: Recovery is visible and celebrated across Perth & Kinross. When people need services, they are easy to access "the right service at the right time", and are good quality, providing compassionate responses that are trauma informed and person and family centred.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The ADP will have a visible connection to people with lived experience who can act as a "critical friend" regarding system and service development. There will be a mechanism in place for people with lived experience to feed in and feed back to the ADP.	Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services; There is an ongoing programme of engagement with people with lived experience of substance use (whether theirs, or a person close to them) and evidence of such	The voice of lived experience is threaded throughout the actions of the ADP. A Lived Experience Reference Group is an active partner to ADP Strategy Group. A programme of engagement is in place. This is published on the ADP, HSCP and NHS Board website. Any person accessing substance use services is provided with the programme of engagement and supported to contribute.	Number and frequency of engagement opportunities Number of people participating in engagement opportunities.
A well-functioning, joined up Recovery Orientated System of Care (ROSC) is in place in Perth & Kinross that delivers seamless support, and encourages individuals to remain engaged with support services throughout their Recovery journey.	Access to services, particularly prescribing services, is simple and free from unnecessary delay. There is a clear pathway between in-patient and community services, and between Prison based healthcare and community services. The draft Medication Assisted Treatment (MAT) Standards, as published by the Drug Death Taskforce, inform and are evident within, the ROSC.	Daily referral and assessment hub (operational) Shared paperwork Monthly ROSC Implementation Group (strategy)	Drug and alcohol treatment waiting times (primary waiting time) (National Drug and Alcohol Treatment Waiting Time Statistics, ISD) % of people completing treatment and discharge reason (SDMD) % of reviews completed in line with recommendations (DAISy) Number of needles/syringes supplied from Injecting Equipment Provision services (Injecting Equipment Provision [IEP] Report(s), ISD)

			Ratio of IEP outlets per estimated 'problem drug user' estimate (IEP Report, ISD) Number and Type of IEP outlet (e.g. pharmacy, clinic, outreach) (IEP Report, ISD) Naloxone reach (Naloxone Report, ISD) Numbers of people receiving methadone (ScotPHO website) Prevalence of Opiate Substitute Treatment (OST) engagement among people who inject drugs (NESI, HPS) Prevalence of illicit benzodiazepine use among people who inject drugs (NESI, HPS)
	A whole systems approach is evident throughout the ROSC with a standard expectation that multiple and complex needs will be considered and addressed.		% of service users who have received any other interventions (as per SMR25b) since last review (SDMD) % change in accommodation status from any other classification to "owner/rented – stable" (i.e. secure) and vice versa (SDMD) Prevalence of homelessness among people who inject drugs (NESI) % of those using tobacco referred to cessation support (DAISy*) % of clients where routine enquiry undertaken re. childhood and domestic abuse (DAISy*)

Independent Advocacy is visible and valued across the ROSC.	Residents of Perth & Kinross have access to specialist advocacy support.		Number of referrals to IAPK specialist peer advocacy worker Number of engagements between IAPK and substance use services
The growth of Recovery Communities in P&K is supported.	Every locality will have a Recovery Community Group which is well supported and organised with active support of people with Lived Experience.		Number of Recovery Community Groups in P&K Engagement of ADP with Recovery Community Groups. % and number of people in services also involved with mutual aid/peer support/recovery groups (DAISy*)
Non- Fatal Overdose Pathway Should we enhance this a bit to state we have an effective non fatal overdose pathway that informs improved service delivery and minimises suspected drug related deaths etc	Perth & Kinross has a well embedded, multi-agency response to non-fatal overdose.		Number of NFO related Multi-agency meetings Prevalence of recent non-fatal overdose among people who inject drugs (NESI)

Priority 3: Getting It Right for Children, Young People and Families

Outcome: A Whole Family/Whole System approach is embedded across Perth & Kinross services.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The importance of friends and family providing love and support to people in recovery is valued	People with lived experience of substance use (drugs or alcohol) are seen in the context of their friends and family, and wider social group. The importance of friends and family providing love and support to people in recovery is valued and support is available to people to enable them to continue this vital aspect of recovery support,	'informal' helping network is visible in recovery plans annual 'friends and family' survey SU report greater involvement of friends and family	Numbers of family group conferences/ sessions
Children are seen in the context of their families.	Children affected by substance use are provided with support, and children and adult services are connected and provide support that is joined up and comprehensive.	The value of having a family plan is understood and embraced by all workers who understand that this will enhance the assessment of strengths, risk and need across the family system.	Number of family recovery plans Number of adult service attendance at Child planning meetings Number of children's services attendances at adult planning meetings
Trauma informed practice is embedded across the ROSC	PKADP: facilitates the delivery of evidence based multi-agency workforce development opportunities to those working with parents who use substances and their children.	Mapping of available workforce development opportunities to support learning and development in respect of children affected by (parental) substance use. Gaps identified Mapping of available workforce development opportunities to support learning and	Number of individuals who undertake workforce development opportunities in respect of; • Children affected by (parental) substance use

	Identifies appropriate learning needs/target groups regarding Children Affected by (parental) substance use Identifies appropriate learning needs/target groups regarding Foetal Alcohol Spectrum Disorder Identifies appropriate Bereavement Training for the workforce in Perth & Kinross. PKADP facilitates access to workforce development opportunities that support the development of a trauma informed workforce.	development in respect of Foetal Alcohol Spectrum Disorder. Gaps identified Mapping of available workforce development opportunities to support learning and development in respect of trauma. Gaps identified.	• Foetal Alcohol Spectrum Disorder. • Trauma
Perth & Kinross has a culture which avoids silo working	There is an Improved interface between services for Adults and Children and Young People (Adhere to Quality Principle 8- 'Services should be family inclusive as part of their practice') "The Quality Principles - Standard Expectations of care and support in Drug and Alcohol Services".	Annual self-evaluation against the Quality Principles plus sample audit of case files/recovery plans	

Outcome: Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE – QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The specific needs of women are addressed within service provision. A gendered lens is used when developing services.	Onestop Women's Learning Service – a holistic service to support women offenders with multiple and complex needs – it is established, staffed and funded The Men's Service –wraparound model to improve health and wellbeing of men in the criminal justice system is operational in Perth & Kinross.	Feedback from individuals on the services available and experiences	Number of referrals into the OWL Service. Number of referrals into the Men's Service.
Community supports are available for people who are, or have experience of, being subject of the criminal justice system	An employability project providing a range of employability opportunities for people of all ages and backgrounds is in place in Perth & Kinross Community Justice and Scottish Prison Service are part of the Recovery Orientated System of Care with established pathways into community support services.		Number of people diverted from prosecution and to drug treatment/education (CJSW Statistics) Number of people diverted from prosecution and to alcohol treatment programmes (CJSW Statistics) Number of people diverted from prison custody via DTTO (CJSW Statistics) Number of people diverted from prison custody via CPO with alcohol treatment condition (CJSW Statistics) Number of people diverted from prison custody via CPO with drug treatment condition (CJSW Statistics)
Throughcare between Prison and community is supported	P&K has an established pathway between Prison and community support		

	services, including prescribing services, housing and recovery support services.		% of people transitioning from prison to community treatment without interruption to care (DAISy*)

PERTH & KINROSS INTEGRATION JOINT BOARD

9 December 2020

Chief Officer Report

Gordon Paterson, Chief Officer/Director – Integrated Health & Social Care
(Report No. G/20/159)

PURPOSE OF REPORT

This report provides an update to the IJB on some key activities that the HSCP are progressing in the context of the continuing impact of the Covid-19 pandemic.

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to note;

- the progress made by the HSCP in delivering the flu vaccination programme.
- the planned delivery of the Tayside Covid-19 Vaccination Programme and the HSCP's participation and preparedness.
- the continuing support being provided to local Care Homes.

2. FLU VACCINATION PROGRAMME

2.1 In October and November, Perth and Kinross Health and Social Care Partnership delivered Flu Vaccination Clinics across Perth and Kinross, at Perth Royal Infirmary, Blairgowrie Minor Illness and Injury Unit, Pitlochry Community Hospital and Crieff Community Hospital. This supplemented the delivery of flu immunisation by our local GPs.

2.2 It is intended that the HSCP Flu Vaccination Clinics will continue throughout December, depending on demand. Up until 13 December 2020, the HSCP has made available approximately 6000 flu vaccination appointments in Perth, Blairgowrie, Crieff and Pitlochry for the initial cohort of over 65-year olds and under 65 "at risk" patients.

2.3 On 20 November 2020, the Cabinet Secretary for Health announced that people between the ages of 60 and 64 could also be offered flu vaccinations. Having liaised with GP Practices, the HSCP have therefore arranged four

additional clinics in Perth City, Blairgowrie and Pitlochry, which will take place on the 12 and 13 December 2020.

2.4 Using NHS Tayside Vision IT system, GP Practices can appoint directly to the HSCP clinic appointments. This means that patients have only one phone call to their GP Practice and access to appointments in either the Practice or HSPC clinics.

2.5 The HSCP programme is led by the HSCP's Primary Care Service Manager, with any issues escalated to the NHS Tayside Public Health Vaccination Group (TEVAC). Vaccinators have included a wide variety of staff groups including dental nurses, dentists, podiatrists and physiotherapists, as well as nursing staff. We are also indebted to the people who have volunteered to support the programme from our volunteer pool and who are operating under the national guidance for volunteers.

3. COVID-19 VACCINATION PROGRAMME

3.1 The Pfizer COVID-19 Vaccine has now been approved for use (2 December 2020). Plans had been developed on the understanding that this vaccine required very strict cold chain storage conditions (-70C) and it was difficult to transport any distance from the new, very-cold freezer based at Ninewells Hospital. The plans that had been put in place proposed that frontline health and social care staff would be the first to receive it from, 7th December at a dedicated facility based at Ninewells.

3.2 However, the Cabinet Secretary reported to parliament on the 3rd December that the vaccine could be transported safely in smaller units, without this level of cold storage for up to 12 hours. Ms Freeman indicated that vaccinations would be made available to care home residents and staff from the 14th December. In response, at the time of writing (4th December) plans are being updated to seek to prioritise staff and residents in care homes. These plans will also consider; the need to also vaccinate frontline health workers; the expected supplies of the vaccines coming to Scotland and to Tayside; the need to administer two doses of the vaccine, 28 days apart.

3.2 The Astra Zeneca Oxford Vaccine is expected to be available from the end of December 2020. This vaccine does not require to be kept at such cold temperatures, which will allow transport to other venues more viable. This vaccine also requires 2 doses, 28 days apart.

3.3 To support the delivery of this programme, NHS Tayside has contacted recently retired and still-registered nursing and medical staff and received around 40 expressions of interest to be trained as the initial group of experienced vaccinators. Following the recruitment process these staff will receive in-depth training from a module developed by NHS Education Scotland (NES). The first vaccinations are planned from around 7 December 2020, subject to vaccine delivery and availability.

3.4 In line with the Scottish Government guidance, it is intended that the vaccines will be delivered in three waves. Wave one will include Care Home residents

and staff, health and social care frontline staff and people over 80 years and will run until the end of January 2021. Thereafter, people over 75 years and "at risk" patients will be vaccinated in descending age cohorts over Waves 2 and 3, until approximately spring 2021. This timeline will be affected by availability of vaccines.

3.5 An NHS Scotland appointment and clinical vaccination recording IT system has been developed, which will enable the recording of the vaccination to go back to the patient's GP records. This is planned for full roll-out in the second wave, with interim IT recording systems planned for wave one.

3.6 NHS Tayside Public Health is co-coordinating the Covid-19 Vaccination Programme centrally. Due to the enormity of the logistics involved, it is anticipated that delivery will be a blended model of central delivery along with the HSCP's delivering locally, which will also involve General Practice. The granular, detailed planning of this is under continual development within a fast-changing environment and challenging timeline.

3.7 Within the HSCP a leadership command structure has been developed to support the COVID-19 Vaccination Programme. A COVID-19 Vaccination Lead has been identified, Dawn Fraser from the Primary Care Team, who was integrally involved in the recent flu vaccination planning and brings her experience to this role.

3.8 The HSCP is also recruiting a senior nurse to support the vaccination programme, to start in January 2021. Bronze, Silver and Gold COVID-19 Vaccination Groups are now established in P&K, meeting twice weekly. Representatives from these groups link into the 6 Short Life Working Groups set up by NHS Tayside, which are:

- workforce and governance
- vaccines
- data and systems
- communications
- accommodation and procurement
- finance

3.9 The HSCP is also working with General Practice through the Associate Medical Director and Primary Care Team. The Programme Lead, along with the AMD and Primary Care Service Manager attend the weekly NHS Tayside Vaccination meetings, which feedback into the Perth and Kinross HSCP Leadership structure.

4. SUPPORT TO CARE HOMES

4.1 Colleagues within the HSCP continue to work closely with the Scottish Care Integration Lead in order to support the Care Homes in Perth and Kinross. This involves regular Zoom calls for managers and the provision of support and advice on implementing the latest guidance from the Scottish Government, with input from Public Health as required.

4.2 The HSCP 'safety huddle' meets regularly to consider reports from each of the care homes and to apply a risk rating to determine the support needs of each home. While all homes have received assurance visits and can access support with PPE, training, staffing, Infection Prevention and Control advice, red-rated care homes receive enhanced support. Any issues from the local safety huddles can be escalated to the Tayside Care Home Clinical Oversight Group, chaired by the Director of Nursing, which meets throughout the week.

4.3 Despite the significant attention given to infection prevention, the prevalence of Covid nationally means that we continue to see outbreaks in care home settings. In these circumstances, we have a well-developed outbreak management response jointly with Public Health and Infection Prevention and Control and take the necessary measures to contain and address such situations. As care home staff continue to receive testing every week, we can respond swiftly and effectively to any positive tests, including in seeking to mitigate the impact of numbers of staff having to self-isolate.

4.4 The Scottish Government has initiated a pilot programme of testing visitors to care homes, including in Tayside, and anticipates that this will become a standard approach across all Care Homes in Scotland early next year.

4.5 As indicated earlier in this report, a priority now is planning the delivery of Covid vaccinations to the residents and staff in the 43 Care Homes in Perth and Kinross. As well as the practical and logistical challenges here, the HSCP is sensitive to the challenges around residents' capacity and consent and is building in the necessary safeguards.

6. CONCLUSION

6.1 This report provides a brief update on the Health and Social Care Partnership's contribution to the delivery of the flu immunisation programme across Perth and Kinross, as well as the significant planning activity to support the delivery of Covid vaccination and the ongoing support to Care Homes.

6.2 The HSCP is progressing these major areas of work, while maintaining its wider response to the pandemic, as reported to previous IJB's and as described in our Remobilisation Plan, while continuing to deliver our broad portfolio of community health and social care services. Verbal updates in respect of these wider activities will, of course, be provided to the IJB, as required.

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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.

PERTH & KINROSS INTEGRATION JOINT BOARD

9 DECEMBER 2020

2020/21 FINANCIAL POSITION

Report by the Chief Financial Officer
(Report No. G/20/151)

PURPOSE OF REPORT

The purpose of this report is to advise the Integration Joint Board of:-

I. The 2020/21 projected year end out-turn on the underlying operational position, based on financial performance for the six months to 30 September 2020;
II. The impact of the Covid-19 Pandemic on the year end financial forecast;
III. The risks to delivery of the IJB's Financial Plan 2020/21.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

(i) Note the £1.207m projected year-end underspend in relation to the underlying operational position.
(ii) Note the £1.947m projected year end overspend in relation to Covid 19 costs after taking account of confirmed additional Scottish Government funding.
(iii) Notes the update regarding the IJB reserves position.

2. BACKGROUND

2.1 The IJB received a finance update at its meeting on 23 September 2020 (Report No. G/20/109) presenting the position as at month 4 (end July) and this report provides an update on that position.

3. OPERATIONAL POSITION OVERVIEW

3.1 An underspend of £1.207m is forecast on the underlying operational position, based on the 6 months to 30 September 2020. This is a movement of £1.953m from the position last reported to the IJB in September and the key movements are provided in the narrative below.

Table 1 below provides a high level summary across each devolved service, and a comparator to the last report.

TABLE 1

Service	**Month 4** Report Projected Over / (Under) £m	**Month 6** Report Projected Over / (Under) £m
Hospital & Community Health	(0.697)	(1.333)
Hosted Services	0.128	(0.226)
Prescribing	0.540	0.359
General Medical/Family Health Services	0.029	0.018
Sub-Total Core Health Position	0.000	(1.182)
Financial Plan Deficit	**1.004**	**1.016**
Sub-Total Health	1.004	(0.166)
Social Care	(0.258)	(1.041)
Total Health & Social Care	**0.746**	**(1.207)**

3.2 Health is projecting an in year under spend of £1.182m which more than offsets the recurring Financial Plan deficit leading to a net forecast underspend for the year of £0.166m.

3.3 Social Care is projecting an operational underspend of £1.041m.

3.4 Both Health and Social Care Operational Forecasts exclude slippage on savings which are reported as Covid Related costs in Section 7.

4. SERVICE BY SERVICE PROJECTED POSITION

The breakdown of the projected position is provided by service in Appendix 1.

4.1 HOSPITAL AND COMMUNITY HEALTH CARE

4.1.1 **Older People Services**: The projected position for Older People Services is an overall underspend of £0.819m. This is a movement and further underspend of £0.540m from the last report. The main variances and movements are within-

- Investment monies are projecting an overall underspend of £0.437m. These monies were provided as part of the 2019/20 and 2020/21 Financial Plan, for intermediate care beds and the respiratory community model, however progress has been delayed. In the last finance update this underspend was reported as an offset against Covid-19 costs. This is now reported against core budget and the movement is the main driver for the forecasting change from Month 4 to Month 6 for Hospital and Community Health.
- Medicine for the Elderly projected overspend of £0.064m a reduction of £0.134m from the last report. The overspend is due to excess supplementary staffing costs resulting from vacancies.

- Community Hospitals (projected underspend of £0.192m) mainly due to staff vacancies.
- Intermediate care teams (projected underspend of £0.259m) mainly resulting from vacancies within teams.
- Psychiatry of Old Age (POA) Services are projecting a £0.089m overspend overall. However, within this an overspend is projected of £0.400m for inpatient services due to staffing and costs being above budgeted level, with this being partially offset by the projected underspend in community POA services driven by vacancies.
- Community Nursing are projecting an underspend of £0.090m as a result of vacancies earlier in the year, most of these posts are now filled.

4.1.2 **Adult Services**: The projected position for Adult Services is an overall underspend of £0.228m. This is driven by vacancies within General Adult Psychiatry, Substance Misuse Service and Learning Disability Teams.

4.1.3 **Other Areas**: For all other areas within the Core Hospital and Community Health position the projected position is a £0.286m underspend (an increased underspend of £0.080m from the last report), with the main variances being within Medical Training and staff vacancies.

4.1.4 **Prescribing:** An overspend of £0.349m is forecast. This is based on actual expenditure for 4 months to 31st July 2020 and is highly impacted by Covid. The forecast reflects the combined effect of activity and pricing to date, accrual and forecasting assumptions for the remainder of the year plus progress restrictions on savings initiatives. The Perth & Kinross actual activity volumes are lower than plan (by 6.1%) and lower than previous year (by 3.4%). Prices are higher than anticipated (by 6.3%). Forecasting remains particularly challenging and unachievable savings are forecast within the position. The 2020/21 Financial Plan included QSEP initiatives which have seen limited progress during the first half of the year due to Covid-19 response prioritisation and therefore any new benefits that might be identified during the second half of the year have not been assumed or built into current projections.

The forecast also includes additional Covid-19 expenditure of £0.132m during the first half of the financial year, of which Scottish Government income is expected but has not yet been received. These costs will be removed from future forecasts to be reported separately against Covid cost actuals.

4.1.6 **General Medical/Family Health Services:** An underspend of £0.281m is forecast as a result of both historical underspend and a recurring rates underspend. However this is entirely offset by significant in year 2c practice costs across Dundee and Angus, of which Perth & Kinross are attributed a £0.299m share of the overspend.

4.1.7 **Financial Plan Deficit:** The £1.2m underlying opening budget deficit for health services has been reduced through a small number of recurring opportunities to £1.016m.

4.1.8 **Large Hospital Set-Aside:** This is a budget that is devolved to the Partnership for Strategic Planning purposes but is operationally managed by the Acute Sector of NHS Tayside. As at 2019/20 this budget re-set at £16.280m. No variance is

projected against this budget as this is reported within the NHS Tayside Operating Division Financial Position.

4.2 HOSTED SERVICES

4.2.1 Perth and Kinross IJB (PKIJB) directed hosted services include Podiatry, Community Dental Services and Prison Healthcare. Excluding Covid costs, these are projecting an overall underspend of £0.162m 2020/21. This is a movement from the break even position reported at month 4, and is mainly due to slippage in staffing costs due to vacancies in year and a reduction in supplies spend.

4.2.2 Services hosted within Angus and Dundee IJB's are projecting an overall £0.951m overspend of which £0.319m is the P&K IJB share. However, of this share, £0.378m is related to projected Covid-19 costs. This forecast position has been adjusted to move the £0.378m into the Covid-19 position. The costs are detailed in the Covid-19 section below.

4.3 SOCIAL CARE

4.3.1 **Older People Services**: The projected position for Older People Services is an underspend of £0.521m. This is an increase of £0.292m from the last report. The main variances and movements are within –

- Care at Home projecting an underspend of £0.476m. This underspend has increased by £0.092m from last reported, and is due to the level of hours delivered being less than the level budgeted for. The HSCP recognises this as a priority to ensure improved response and options are being progressed to address unmet need and costs have been assumed for this in arriving at this forecast.
- Local Authority Homes are projecting an overspend of £0.206m. The homes are fully staffed, supplies costs are above budgeted level and income is forecast to be below the budgeted level.
- External Residential and Nursing Placements are forecasting an underspend of £0.101m. This is mainly driven by an underspend within the Physical Disability budget. The last report projected the placement underspend as an offset for Covid-19 costs, however due to recent increased demands this is now being reported within the core position.
- Further underspends are projected within Day Services, Equipment and Short Break services totalling £0.476m. Of these £0.317m were assessed as relevant to offset Covid-19 costs and have been deducted from the projected position.

4.3.2 **Adult Services**: The projected position for Adult Services is an underspend of £0.548m, this has increased significantly since the last report (additional £0.368m) and is mainly due to confirmed delays in packages commencing. A further £0.071m underspend was projected against respite services and has been assessed as a relevant offset to Covid-19 costs, this has been deducted from the projected position.

4.3.3 **Other Areas**: For all other areas within Social Care the projected position is a £0.028m overspend, the main overspend remains within the bad debt provision

(£0.130m). This is being offset by underspends now projected within Locality and Early Intervention and Prevention teams (£0.065m), mainly due to vacancies.

5. SAVINGS

5.1 The 2020/21 savings plan for Health & Social Care totalled £3.993m. Of this £2.668m is projected to be delivered.

5.2 Capacity to deliver the remaining £1.325m of savings in year has been significantly impacted due to COVID-19. The balance of £1.325m has been included within the Covid-19 cost as unachievable savings.

5.3 Detail of the savings plan projection is provided in Appendix 3.

6. RESERVES

6.1 As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves. These reserves are retained separately from general reserves. Appendix 4 sets out the anticipated year-end position as at 30 September 2020. At this stage, all earmarked reserves are expected to be fully utilised.

7. COVID 19 FINANCIAL POSITION OVERVIEW

7.1 The financial impact of PKHSCP's response to the Covid-19 pandemic is routinely reported to Scottish Government through the return of its Local Mobilisation Plan (LMP) templates. These returns detail costs incurred to date and the forecast for the year. These include costs incurred as a direct consequence of Covid-19; any offsetting benefits (e.g. reduced costs from the step-down of services), and the impact on deliverability of the IJB's savings plan for 2020/21.

7.2 In September, estimated gross projected expenditure of £7.066m was reported to the IJB. A further detailed forecast has now been undertaken based on the 6 months to 30th September 2020. The updated gross cost projection is £7.953m and the breakdown of costs is set out in Table 2 below.

TABLE 2

Action/Cost	Projected Cost £m
Provider Sustainability Payments	3.078
Unachieved Savings	1.325
Additional FHS Payments – GP Practices	0.625
Additional Staffing	0.620
Loss of Income	0.480
Angus/Dundee Hosted Services *	0.378
Mental Health	0.230
Care at Home Increased Packages	0.206
Personal Protective Equipment(PPE)	0.142
Prescribing	0.132
Additional Hospital Bed Capacity	0.157

Management Capacity	0.124
Support to Care Homes	0.117
Delayed Discharge Co-ordination	0.096
Care Home Placements	0.084
Other Community Care Provision	0.057
IT /Equipment	0.054
Communications	0.038
Prison Health *	0.010
Total Projected Costs	**7.953**

*PKIJB Share of hosted service cost

7.3 The Provider Sustainability Payment forecast takes account of the agreement reached between the Scottish Government and COSLA to tapering arrangements which will lead to a reduction in the level of payments in future months. This remains an area of high financial risk and subject to future change.

7.4 Scottish Government Local Mobilisation Plan Guidance requires where services have incurred reduced costs as a direct result of Covid, these must be used to 'offset' additional costs. As advised in section 4.3 above, projected social care service under spends of £0.388m are considered to be a direct result of Covid and have therefore been offset to arrive at the net Scottish Government funding requirement. This includes reduced under spends in relation to respite, day care and Occupational Therapy/Equipment.

7.5 On 30th September 2020, the SG announced additional funding for HSCP's based on their Quarter 1 submissions of forecast costs. The allocation is based on full funding of Quarter 1 costs. For Quarters 2 – 4, the allocation funds 50% of forecast social care costs and 70% of forecast health costs.
A further £2.504m has been allocated to PKHSCP over and above the £2.060m previously confirmed. In addition, £0.306m income for the PKIJB share of Angus and Dundee hosted services has been assumed.

7.6 The net forecast position in relation to Covid is summarised in Table 3 below.

TABLE 3

	Health	Social Care	Total
Gross Covid-19 Cost*	1.617	5.588	7.205
Less Service Offset	0	(0.388)	(0.388)
Less SG Income Received	(1.040)	(3.830)	(4.870)
Sub-Total Covid-19 Cost	**0.577**	**1.370**	**1.947**

*Excludes FHS & Prescribing

7.7 The significant risk to the IJB is that all Covid-19 costs are not funded in full. Should no further funding be provided, the projected exposure would be £1.947m. However, the overall additional allocation of budget from the SG remains subject to ongoing review and adjustment, with a formal review again in November 2020. It would appear there is a strong commitment to fund all HSCP actual costs of Covid.

7.8 PKHSCP are working closely with both PKC and NHST to ensure shared information to support ongoing financial management and identification of potential

mitigating actions required to deliver break even, should full finding not be received from the SG.

7.9 The current forecast costs remain subject to significant change. More refined estimates will be possible as activity becomes clearer and actual costs are incurred, however it is clear that further localised outbreaks, wider surges and additional Scottish Government guidance and commitments will all have an impact on costs over the remaining months of the financial year.

8. CONCLUSION

8.1 The projected core operational underspend of £1.207m is a movement of £1.953m from the position last reported.

8.2 After taking account of SG Income confirmed to date a net overspend on Covid costs of £1.947m is forecast. However, this is likely to be covered by additional Scottish Government Funding following further formal review in November.

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Appendices

Appendix 1 – Summary Financial Position
Appendix 2 - Hosted Services
Appendix 3 - Savings Delivery
Appendix 4 – IJB Reserves

	NHS Directed Services		Social Care		Health & Social Care Partnership	
	Budget £'000	Projection at End September Over / (Under) £'000	Budget £'000	Projection at End September Over / (Under) £'000	Budget £'000	Projection at End September Over / (Under) £'000
Older People Services	25,415	(819)	43,076	(521)	68,491	(1,340)
Adult Support & Wellbeing Services	4,119	(228)	24,213	(548)	28,332	(776)
Other Community Services	0	0	4,620	(65)	4,620	(65)
Management/Commissioned/Other	26,381	(286)	(14,524)	93	11,857	(193)
Sub-Total Hospital & Community Health	**55,916**	**(1,333)**	**57,385**	**(1,041)**	**113,301**	**(2,374)**
P&K IJB Hosted Services	8,467	(260)	0	0	8,467	(260)
Hosted Services Recharges	5,569	34	0	0	5,569	34
Sub-Total Hosted Services	**14,036**	**(226)**	**0**	**0**	**14,036**	**(226)**
GP Prescribing/Other FHS	25,936	359	0	0	25,936	359
General Medical Services/ Family Health Services	46,246	18	0	0	46,246	18
Sub-Total Core Position	**142,134**	**(1,182)**	**57,385**	**(1,041)**	**199,519**	**(2,223)**
Financial Plan Deficit	(1,175)	1,016	0	0	(1,175)	1,016
Total P&K HSCP	**140,959**	**(166)**	**57,385**	**(1,041)**	**198,344**	**(1,207)**
Large Hospital Set-Aside (as at 2019/20)	**16,280**	**0**	**0**	**0**	**16,280**	**0**

Covid Cost Position			
Undelivered Savings (Covid Mobilisation Costs)	396	938	1,334
Covid Mobilisation Costs	1,221	4,650	5,871
Offset from above Core Position	0	(388)	(388)
SG Income Confirmed	(1,040)	(3,830)	(4,870)
Total Covid Cost (after offset)	**577**	**1,370**	**1,947**
Grand Total	**411**	**329**	**740**

HOSTED SERVICES POSITION - PRIOR TO COVID COSTS BEING TRANSFERRED **Appendix 2**

SERVICES HOSTED IN PERTH & KINROSS IJB ON BEHALF OF TAYSIDE IJBs	ANNUAL BUDGET	YEAR END VARIANCE
	£	£
PERTH & KINROSS HOSTED SERVICES	8,368,922	130,784
HOSTED SERVICES ATTRIBUTABLE TO ANGUS & DUNDEE IJBs	5,565,400	93,700
BALANCE ATTRIBUTABLE TO PERTH & KINROSS	2,803,522	37,084

SERVICES HOSTED IN ANGUS AND DUNDEE ON BEHALF OF PERTH & KINROSS IJB	ANNUAL BUDGET	PROJECTED YEAR END VARIANCE
	£	£
PERTH & KINROSS SHARE OF SERVICES HOSTED IN DUNDEE		
Palliative Care	6,205,418	(450,000)
Brain Injury	1,785,563	(190,000)
Homeopathy	28,934	(6,000)
Psychology	5,313,798	400,000
Psychotherapy (Tayside)	896,417	(88,500)
Dietetics (Tayside)	3,122,527	120,000
Sexual & Reproductive Health	2,131,120	270,000
Medical Advisory Service	104,535	40,000
Tayside Health Arts Trust	63,222	0
Learning Disability (Tay Ahp)	851,534	100,000
Balance of Savings Target/Uplift Gap	(537,995)	(609,406)
Grand Total	19,965,073	(413,906)
Perth & Kinross Share (33.5%)	6,688,300	(138,700)
PERTH & KINROSS SHARE OF SERVICES HOSTED IN ANGUS		
Forensic Service	1,008,853	(180,000)
Out of Hours	7,591,375	(450,000)
Tayside Continence Service	1,872,116	0
Pharmacy	1,502,839	9,000
Speech Therapy (Tayside)	1,199,794	136,000
Balance of Savings Target/Uplift Gap	97,345	(51,572)
Grand Total	13,272,322	(536,572)
Perth & Kinross Share (33.5%)	4,446,200	(179,800)
TOTAL PERTH & KINROSS SHARE OF SERVICES HOSTED ELSEWHERE	11,134,500	(318,500)
TOTAL PERTH & KINROSS SHARE OF ALL HOSTED SERVICES	13,938,022	(281,416)

PKIJB Financial Recovery Plan
2020/21
as at September 2020

Description	Planned £m	Projected (as at September 2020) £m	Variance Shortfall / (-) Surplus £m
Ring fenced Surplus for Health Services within 2019/20 Financial Plan	0.457	0.457	0.000
Relocation from Highland House	0.048	0.048	0.000
Integration of Health & Social Care Teams	0.267	0.092	0.175
Redesign of Rehabilitation Beds	0.240	0.000	0.240
General Pharmaceutical Services Budget Realignment	0.880	0.880	0.000
Quality, Safety & Efficiency in Prescribing	0.412	0.412	0.000
Prescribing Management Group Savings Plan	0.094	0.094	0.000
Single Handed Care	0.100	0.100	0.000
Review of Supported Living	0.160	0.148	0.012
Review of Care Home Placements	0.462	0.232	0.230
Transformation of Services for People with Complex Care Needs	0.500	0.105	0.395
Review of Care at Home	0.100	0.100	0.000
Contributions Policy	0.273	0.000	0.273
Totals	**3.993**	**2.668**	**1.325**

APPENDIX 4 IJB RESERVES

In March 2017 (IJB Report G/17/51) the IJB described and agreed its 'Reserves Policy'. This set out that the IJB may hold both 'ear-marked' reserves and general reserves. Ear-marked reserves will generally be for specific projects or ear-marked due to specific constraints or factors regarding funding, while general reserves are intended to assist the IJB manage its overall resources over the longer term. The IJB agreed it would set itself a target of having a general reserve equivalent to 2% of approved budgets (c£3.8m).

As at March 2020, the IJB's Annual Accounts showed that Perth & Kinross IJB had £1.159m of earmarked reserves.

Earmarked reserves will most likely be for specific projects and may be triggered by specific factors regarding funding. At the end of 2019/20 the IJB ring-fenced reserves includes Scottish Government funding to support the new GMS Contract (Primary Care Improvement Fund), Mental Health Funding (Action 15 funding), and Alcohol and Drug Partnership (ADP) Funding. These reserves are retained separately from general reserves.

The table below sets out the anticipated year-end position as at 30 September 2020.

Perth & Kinross IJB Earmarked Reserves			
	Opening Balance 1 April 2020	Increase or (reduction) in reserve	Closing balance 31 March 2021
	£'000	**£'000**	**£'000**
Scottish Government - Primary Care Improvement Fund	66	(66)	0
Scottish Government - Mental Health - Action 15 Fund	19	(19)	0
Scottish Government - Primary Care Transformation Fund	355	(355)	0
Scottish Government- ADP Fund	206	(206)	0
Partnership Transformation Fund	431	(431)	0
GP Premises Improvement Fund	82	(82)	0
Total	**1,159**	**(1,159)**	**0**

Note - The Out of Hours funding for Tayside is being carried forward by Angus as the Host IJB. This is being carried forward on behalf of all 3 IJBs in a ring fenced reserve.

PERTH & KINROSS INTEGRATION JOINT BOARD

9 DECEMBER 2020

2021/22 BUDGET

Report by the Chief Financial Officer
(Report No. G/20/152)

PURPOSE OF REPORT

The purpose of this report is to update the Perth & Kinross Integration Joint Board (IJB) on the development of the 2021/22 Budget.

1. RECOMMENDATIONS

1.1 It is recommended that the IJB:-

(i) Agree to the development of a 1 year budget for 2021/22 based on provisional budget agreed in March 2020.

(ii) Note the update of pressures, savings and income.

(iii) Note the work being done to identify non-recurring pressures and opportunities and to develop a balanced 2021/22 In Year Financial Plan.

(iv) In relation to Covid 19, note the national discussions around additional funding for 2021/22 to meet ongoing additional costs.

2. BACKGROUND

2.1 The IJB approved a provisional budget for 2021/22 and 2022/23 at the March 2020 meeting as part of its 3 Year Financial Recovery Plan.

2.2 In normal circumstances PKHSCP would bring forward a refresh of the 2021/22 and 2022/23 provisional budgets and propose a further budget for 2023/24. However due to the ongoing emergency response to the Covid 19 pandemic, it is proposed that a budget for 2021/22 only be brought forward. This recognises the limited capacity of Heads of Service and their teams consider and develop longer term proposals. It also recognises that it is too early to understand and consider the implications of Covid 19 in the longer term and the opportunities that may be available to reshape services to lock in many of the accelerated benefits that our response to Covid 19 has achieved.

These need to be properly considered in the context of the objectives of the Strategic Commissioning Plan as part of a wider strategic planning process.

3 PROGRESS TO DATE

3.1 Appendices 1 and 2 set out the provisional and revised 2021/22 budget for Health Services and Social Care Services, based on the review undertaken.

3.2 Review of Pressures

A full review of pressures has been undertaken linking with service managers and considering best intelligence including updated demographic information.

3.3 The key movements are as follows:-

- A £523k increased provision for National Care Home Contract Rates in anticipation of a higher than average percentage increase.
- Addition of £250k pressure in relation to the ongoing implementation of the Carers Act, with offsetting Scottish Government income also assumed.
- A £170k pressure added as an Essential Service Development to address the lack of Strategic Planning Capacity within the IJB. This has been identified as a key risk to delivery of IJB's aims and objectives in both the Joint Inspection and by External Audit. This investment will address this critical gap through the appointment of a Head of Strategic Planning and Performance and a supporting Planning Lead.
- A £58k pressure added as an Essential Service Development to support and co-ordinate volunteers and volunteer services in all localities.
- A reduction in demand pressures of £467k as a result of updated actual costs, trend analysis and forecasting information.
- A reduction of £121k in provision for Living Wage costs based on confirmed national uplift being announced.

3.4 Review of Savings

A summary of the savings approved as part of the provisional budget for 2021/22 is attached at Appendix 3. A full review has been undertaken to consider ongoing deliverability whilst recognising that the In Year Financial Plan may need to recognise a level of in year slippage. All savings are considered to be deliverable on an ongoing basis aside from Care Home Placements.

3.5 The Care Home Placement saving was part of the overall Older People and Unscheduled Care Invest to Save Proposal which sought to deliver a shift in the balance of care through investment in the LiNCs Service. Whilst now implemented, the development of this service has been delayed and therefore the intended impact of the new locality teams to keep people at home for longer and reduce stay in Care Homes has been delayed. It is proposed

therefore that the anticipated 2021/22 savings be formally rephased to 2022/23.

3.6 **Review of Income**

3.7 The 2021/22 Provisional Budget was not updated to reflect the unanticipated late increase in Scottish Government Social Care Allocation received for 2020/21. This has now been undertaken and this increases anticipated income from £1.786m to £2.960m. Whilst it is hoped that an early indication may be provided by Scottish Government around funding, it is not likely to be formalised until the Scottish Budget is announced in late January 2021.

3.8 **Uplift from Partners**

3.9 Perth & Kinross Council did not provide for any uplift to PKIJB for 2021/22 as part of their provisional budget. There is no change anticipated to this position.

3.10 In line with previous years it has been assumed that NHS Tayside will pass on to all 3 IJB's their full share of uplift received from Scottish Government. The 3% uplift assumed in the provisional budget is still considered to be prudent.

3.11 **Movement from Provisional Recurring Budget 2021/22**

3.12 The provisional budget for 2021/22 approved by the IJB set out a net recurring deficit of £694k for Health Services. The revised budget set out at Appendix **2** presents a reduced net recurring deficit of £562k.

3.13 For Social Care, an adjustment has been required to the presentation of the 2021/22 provisional budget to remove the £600k pay pressure for which PKC anticipate that PKIJB can generate a net budget surplus that can be transferred to cover these increased staff costs. The adjusted provisional budget sets out a net available budget to transfer of £379k, a shortfall of £221k. The revised budget sets out a net available budget to transfer of £479k, a shortfall of only £121k.

3.14 The 2021/22 Recurring Budget set out is still draft and will be updated to reflect any further material movements in pay, price and uplift assumptions once further information becomes available.

4 Working with NHS Tayside and Perth & Kinross Council

4.1 The Chief Officer and Chief Financial Officer are working collaboratively with Perth & Kinross Council to support respective budget setting processes. This work commenced in November 2020.

4.2 The 3 Chief Financial Officers in Tayside will work closely with the NHS Tayside Senior Finance Team to support the retrospective budget setting processes from the earliest possible stage.

5 Development of 2021/22 in Year Financial Plan

5.1 To offset the gap in the recurring financial plan for 2021/21, an in year parallel plan is being developed. This will also take account of in year slippage anticipated on savings delivery. The budget that will come forward to the IJB for approval in March 2021 will consolidate the recurring plan as outlined along with the in year pressures and opportunities.

6. Costs of Covid 19 in 2021/22

6.1 The 2021/22 revised budget at this stage makes no assessment of direct additional costs of Covid in 2021/22. Discussions are underway nationally between the Scottish Government and NHS Directors of Finance / Chief Financial Officers around the quantum of likely costs of Covid in 2021/22 and initial forecasts have been requested using a formula based approach.

6.2 The impact of Covid on costs remains a financial risk however the Scottish Government have indicated a strong commitment to additional 2021/22 funding.

7. Accelerated Development of 3 Year Plan 2022/23: 2024/25

7.1 Following consideration of the 2021/22 Budget in March, PKHSCP anticipate taking forward an accelerated strategic review of services to consider how many of the positive service changes made in response to Covid can support sustainable service delivery in line with strategic plan objectives moving forward. This essential work will support the effective development of a 3 Year plan for 20221/23: 2024/25.

8. Conclusion

8.1 PKHSCP recognise fully the importance of medium term financial planning in delivering sustainable services. The 3 year Financial Recovery Plan approved by the IJB in March 2020 established a best practice approach to longer term financial planning. This stepped change has been positively endorsed by External Audit.

8.2 Unfortunately, the Covid 19 Pandemic not only severely curtails the capacity of Heads of Service to engage effectively in long term planning but also requires us to much more fundamentally consider the shape of future service that lock in the service Improvements that have been made as part of Covid Response for the longer term.

8.3 As an extraordinary but pragmatic response, a one year 2021/22 budget will be brought forward to the IJB for approval in March 2021. This paper summarises the work to update the provisional budget for 2021/22 approved by the IJB in March 2020. It also outlines the further work being undertaken to set out the non-recurring pressures and opportunities that will impact in 2021/22 and these will be included in the Budget to be brought forward.

8.4 In relation to ongoing impact of Covid 19 into 2021/22, discussions are taking place between NHS Directors of Finance and Chief Financial Officers to understand the magnitude of further additional costs that will be incurred next year as a direct result of Covid. At this stage the Financial Plan makes the assumption that additional costs in PKHSCP will be fully offset by additional funding.

Jane M Smith
Chief Financial Officer

Appendices

Appendix 1 2021/22 Draft Social Care Services Budget
Appendix 2 2021/22 Draft Health Services Budget
Appendix 3 2021/22 Approved Savings

APPENDIX 1

2021/22 Financial Plan

Social Care	**2021/22**		
Pressures	**Approved March 2020 £'000**	**Revised £'000**	**Increase / (Decrease) £'000**
Care Home Contract Rates	1,026	1,549	523
Living Wage Increase	544	423	(121)
Free Personal Care Inflation increase	86	90	4
Sub-Total Pay & Price Pressures	**1,656**	**2,062**	**406**
Older People Residential/Nursing Placements	272	230	(42)
Care at Home	340	225	(115)
OT equipment demand	50	50	0
Learning Disabilities Transitions	599	613	14
Learning Disability & Mental Health Increased Demand - Social Care	494	412	(82)
Carers Act	0	250	250
Sub-Total Demand Pressures	**1,755**	**1,780**	**25**
RVS	0	58	58
Strategic Planning Capacity	0	85	85
Sub-Total Essential Service Development	**0**	**143**	**143**
Total Pressures	**3,411**	**3,985**	**574**

Savings / Income	**Approved March 2020 £'000**	**Updated £'000**	**Increase / (Decrease) £'000**
Integration of Health & Social Care Teams	30	30	0
Prepaid Card Scheme	40	40	0
Review of Care Home Placements	500	0	(500)
Transformation of Services for People with Complex Care Needs	250	250	0
Review Care at Home	200	200	0
PKC Income through Contributions Policy	435	435	0
Sub-Total Savings	**1,455**	**955**	**(500)**
Scottish Government Social Care Allocation	1,786	2,960	1,174
Resource Transfer Uplift	549	549	0
Sub-Total Income	**2,335**	**3,509**	**1,174**
Total Savings/Income	**3,790**	**4,464**	**674**

Gap / (Surplus)	**(379)**	**(479)**	**(100)**

* Note the Pay Pressure has been removed from plan due to this being offset by PKC Budget

APPENDIX 2

2021/22 Financial Plan

Health	**2021/22**		
Pressures	**Approved March 2020 £'000**	**Updated £'000**	**Increase / (Decrease) £'000**
3 Year Financial Plan Deficit from Year 1	1,175	1,268	93
Pay Costs	1,277	1,294	17
Sub-Total Brought Forward and Pay	**2,452**	**2,562**	**110**
OT equipment demand	40	40	0
Learning Disability & Mental Health Increased Demand - Health	383	141	(242)
Prescribing Item and Price Growth	400	400	0
Sub-Total Demand	**823**	**581**	**(242)**
Primary Care Resilience Team	48	48	0
Sub-Total Essential Service Development	**48**	**48**	**0**
Total Pressures	**3,323**	**3,191**	**(132)**

Savings / Income	**Approved March 2020 £'000**	**Updated £'000**	**Increase / (Decrease) £'000**
Integration of Health & Social Care Teams	148	148	0
Redesign of Rehabilitation Beds	500	500	0
Quality Safety Efficiency Prescribing (QSEP)	100	100	0
Sub-Total Savings	**748**	**748**	**0**
NHST Uplift	1,881	1,881	0
Sub-Total Income	**1,881**	**1,881**	**0**
Total Savings/Income	**2,629**	**2,629**	**0**

Gap / (Surplus)	**694**	**562**	**(132)**

APPENDIX 3

Health & Social Care - Savings
2021/22 Financial Plan

Service	Description	Planned £'000
Health	Redesign of Rehabilitation Beds	500
Health	Integration of Health & Social Care Teams	148
Health	Quality, Safety & Efficiency in Prescribing	100
Social Care	Contributions Policy	435
Social Care	Transformation of Services for People with Complex Care Needs	250
Social Care	Review of Care at Home	200
Social Care	Prepaid Card Scheme	40
Social Care	Integration of Health & Social Care Teams	30
	Sub-Total Health	**748**
	Sub-Total Social Care	**955**
	Total Savings Health & Social Care	**1,703**

PERTH & KINROSS INTEGRATION JOINT BOARD

09 December 2020

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/20

Report by Chief Social Work Officer, Jacquie Pepper
(Report No. G/20/154)

PURPOSE OF REPORT

This report provides the Chief Social Work Officer's (CSWO) overview of social work services in Perth and Kinross during the financial year 2019/20. It sets out how social care and social work and criminal justice social work services have been delivered up until the end of March 2020 and the key challenges in responding to COVID-19 up until the end of July 2020. The report also details the arrangements to enable the CSWO to fulfil the responsibilities outlined in Section 5 (1) of the Social Work (Scotland) Act 1968 (as amended).

1. BACKGROUND/MAIN ISSUES

1.1 The Social Work (Scotland) Act 1968 requires every Local Authority to appoint a single Chief Social Work Officer.

1.2 Scottish Ministers published statutory guidance in 2016 on the role of the CSWO for local authorities and partnerships which have certain social work functions delegated to them. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the full range of the local authority's statutory functions and the updated guidance sets out the importance of the CSWO role within Integrated Joint Boards.

1.3 The CSWO is accountable to elected members of the Council and must be:

- A qualified social worker, registered with the Scottish Social Services Council;
- Designated as a 'proper officer' of the local authority;
- Of sufficient seniority and experience in both the operational and strategic management of social work services; and
- A non-voting member of the integration authority.

1.4 The CSWO is a role and function, rather than a specific job description and is therefore distinct from the post holder's operational management responsibilities and from the role of the Chief Officer of the integration authority. It is for the CSWO to use their authority to challenge and intervene when proposals may have a detrimental impact on vulnerable citizens or to the workforce on whom they depend. In leading the social care and social work profession, the CSWO provides:

- Professional independent advice to the Chief Executive and elected members in relation to the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968;
- Strategic and professional leadership in the delivery of social work services;
- Assistance to local authorities and their partners in understanding the complexities and cross-cutting nature of social work services and the key role they play in meeting local and national outcomes; and
- Support for performance management and the management of corporate risk.

1.5 Together with the CSWO, elected members have duties to oversee that effective, professional and high-quality social work and social care services are delivered to professional standards. The annual CSWO report, and its consideration by Perth and Kinross Council and the Perth and Kinross Integrated Joint Board, is one important way to accomplish this. The CSWO annual report is an opportunity to gauge the quality of performance of social work and social care services and to identify the challenges for continuing to meet the needs of local people and communities into the future.

1.6 Over 2019/20, the CSWO role was carried out by Jacquie Pepper alongside her responsibilities as Depute Director (Education and Children's Services). The Head of Adult Social Work and the Head of Services for Children, Young People and Families deputise and provide cover when required.

2. PROPOSALS

2.1 The Office of the Chief Social Work Adviser (CSWA) uses all 32 CSWO Reports to produce a national summary report and this provides an opportunity to set our local social care and social work services in the wider national context.

2.2 The report considers how social work and social care services have been delivered over the last financial year (1 April 2019 to 31 March 2020). It also identifies the challenges which have faced social work and social care services as a result of the COVID-19 pandemic, and where possible, provide performance information for the period 1 April 2020 to 31 July 2020. It was important to provide an overview and give assurance to elected members at the earliest opportunity through an accurate appraisal

of demand and performance during a period of unparalleled challenge, and, when the wellbeing of our most vulnerable citizens has never been so compromised.

2.3 The report illustrates how social care and social work services delivered outcomes for service users over 2019/20 including:

- Continuing to achieve a balance of care for children who are looked after in the community at 96% for the second year running.
- The successful implementation of REACH as a new intensive service providing support for young people on the edges of care and their families has helped to maintain the low numbers of young people becoming looked after away from home in residential care since 2018.
- Continued good practice in promoting and supporting Kinship Care and successful efforts to expand the availability of foster care and family-based care.
- The numbers of young people over the age of 16 who are supported to remain in the care placement up to the age of 18 and to take up the option of Continuing Care continues to increase and is currently 27.
- Sustained strong performance in low reconviction rates for adult offenders against national comparisons.
- Sustained performance in reducing delayed discharge and supporting people to return to their own home with independence.
- Continued upward trend in the numbers of people opting for Self-Directed Support and as a percentage of total social work spending on adults aged 18 or over.
- Care services continue to provide high quality care to local people with 86% of quality themes that were evaluated, as good or very good, which is higher than the Scotland figure of 82%.

2.4 Key priorities for 2019/20 were taken forward within a context of integration and multi-agency partnership working. This includes the actions to address demand pressures across a number of key areas. Considerable progress has been made in taking forward transformational change towards earlier intervention and new sustainable models of service delivery which better meet the needs of our communities.

2.5 During the response to COVID-19, social work and social care staff have worked ceaselessly to care for and protect the most vulnerable people across all communities in Perth and Kinross. The Chief Social Work Officer is confident that staff across all sectors have done everything possible to minimise the impact of COVID-19 and have acted professionally, selflessly and safely throughout this unparalleled time. They stepped up to the plate reliably to provide essential services for people from the point of lockdown, learning to work in new ways and managing increasingly complex circumstances and entrenched difficulties. As a result, the needs of our citizens with the most acute and enduring difficulties have been prioritised.

2.6 The Chief Social Work Officer's Report highlights the significantly higher workload as a result of COVID-19 within Services for Children, Young

People and Families and notes that the social work teams are managing higher child protection caseloads with no additional staffing resource. In order to ensure that resources are not directed away from preventative, earlier intervention work, it is proposed that additional social work staff are recruited to this area on a temporary basis.

2.7 The Coronavirus (Scotland) Act 2020 (the Act) commenced in April 2020 and provided Local Authorities with the power to apply easements to statutory requirements set out in:

- Section 12A of the Social Work (Scotland) Act 1968– this relates to the duty to support people in need of assistance, carry out an assessment of need and to act to meet these needs;
- Section 23 of the Children (Scotland) Act 1995–this relates to the duty to safeguard and promote the welfare of children in particular for children and their families affected by disability;
- Section 29 of the Children (Scotland) Act 1995– this relates to the duty to provide after-care (in the form of advice, guidance and assistance) to young people, for example, those who were formerly looked after; and
- Section 24 of the Social Care (Self-directed Support)(Scotland) Act 2013 and Sections 6 and 12 of the Carers (Scotland) Act 2016– these relate to the duty to provide support to adult carers and young carers.

2.8 The purpose of the Act and associated statutory guidance was to allow local authorities and integration authorities to manage intense localised outbreaks and to work in a more flexible way to assess and meet needs. Demand pressures and staffing have been monitored closely since March 2020 and it has not been necessary to apply these powers to date. Staff and managers have responded with huge determination to continue to offer the optimum response and level of service to all service users and it is to their credit that statutory requirements have continued to be met. As we move into winter and with the prospect of a resurgence of the virus, the option to “switch on” these easements will remain under constant review.

2.9 The CSWO annual report emphasises a commitment across social work and social care services to the principles of recovery and renewal agreed by Council. There are many heartening and successful examples of involving people who use services in their redesign. In addition, there are many examples of inventive and adaptive changes to working practices that have been put into place to ensure that essential services are maintained and core statutory duties fulfilled during the global pandemic. Many of these changes have proven to be efficient and effective and work will be taken forward in the renewal and recovery work in due course.

2.10 The key challenges going into 2020/21 will be:

- Pressing ahead with review and transformation in line with the principles for Recovery and Renewal and the Perth and Kinross Offer

to address recurring demand pressures and to secure earlier intervention and prevention including:

  - Developing new models of support for adults with complex needs and to improve transitions from children to adult services
  - Continued development of technology enabled care
  - The increased demand in relation to adults with incapacity or mental disorder
  - Extending the reach of early help and family support learning the lessons of REACH (taking a preventative approach to address the increase in the numbers children and young people for whom there is a concern for their welfare or who need protection)

- Continuing to meet our corporate parenting responsibilities and responding to the recommendations of the Independent Care Review set out in The Promise to achieve whole-systems change for care experienced children and young people;
- Continuing the support for care home and care at home services to manage the ongoing impact of COVID-19 focusing on infection, prevention and control and managing the additional demands arising from that and workforce pressures;
- Procurement and implementation of a new fit for purpose social work and social care IT system and associated staff development;
- Embedding positive changes to working practices, including the use of technology;
- Managing the financial pressures and increasing demands across all sectors;
- Responding to workforce pressures and recruitment challenges in social care services;
- Enhancing the availability of Self-Directed Support to provide personalised care for individuals and families;
- Working in partnership with key third sector organisations to deliver a range of essential services and continuing to explore areas for collaboration and jointly commissioning services with partners;
- Developing and implementing new workforce development programmes in public protection and disseminating learning from case reviews; and
- Implement a new service for supporting men in the justice system early in 2021.

3. CONCLUSION AND RECOMMENDATION

3.1 The CSWO's assessment of performance over 2019/20 is that overall performance in securing high quality experiences for people who use social work and social care services has remained good despite major challenges. The continued improvements in outcomes for children and young people in need of care are demonstrated showing that the focus on prevention is having a positive impact on outcomes and bringing down spend on external residential placements. Within adult services, the strong partnership approach that exists at team and practitioner level continues to

be evident. Determined and committed staff are delivering a high quality of service to our citizens. That is a huge achievement and demonstration of the contribution our social care and social work staff can make to the experience of our most vulnerable citizens.

3.2 Since COVID-19 restrictions were imposed in March 2020, social work and social care staff have worked continuously to care for and protect the most vulnerable people across all communities in Perth and Kinross. They have adapted well to new working conditions and have shown creativity in devising new ways of working that continue to meet needs. There is a challenge to ensure that this valued workforce receive the support they need to continue to provide these essential and critical services heading into winter and during resurgences of the virus. The Recovery and Renewal work in the Education and Learning and Equalities and Fairness workstreams should help to address this and the development of the Perth and Kinross Offer will be central to the redesign and transformation of social work and social care services.

3.3 This report provides examples of social work and social care professionals leading the redesign of services towards prevention, earlier intervention and personalisation. This innovation and investment in new ways of working are now making significant inroads to addressing longstanding pressures in areas such as residential care for young people. Continued investment in a skilled, adaptable and digitally aware workforce which is supported by a more advanced IT system from 2020 will be key over the next few years.

3.4 It is recommended that Perth & Kinross IJB :

(i) Note the CSWO Annual Report for 2019/20 as set out in Appendix 1.

Author

Name	Designation	Contact Details
Jacquie Pepper	Chief Social Work Officer	ECSCommittee@pkc.gov.uk 01738 475000

Approved

Name	Designation	Date
Sheena Devlin	**Executive Director (Education and Children's Services)**	**29 September 2020**

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ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	**Yes / None**
Community Plan / Single Outcome Agreement	**Yes**
Corporate Plan	**Yes**
Resource Implications	
Financial	**None**
Workforce	**None**
Asset Management (land, property, IST)	**None**
Assessments	
Equality Impact Assessment	**None**
Strategic Environmental Assessment	**None**
Sustainability (community, economic, environmental)	**None**
Legal and Governance	**None**
Risk	**None**
Consultation	
Internal	**None**
External	**None**
Communication	
Communications Plan	**None**

1. Strategic Implications

Community Plan/Single Outcome Agreement

1.1 This section sets out how the proposals relate to the delivery of the Perth and Kinross Community Plan/Single Outcome Agreement in terms of the following priorities:

(i) Giving every child the best start in life
(ii) Developing educated, responsible and informed citizens
(iii) Promoting a prosperous, inclusive and sustainable economy
(iv) Supporting people to lead independent, healthy and active lives
(v) Creating a safe and sustainable place for future generations

This report relates to Objective No. (i), (ii) and (iv).

Corporate Plan

1.2 This section sets out how the proposals relate to the achievement of the Council's Corporate Plan Priorities:

(i) Giving every child the best start in life;
(ii) Developing educated, responsible and informed citizens;
(iii) Promoting a prosperous, inclusive and sustainable economy;
(iv) Supporting people to lead independent, healthy and active lives; and
(v) Creating a safe and sustainable place for future generations.

This report relates to Objective No. (i), (ii) and (iv).

1.3 The report also links to the Education & Children's Services Policy Framework in respect of the following key policy area:

- Integrated Working

2. Resource Implications

Financial

2.1 None.

Workforce

2.2 Any future workforce implications will be reported via individual service reports.

Asset Management (land, property, IT)

2.3 None

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 have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

(i) Assessed as **not relevant** for the purposes of EqIA

Strategic Environmental Assessment

3.2 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.

This section reflects that the proposals have been considered under the Act and no action is required as the Act does not apply to the matters presented in this report. This is because the Committee are requested to note the contents of the report only and the Committee are not being requested to approve, adopt or agree to an action or to set the framework for future decisions.

Sustainability

3.3 Not applicable

Legal and Governance

3.4 Not applicable

3.5 Not applicable

Risk

3.6 Not applicable.

4. Consultation

Internal

4.1 Head of Service Adult Social work and Head of Services for Children, Young People and Families have contributed to this report.

External

4.2 Not applicable.

5. Communication

5.1 Not applicable

2. BACKGROUND PAPERS

None

3. APPENDICES

Appendix 1 - Chief Social Work Officer Annual Report 2019/20

PERTH & KINROSS COUNCIL

Chief Social Work Officer Annual Report 2019/20

Artwork credit with thanks to *Lisa Z* from OWLS

"*The painting is one I did the other day, my submission to the Grayson Perry's Art Club on Channel 4, for the theme 'View from my window'. I used to see this couple walking by every morning, they must in their 80's/90's, and the sight of them would always bring a smile to my face. Haven't saw them for a couple of weeks now, hope they're ok*."

Table of Contents

1 Introduction

This Chief Social Work Officer Annual Report for 2019/20 provides an overview of social work and social care delivery, statutory social work functions as well as local achievements and challenges. Although this report looks back over the last financial year, it has been written at a time when our social work and social care services have been dealing with unprecedented demands as a result of the impact of the COVID-19 pandemic. Social work and social care staff have worked ceaselessly, skilfully and professionally, facing their own fears and anxieties with huge selflessness as they have continued to care for and protect the people they support.

I would like to thank each frontline care worker, social worker and unpaid carer for the compassion, commitment and hard work that has been demonstrated in huge measure across Perth and Kinross. I would also like to thank care providers, their representative bodies, our managers and a wide range of local organisations who have worked at pace and in partnership to support the care sector during this difficult time.

The measures to combat COVID-19 have been necessary to save lives. But those measures also cause harm and can have negative impacts on people in our society who are least able to withstand them. Sadly, Scotland has witnessed the loss of lives across its communities and in care homes. The harms caused by the pandemic are not felt equally and our recovery must recognise these unequal impacts. Just as we have sought to shield those most at risk during lockdown, we must continue to provide additional support for those who will need it into the longer term and seek to advance equality and protect human rights.

I am confident that our social work and social care staff across all sectors have done everything possible to minimise the impact of COVID-19 and have acted professionally, selflessly and safely throughout this unparalleled time. They stepped up to the plate reliably to provide essential services for people from the point of lockdown, learning to work in new ways and managing increasingly complex circumstances and entrenched difficulties. The work has been relentless as the unremitting demands of the pandemic has continued. I am conscious of the need to support our skilled and valued staff in new ways as we pass six months of working through the complexities and stresses of COVID-19, as looking ahead, there is still a lot to do. The demand for social work and social care services has increased as lockdown has been eased, and winter is approaching. Nationally, and locally we will need to consider how the most vital services of social work and social care are properly recognised and strengthened. This report aims to reaffirm the value of the skilled and devoted people we have. During COVID-19, the additional demands in both adult and children's services have been acute, yet staff have rallied. In this report, I acknowledge how difficult that will be to sustain in the longer term without additional resources and highlight areas with a pressing need for increased capacity in the short to medium term.

As Chief Social Work Officer, I am both proud and humbled by the dedication, creativity and quiet can-do attitude of everyone working in social work and social care in Perth and Kinross. They consistently go the extra mile and are truly dedicated to making a positive and lasting impact on the lives of our more vulnerable citizens.

Jacquie Pepper
Chief Social Work Officer

2 Governance and Accountability

Discharging the requirements of the Chief Social Work Officer

The role of Chief Social Work Officer (CSWO) includes providing professional governance, leadership and accountability for the delivery of social work and social care services.
The CSWO reports to the Chief Executive, Elected Members and Integration Joint Board. Alongside the role of CSWO, the current CSWO is also the Depute Director of Education and Children's Services.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional social work issues. During 2019/20, the CSWO discharged the requirements of the role as follows:

- Reporting to a range of Perth and Kinross Council committees
- Member of the Council's Executive Officer Team and Corporate Management Group
- Access to elected members, Chief Executive and Chief Officers as required
- Member of the Community Planning Partnership delivery groups for Children, Young People and Families and Community Justice
- Member of the Perth and Kinross Chief Officers Group for Public Protection
- Member of the Adult and Child Protection Committees (including chairing the Multi-agency Practice Review Group and providing advice and challenge in relation to case review)
- Close links with key partnerships such as Violence Against Women Partnership and Alcohol and Drug Partnerships and is linked to the Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group for Tayside;
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board (IJB)
- Non-voting member and professional advisor to the Perth and Kinross Integrated Joint Board's Audit and Performance Committee
- Co-chair of the Health and Social Care Partnership's Care and Professional Governance Forum
- Member of the NHS Tayside Clinical Quality Forum alongside the CSWO for Angus and Dundee

The CSWO takes part in the budget review process across all relevant services ensuring that the needs of vulnerable and at-risk groups needs are highlighted and considered. The CSWO also leads the Council's panel for safe recruitment, ensuring proportionate decision-making to protect service-users and the public and at the same time ensuring that the Council is an inclusive employer. The CSWO is the lead signatory for the Scottish Social Services Council as the regulator of the social care workforce ensuring that the codes of practice are adhered to and acting as a point of contact when there are concerns about an employee's fitness to practice.

The Heads of Service for Adult Social Work and Services for Children, Young People and Families, as senior social work leaders, support the CSWO to have oversight of key local, regional and national developments and considering the most appropriate local response.

The CSWO has continued to provide visible leadership over the last year by meeting with staff teams across Perth & Kinross to learn first-hand of the issues faced by the workforce in social work services and to encourage good practice and innovation. This has included visits to day care centres, care homes, out of hours services, practice teams, the two prisons and opportunities to engage with staff and people who use services.

In support of the Tayside Children's Services Collaborative, the CSWO chairs Priority Group 5 of the Tayside Children's Services Plan which is taking forward a collaborative approach across the three Child Protection Committees to improve practices and standards in child protection and safeguarding.

Nationally, the CSWO takes part in bi-monthly meetings of all 32 CSWO supported by Social Work Scotland. She is also Co-Chair of Social Work Scotland's Children and Families Standing Committee and a member of Scottish Government Steering Groups for the revision of the National Child Protection Guidance and a new strategic approach for conducting Significant Case Reviews.

COVID-19 Response

During the emergency response to the national pandemic presented by COVID-19, the Chief Social Work Officer was a member of Perth and Kinross Council's Gold Command and attended daily and weekly meetings to ensure that the Council responded quickly and effectively, ensuring that the most vulnerable and at-risk citizens needs were met.

The priority for social work and social care services was to focus on the delivery of *essential* services. The immediate response to the pandemic required the identification of the highest priority services, adequately resourcing these and adapting delivery in line with government guidelines. The Chief Social Work Officer ensured the design and publication of local practice guidelines, robust guidance on risk assessment and the use of Personal Protection Equipment (PPE) applicable to the range of tasks carried out by all social work and social care staff.

The Coronavirus (Scotland) Act 2020 (the Act) commenced in April 2020 and provided Local Authorities and Integration Authorities with the power to apply easements to statutory requirements set out in:

- Section 12A of the Social Work (Scotland) Act 1968– this relates to the duty to support people in need of assistance, carry out an assessment of need and to act to meet these needs;
- Section 23 of the Children (Scotland) Act 1995–this relates to the duty to safeguard and promote the welfare of children in particular for children and their families affected by disability;
- Section 29 of the Children (Scotland) Act 1995– this relates to the duty to provide after-care (in the form of advice, guidance and assistance) to young people, for example, those who were formerly looked after; and
- Section 24 of the Social Care (Self-directed Support)(Scotland) Act 2013 and Sections 6 and 12 of the Carers (Scotland) Act 2016– these relate to the duty to provide support to adult carers and young carers.

The purpose of the Act and associated statutory guidance was to allow local authorities and integration authorities to manage intense localised outbreaks and to work in a more flexible way to assess and meet needs. Demand pressures and staffing have been monitored closely since March 2020 and reported through the Gold Command arrangements. It has not been necessary to apply these powers to date. Staff and managers have responded with huge determination to continue to offer the optimum response and level of service to all service users and it is to their credit that statutory requirements have continued to be met. As we move into winter and with the prospect of a resurgence of the virus, the option to "switch on" these easements will remain under constant review.

The Chief Social Work Officer was also a member of the Perth and Kinross Interim COVID-19 Public Protection Chief Officer's Group and Adult and Child Protection Executive Group established on 24 March 2020 in response to the COVID-19 pandemic, to ensure business continuity and delivery of frontline services. Initially, meetings were held twice weekly, then weekly and currently fortnightly and up to the 31 July 2020, a total of 19 meetings were held. Membership of the Group included representatives from all the public protection partnerships and key representatives from education, health, police, social work, children's services and adult services. Much of the work focussed on ensuring the continued effective delivery of frontline services informed by weekly local data and risk management.

The Scottish Government published interim guidance for Child Protection and Adult Protection with our position considered against the national guidance. Following assessment, it was concluded that the local interim arrangements we had already put in place were fully compliant. A positive

development has been the creation of a protecting people weekly meeting with a wide representation of partner agencies that allows practitioners to present and discuss complex cases arising in the community and requiring a multi-agency response.

The Chief Social Work Officer was also a member of the Tayside-wide COVID-19 Enhanced Professional Clinical and Care Strategic Oversight of Care Homes Group (SOCHG). The SOCHG is responsible and accountable for the provision of clinical and professional oversight, analysis of issues, and development and implementation of solutions required to ensure Tayside's Care Homes remain as safe and as free from COVID-19 as possible and to sustain services during the COVID-19 Pandemic.

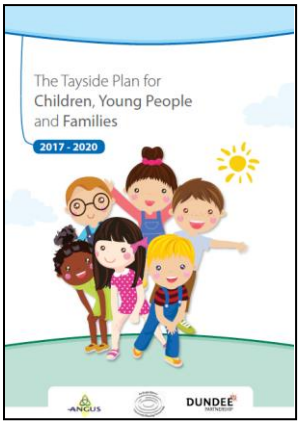
The Chief Social Work Officer contributed to the development of local monitoring arrangements for care homes to ensure that care quality and adult protection were key aspects of the local oversight and support for care homes. During the response to COVID-19, the Chief Social Work Officer met with the Perth and Kinross oversight group, Care Home Managers and Care at Home Managers to understand the challenges they were experiencing and to offer support. Daily huddles were set up in May 2020 to support 43 care homes in Perth and Kinross, reducing to twice weekly meetings from July 2020. The Perth and Kinross Oversight Group undertook joint health and social care assurance visits to all care homes and provided support to address infection control, and implement mitigating measures during the pandemic. The oversight group has also facilitated COVID-19 staff testing for all health and social care staff and supported care homes during localised outbreaks. This successful approach will be continued along with the introduction of a multi-disciplinary care home support team over the longer term.

Organisational Governance

Social work services in Perth and Kinross operate within the context of the following governance structures.

Perth and Kinross Community Planning Partnership

The 2017-2027 Community Plan/Local Outcomes Improvement Plan for Perth and Kinross provides the overarching vision and key objectives for all services. The plan aims for positive outcomes for everyone in the area and to tackle stubborn and persistent inequalities which can reduce life chances and opportunities. The Plan is about improving the lives and experiences of everyone who lives, works and visits here and its delivery is overseen by the Community Planning Partnership (CPP). This Community Plan is about positive outcomes for everyone in Perth and Kinross; prioritising preventive approaches; and tackling stubborn inequalities where they exist and the vision is *about* ***creating a confident, ambitious and fairer Perth and Kinross, for all who live and work here.***



The joint Tayside Children's Services Plan (CSP) for 2017-20 sets out a shared and compelling vision that ***"Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up".*** Collaboration across local authorities has been promoted and supported by the activity of the Tayside Regional Improvement Collaborative (TRIC). The joint plan serves to meet our requirements in relation to integrated planning for children's services and to raise attainment through the TRIC. A collaborative approach to delivering the aims of the CSP has been developed and over the last 12 months, 5 multi-agency regional Priority Groups have continued to focus on the delivery of action plans which aim to build and make best use of available capacity across the three areas. There have been significant developments over the last year in relation to five key priorities. Progress is reported to the Children, Young People and Families Partnership and Lifelong Learning Committee.

The collective achievement of community justice outcomes, at a Perth and Kinross level, is the responsibility of the Community Justice Partnership. Statutory partners have produced a local plan for community justice, known as a Community Justice Outcomes and Improvement Plan (CJOIP). The statutory partners are required to engage and involve the Third Sector in the planning, delivery and reporting of services and improved outcomes and report on progress against the CJOIP annually. The Perth and Kinross Community Justice Partnership was established in April 2017 and is working towards the outcomes set in its 3-year CJOIP.

Perth and Kinross Council

Social work services for children, young people and families are managed within the Council's Education and Children's Services and the Head of Services for Children, Young People and Families. Service priorities include:

- Keeping children and young people safe and protected;
- High quality experiences and outcomes for children and young people who are looked after; and
- Keeping children and young people within their own family's communities wherever possible.

Leadership of criminal justice social work services was integrated into Education and Children's Services in April 2018 and now managed by the Depute Director (Education and Children's Services) who is also the CSWO.

Perth and Kinross Integrated Joint Board and the Health and Social Care Partnership

Social work and social care services for adults are managed within the Health and Social Care Partnership and the Head of Adult Social Work and Social Care Services. Locality teams provide support for older people, adults with mental ill-health, adults with a learning difficulty or disability and addictions services.

The CSWO retains responsibility for the professional leadership and standards of Mental Health Officers in order to avoid a conflict of interest when social work staff make decisions about a person's capacity and the need for detention.

3 Service Quality and Performance

3.1 Public Protection

The Perth and Kinross Chief Officer's Group (COG) has oversight of all public protection matters including the work of the Child Protection Committee; the Adult Protection Committee; the Violence Against Women Partnership; the Multi-Agency Public Protection Arrangements Strategic Oversight Group (MAPPA SOG), Violence Against Women Partnership and the Alcohol and Drugs Partnership. The CSWO is a key member of these groups with a role to ensure connectivity between the respective agendas of these committees and in the identification of and mitigation of key risks. Over 2019/20, the COG intended to further strengthen its oversight and strategic direction of public protection with a programme of meetings with themed agendas.

The Adult and Child Protection Committees are chaired independently bringing support and challenge to these strategic arrangements. Both committees now report annually to Perth and Kinross Council and the Integrated Joint Board on standards and quality in child and adult protection. Over the last year, the Adult Protection and Child Protection Committees have continued to strengthen their connections, working together on a whole family approach unless there is a particular reason to work separately, culminating in a Joint Development Day in May 2019, which was an important step towards a coherent public protection strategy.

An independent chair for the Tayside MAPPA SOG has also been appointed working across the three local authority areas with the assistance of a MAPPA coordinator. An annual report on MAPPA activity is presented to the Community Justice Partnership, Chief Officers Group and the Council's Housing and Communities Committee.

In April 2019, the Chief Executive and the Chief Social Work Officer hosted a joint leadership event which brought together Chief Officers and members of CPCs across Angus, Dundee and Perth and Kinross. The revised national guidance for Chief Officers Groups was examined and a commitment was made to further explore collaborative leadership for public protection and support the implementation of best practice for multi-agency case reviews across Tayside. This has been advanced locally by commissioning a researcher with UK expertise to identify a profile of the children and families subject to case review in Tayside; themes and areas for practice improvement and policy implications. This work will also examine the effectiveness of our work to embed improvement. The completion of this work was delayed by COVID-19 and the final research report will be completed in September 2019 in time to develop a set of objectives for the Children's Services Plan for 2021-23 and set out a comprehensive multi-agency workforce development plan.

3.2 Adult Support and Protection

The Adult Protection Committee

Under section 42 of the Adult Support and Protection (Scotland) Act 2007, each council must establish an Adult Protection Committee. The membership should be multi-agency and include representatives of the council, the relevant NHS Board, the police and other organisations who have a role to play in adult protection.

The Perth and Kinross Adult Protection Committee (APC) oversees the multi-agency work of services for adults at risk of harm and is committed to continuous improvement.

It is a requirement that the committee publishes a biennial report on performance and within Perth and Kinross the Committee prepares an annual report, and this is presented to Perth and Kinross Council and the Integrated Joint Board for consideration and scrutiny.

The APC has continued to develop its oversight of adult protection and has identified key priorities for development for 2020/21. Effective engagement and participation with adults at risk and their carers using a range of technologies will be a priority going forward given the experiences under COVID-19. A multi-agency short-life working group has been established to ensure that practices across the public protection agenda take account of the changes required for working within the context of the pandemic and supports the development and continuation of new and effective practices.

The APC compares local management information with national data and examines any differences. The rising trend in vulnerable person's reports has continued from 2018/19 into 2019/20, however, performance in screening Adult Protection Concerns has remained high with 98% screened within 24 hours.

The variation in referrals relating to people with a learning disability and the number of referrals from Care Homes has been high compared to the national average and these will be areas for closer examination by the committee in the coming year. The main areas for closer examination are:

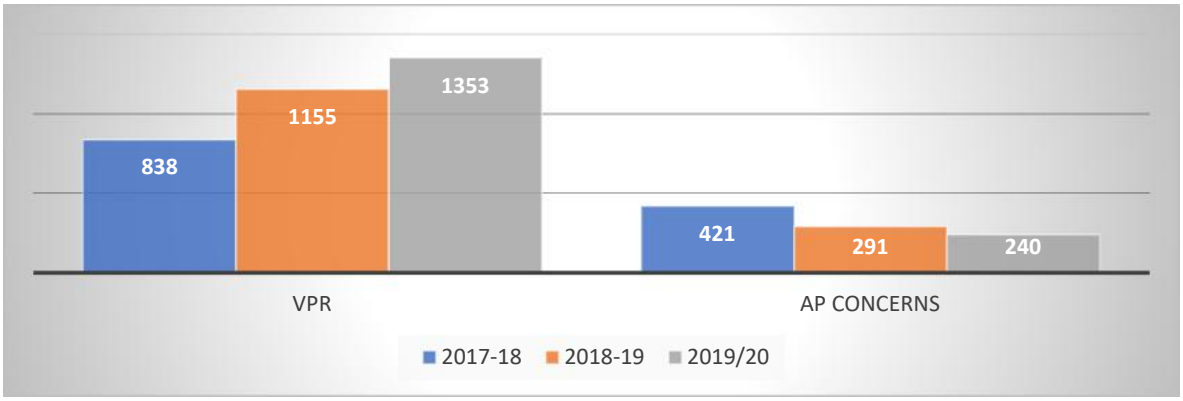
- An audit of referrals of people with learning disability as the numbers have fluctuated over the last 3 years.
- An audit of cases to examine decision-making as the conversion rate from Adult Support & Protection (ASP) investigation to Adult Protection Case Conference is low compared to national data.
- The number of referrals from Care Homes has been high compared to the national average.

Other areas include continued development of management information and ASP framework more focused on outcomes; engagement with minority groups and religious groups, re-evaluation of processes such as Inter-Agency Referral Discussion (IRD), adverse events, case conferences to take account of new ways of working. These areas are included within an improvement plan for 2020-21.

Management Information – Adult Protection

The Council must make inquiries about a person's well-being, property or financial affairs if it is believed that they are at risk and may need intervention to ensure they are kept safe. Over 2019/20, there were 1593 referrals that comprised 1353 Vulnerable Person Reports (VPR) from Police Scotland and 240 Adult Protection (AP) concerns. There had been a continuing reduction in the number of VPR over the past few years but although the number has increased over the last 2 years, it is still below the level experienced in 2014/15 (1523).

Table 1: Vulnerable Person Reports (VPR) and Adult Protection Concerns (AP)



Performance in screening Adult Protection Concerns has remained high with 98% screened within 24 hours and 204 proceeding to an adult protection process.

Older people, especially those over the age of 81, account for 39% (147) of all ASP cases and are disproportionately represented in relation to other age groups. The majority of people who may be at risk of abuse and harm were already receiving a care service and this indicated their high levels of dependency and vulnerability.

Over the last two years, the most common location for harm to have taken place is within the home address (56%) and just under one third (29%) of all adult support and protection investigations related to people resident in care homes. This may reflect the work that has been done with Care Homes, initially to heighten awareness of adult protection and more recently to offer support and advice to the sector in managing difficult situations.

The main forms of harm experienced by vulnerable adults have remained steady over the last year and these are financial harm (32%), physical harm (24%) and neglect (19%).

The key risk factors for people who need protection from harm are old age, dementia and frailty.

The proportion of people with a learning disability who were the subject of an adult protection investigation, remained steady over the last year. No protection orders were undertaken in 2019/20.

Table 2: Profile of adults who may be at risk of harm

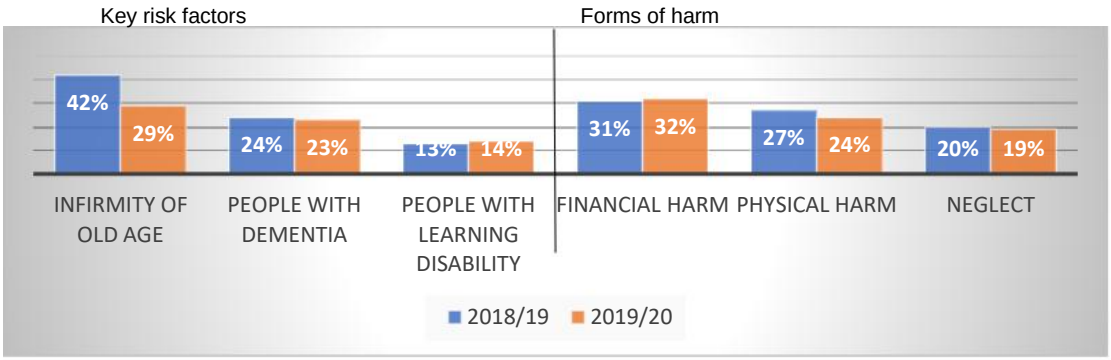


Table 3: Adult Protection Case Conferences (APCC)

Source	2015/16	2016/17	2017/18	2018/19	2019/20
Initial	15	10	8	10	8
Large Scale Inquiry - Initials	0	9	8	0	0
Large Scale Inquiry - Review	0	5	5	2	0
Network Meeting	1	1	0	2	0
Review	12	12	2	10	4
Total	**28**	**37**	**23**	**24**	**12**

Year on Year Change (%)

2015/16	2016/17	2017/18	2018/19	2019/20
N/A	-33%	-20%	25%	-20%
N/A	0%	-11%	-100%	0%
N/A	0%	0%	-60%	-100%
N/A	0%	-100%	0%	-100%
N/A	0%	-83%	400%	-60%
N/A	**32%**	**-38%**	**4%**	**-50%**

The number of APCCs has remained relatively low over the last 5 years compared to the number of ASP concerns received and investigations commenced. This area is currently the focus of independent audit to examine decision-making in this regard.

Historically, the number of large-scale investigations (LSI) where more than one person is identified as being at high risk in Perth and Kinross in relation to comparators. There have been measures put in place to reduce the number of LSI which has included awareness raising; early identification of concerns; and support from the Care Inspectorate where appropriate. The number of LSI has steadily reduced over the last five years from 22 in 2014/15 to 4 in 2018/19 and 3 in 2019/20. This is now more in line with national data.

There have been two Initial Case Reviews (ICR) undertaken over the last year with one progressing to a Significant Case Review (SCR). This review is underway and being taken forward by an experienced independent reviewer.

3.3 The Alcohol & Drug Partnership

The Alcohol & Drug Partnership (ADP) is a multi-agency strategic partnership which focuses on the misuse of substances in Perth & Kinross. Members include those agencies with an interest in providing treatment and intervention for people experiencing problem alcohol and drug use, and other key stakeholders. The ADP is responsible for developing local strategies for tackling, reducing and preventing problem alcohol and drug use. The ADP also has responsibility for planning and commissioning services to deliver improved core and local outcomes, taking account of local needs.

The ADP continues to develop a Recovery Oriented System of Care (ROSC), the recovery pipeline has been produced to help individuals and their families with their recovery journey. The aim is to sign-post to community resources which are inclusive in their approach and support the recovery of wellbeing. This is complementary to specialist or stand-alone support.

The Social Work Drug & Alcohol team is continuing to build and strengthen relationships with Community Safety, Housing & Homelessness and Services for Children, Young People and Families services and to increase knowledge of substance use related issues. The overall aim is to ensure that responses to Non-Fatal Overdose incidents and drug deaths are consistent across the area. The Non-Fatal Overdose Pathway is being developed and expanded to include a wide range of relevant staff across services.

The key priorities for all services which focus on substance misuse are **promoting recovery** and **harm reduction**. Ensuring timely responses and engagement of the person using these services is a key outcome. The Social Work Drug & Alcohol team has continued to meet the required timescale set out in the Health Improvement Efficiency Access to services and Treatment (HEAT) Standard ensuring that every person (100%) referred for a service will be seen, receive their first intervention and start a recovery plan within 21 days of referral.

The ADP has a workforce development plan to raise the level of skill/knowledge expected for different roles. This is underpinned by the National Trauma Training Framework and the ADP is working alongside the Scottish Government to support the development of a similar framework for Substance Use and Recovery.

Weekly “multi-agency assessment clinics” staffed by both statutory and third sector workers have been established in 2019/20 to improve outcomes for people and families in line with the Quality Principles for Care and Support in Drug & Alcohol Services. The Social Work Drug & Alcohol Team is also working with Scottish Prison Service to introduce a similar model within HMP Perth and HMP Castle Huntly.

At the start of lockdown, NHS Tayside Substance Misuse Service (TSMS) undertook reviews for every patient, to assess their prescribing regime (daily/weekly) and the potential for medications to be delivered, should this be required due to either, showing symptoms of COVID-19, complex issues or vulnerabilities. Through intensive multi-agency working between NHS, Council Substance Misuse and Hillcrest Futures Community Recovery Service, individuals have been successfully getting their prescriptions delivered.

To enable individuals/families and carers to make contact during lockdown, additional mobile duty phones were purchased. This allowed workers to respond to calls from people who were needing assistance or in distress. Moving forward, this approach will continue, and mobile duty phones will be shared along with a rota across all services to continue this much needed support.

With the use of technology, there are opportunities for triage meetings to meet up more than once a week enhancing support for individual/families/carers needs. Moving forward, people will be asked if they would like to be contacted through video conferencing, considering the current environment from the point of view of risk. The platform 'Near Me' as well as video conferencing through Microsoft Teams is currently being tested to allow the opportunity for this to be used for individual consultations and therapeutic interventions. This is also being used for prisoners and future prison and other group work sessions.

3.4 Mental Health Officers

The Chief Social Work Officer retains responsibility for the professional leadership and standards of Mental Health Officers (MHOs) in order to avoid a conflict of interest when social work staff make decisions about a person's capacity and the need for detention.

Perth & Kinross remains well-resourced with accredited and practicing MHOs. The Council is committed to the delivery of a sufficient, competent and confident MHO service and the workforce plan includes funding to support a minimum of one candidate through the MHO trainee programme each year. This is a post-graduate qualification for an experienced social worker. One MHO graduated in 2019/20 and the process is underway to identify candidates for 2020/21. The Scottish Government, through the Chief Social Work Adviser, provided national funding to address national shortages in MHO where this is most acute. Perth and Kinross did not receive any funding in 2019/20.

Local data for the period 2019/20 shows that there was a reduction in the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 to safeguard the welfare of an adult or child in Perth and Kinross. This is commensurate with the national rates for the compulsion and comparable with the use of detention and compulsion across Angus and Dundee.

There has been an incremental increase in the use of Emergency Detention Certificates (EDC) which has more than doubled over the last 4 years. This was acknowledged in the recent Independent Inquiry Report into Mental Health Services in Tayside and a link made to the limited availability of suitably qualified psychiatrists across Tayside who are able to impose a Short-Term Detention Certificate (STDC). The use of a STDC is preferable to the use of EDC in that it provides greater rights of challenge and appeal to those being detained. Where an adult or child is subject to a STDC, there is a requirement for the MHO to complete a Social Circumstance Report which includes an assessment of risk, the reasons for the necessity for detention and to set out a person centred, multi-disciplinary discharge plan.

Table 4: The Number of Emergency Detention Certificates
(The Mental Health (Care and Treatment) (Scotland) Act 2003)

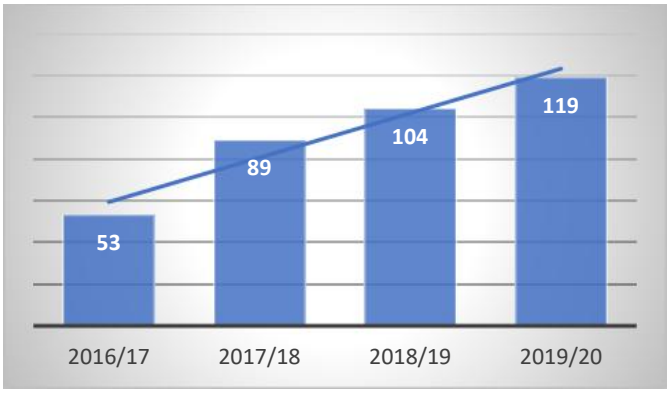
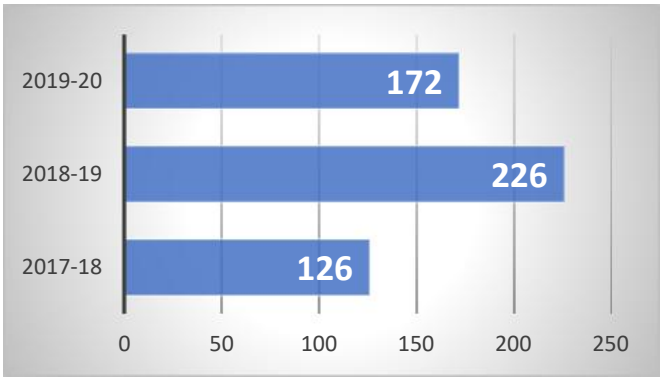


Table 5: The Number of Short-Term Detention Certificates
(The Mental Health (Care and Treatment) (Scotland) Act 2003)



The MHO team has achieved 100% completion rate for Social Circumstance Reports within the required 21-day timescale. This compares very favourably to the National average of 36%. This high completion rate has been sustained over the 3 years (98% in 2017/18 and 99% 2018/19).

It has been recognised that data around the use of detention across Tayside needs to be better aligned with the mental health pathway and as part of the Mental Health Tayside – Whole System Recovery and Renewal Plans for 2020. The collation and analysis of MHO data can assist service planning and understanding trends in mental health activity. This is an important area for development for Perth & Kinross MHO service throughout 2020/2021.

The restrictions placed on the service as a consequence of COVID-19 has been minimal. Perth & Kinross Council played a central part in shaping a number of proposed 'easements' to Incapacity legislation due to the actual or proposed restrictions during COVID-19. After ongoing national review, the majority of these 'easements' where not implemented because it was considered that the pressure on services did not justify the implementation of these changes. MHOs continued to practice in line with existing legislation and legislative process.

The number of detentions used as a means to safeguard the welfare of an adult or child throughout the COVID-19 period dropped in the comparable reporting period throughout 2018/19. During this time, there were 45 Short Term Detentions and 36 Emergency Detentions, totalling 81 detentions between April 2020 and end of June 2020. This is commensurate with the use of detentions used across Angus and Dundee.

COVID-19 has brought a number of key challenges in delivering MHO services. However, much of the role is dictated by the different incapacity legislation. Therefore, although much of the workforce has successfully managed to work from home, much of the work has involved face to face contact. Therefore, the service delivery has been supported by the established PPE processes and pathways. Where face to face contact is not required, the service has engaged in meetings and mental health tribunals by using either telephone or video conferencing. COVID-19 has had no impact on the number of practicing MHOs between April and June 2020. As we move beyond COVID-19, the MHO role will, by and large, continue to be dictated by legislation

Welfare Guardianships

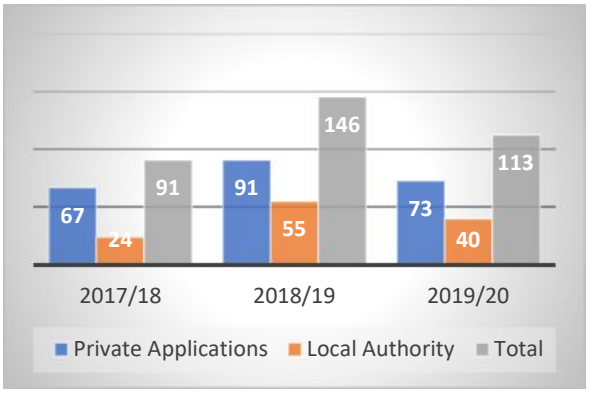
If an adult is considered incapable to make key decisions or take necessary actions to safeguard their welfare due to a mental illness, learning disability, dementia or related condition or an inability to communicate, a Court can appoint a welfare guardian to do this for them.

The Adults with Incapacity (Scotland) Act 2000 provides the legal framework for welfare guardians and the necessary authority to make key decisions using five key principles underpinning the Act. A welfare guardian may be a relative, friend or carer. Where guardianship is required to safeguard welfare and nobody else is able to take this, it is the local authority's duty to make an application for guardianship.

A Mental Health Officer has responsibility for preparing an application for guardianship and the Court can appoint the Chief Social Work Officer to be a person's welfare guardian. The Act also sets out further duties and provisions that sit with a local authority relating to the supervision of those appointed as welfare guardian.

The reliance on welfare guardianship has reduced over 2019/20 as a result of continued use of person-centred, multi-agency case conferencing and identifying incapacity at its earliest point so that the least restrictive incapacity legislation can be implemented as a means of safeguarding welfare. This includes the use of Section 13za of the Social Work (Scotland) Act and promoting the use of Power of Attorney. The Mental Health Officer team is also able to respond promptly to all requests for Local Authority applications or Private Welfare Guardianships without any waiting lists. Guardianship orders reduced further as a result of COVID-19 restrictions.

Table 6: Welfare Guardianships



The Coronavirus (Scotland) Bill brought one key change to the implementation of the Adults with Incapacity (Scotland) Act. The Bill stopped the clock on guardianship orders that were due to expire on or after 3 April 2020 from lapsing, extending these automatically for 6-months. This decision was based on a number of factors, but primarily influenced by reduced Court time to allow guardianship applications to be heard and the difficulty in getting the required medical reports that underpins an application given pressures faced by General Practitioners (GPs) and other health practitioners elsewhere during the pandemic.

28 welfare guardianship orders within Perth & Kinross have or will have ordinarily lapsed between 3 April 2020 and 3 October 2020. This will undoubtedly bring the service additional pressure on or after 3 October 2020 in submitting 'lapsed' applications to ensure that adults remain safeguarded, as well as completing the pending backlog for those new applications that would have ordinarily been submitted during this 6-month period.

National guidance is awaited to set out the arrangements for reinstatement. An assessment of capacity to manage a potential temporary surge in guardianship applications has been carried out and it is anticipated that this can be met within existing resources.

Suicide Prevention

A comprehensive suicide prevention training programme is underway in Perth and Kinross. Partners work together to run awareness raising campaigns and training, as well targeted initiatives such as the Tayside Suicide Multi-Agency Review Group and Bereaved by Suicide Support. Training includes Scotland's Mental Health First Aid training; Suicide Intervention and Prevention Programme; safeTALK; and, specialist Applied Suicide Intervention Skills Training and Safety Plan Training.

Promotion of Suicide Prevention Week helps to raise awareness of suicide and mental health and wellbeing. A website promotes support services that are available to everyone, and importantly, what they can do to keep people safe from suicide. In 2019, Suicide Prevention Week focussed on male suicide and was marked with screenings of the documentary 'Evelyn' and talks from Michael Byrne from Lived Experience Trauma Support (LETS).

Perth and Kinross Health and Social Care Partnership (HSCP), the Railway Chaplaincy and Samaritans collaborated to provide information sessions.

Mental Health First Aid (Adults and Young people) courses are open to everyone and targeted widely to public and professionals. Feedback from participants included reports of being more comfortable with asking about suicide directly, a key component of preventing suicide via supportive communication:

"It is reassuring to know that I am doing the right things with the young people I work with, but I leave here with a better understanding. I will not be afraid to use the word 'suicide'. The Resource Directory will be invaluable"

At the start of lockdown, the existing Mental Health Directory was repurposed and updated to give comprehensive information about the mental health and suicide prevention services available during the novel coronavirus pandemic. This included which services were still operating, how to get in touch with services while they were not at their premises, and the extent of support that would be available. This Directory was updated throughout lockdown, hosted on the PKC external webpage and sent out to mailing lists and to professionals who were concerned about where to signpost vulnerable people during the lockdown.

"Can I just say what a fantastic resource this is. Even out with COVID 19 I think that this is going to be really useful for so many people."

Mental Health Awareness Week was conducted online and via radio in collaboration with Heartland FM, the radio station based in Pitlochry, and two interviews were aired from the Suicide Prevention Co-ordinator on how to maintain mental wellbeing during the lockdown and how to incorporate kindness in mental wellbeing practice. These interviews were played twice on air and were then available on the Heartland FM Soundcloud site.

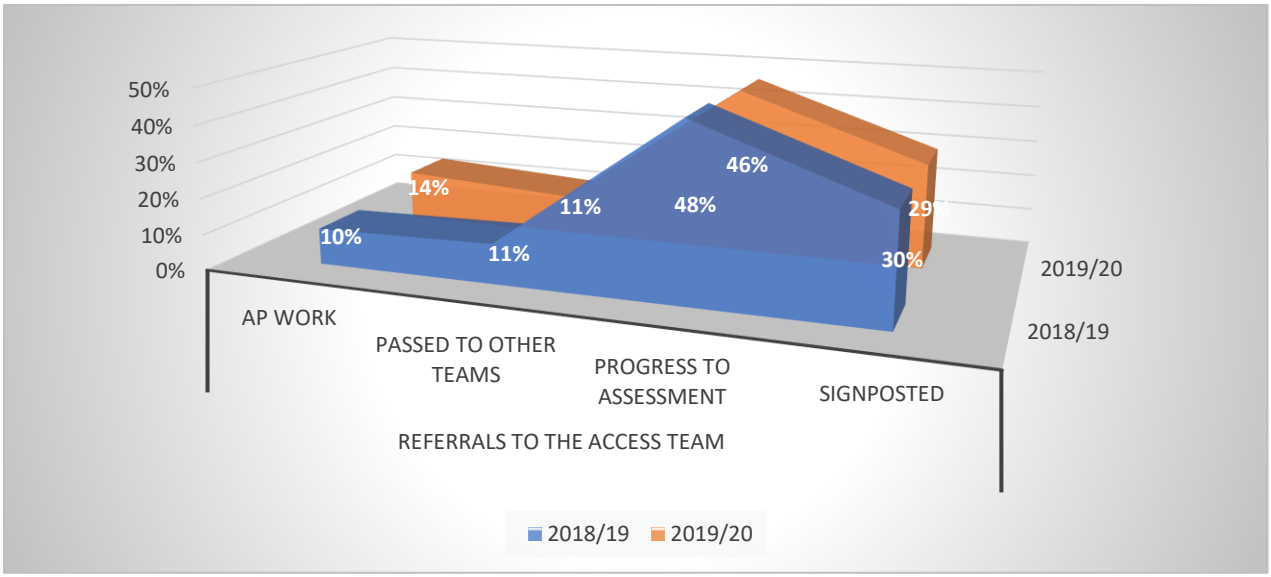
3.5 ACCESS TEAM

The Access Team is the first point of contact for all adult social work and social care enquiries. Streamlined processes enable the team to respond to demand effectively. Referrals to the Access team has been stable over the last year and on a par with demand in 2018/19. The proportion of work related to adult protection increased from 10% in 2018/19 to 14% in 2019/20.

The Access Team has focused on team development, upskilling staff and maintaining a broad skill level. During 2018/19, a Mental Health Nurse Practitioner was appointed to complement the expertise within the Access Team and to enable a more holistic response to people with mental health needs in line with the Mental Health and Wellbeing Strategy. This is a three-year post and has proved invaluable during this COVID-19 lockdown period.

The Access Team remained the largest referrer to the Social Prescribing service. Social Prescribers work closely with the Access Team enhancing the choice for clients and reducing the demand on statutory services.

Table 7: Referrals to the Access Team



At the outset of COVID-19, the Access Team moved its primary duty work to a virtual platform enabling all duty workers to maintain normal practice working from home. It was anticipated that there would be an increase in daily work, as demonstrated in the % increase of AP work for the first six months of 2020/21. The team responded by increasing duty workers, enabling a timeous response to all concerns and to meet the potential demand of legal aspects of protecting people. The Access Team took part in a service COVID-19 duty team which involved working weekends including public holidays. The team also provided staff for the re-tasking unit ensuring care provision requirements were met.

Vulnerable Person Reports being submitted by Police Scotland were undertaken within 24 hours, most of the work during COVID-19 has been carried out via telephone support. This approach was taken to ensure the protection and wellbeing of both staff and clients. As lockdown restrictions have eased, there has been a noticeable increase in reports of carer breakdown and suicidal ideation. Staff have responded accordingly and working patterns are beginning to change with a safe and appropriate increase of home visits to undertake assessments/reviews.
From this experience, it is recognised that the amount of mental health concerns that are reported through the Access Team are significant and raise the question of additional mental health involvement within the duty team or a different access point. The possibility of having a specific ASP/VPR team or increase in the Access Team would meet the demands of supporting people more effectively and efficiently and help to reduce the possibility of potential and further harm.

Table 8: Referrals to the Access Team April– end June 2020

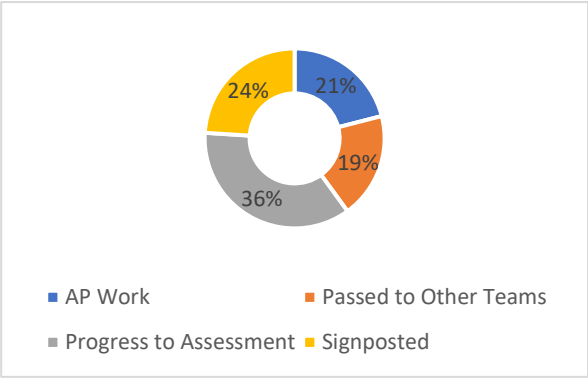
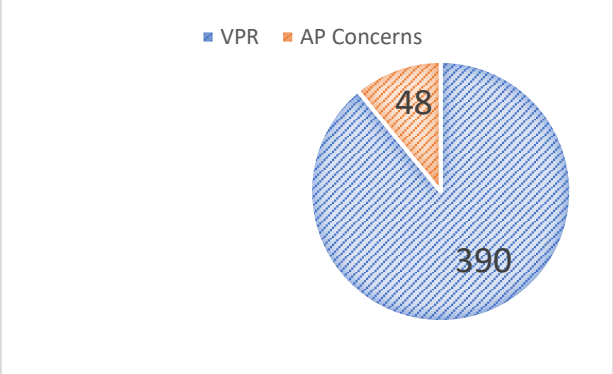


Table 9: Number of Vulnerable Person reports and adult protection concerns April – end June 2020



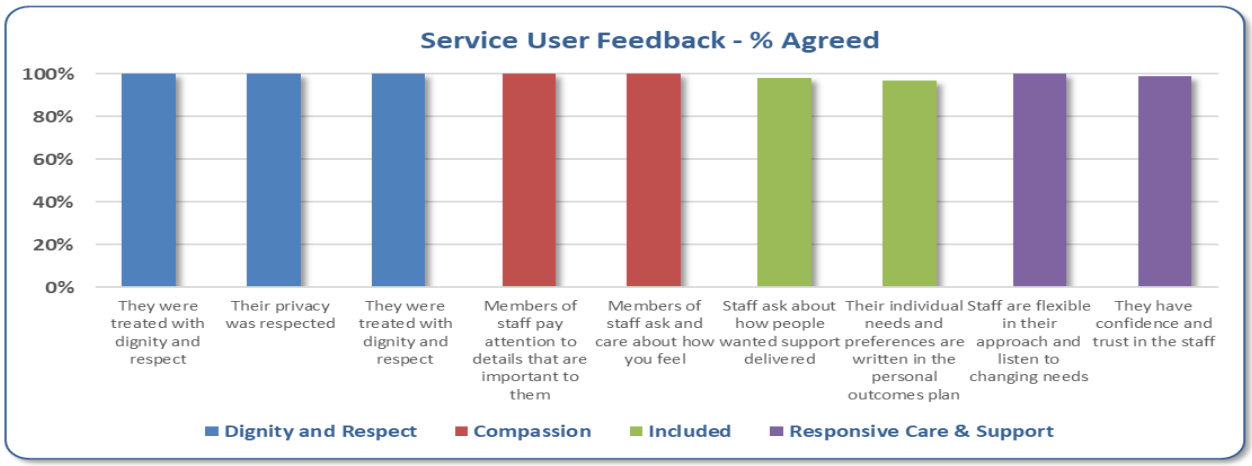
3.6 Home Assessment and Recovery Team (HART)

The Home Assessment Recovery Team (HART) aims to keep people well at home, and out of hospital, by providing the best possible care and experience for people. This is achieved by co-ordinating care with health and social care services; building support around the person; providing a personalised service; ensuring a prompt social care response; and providing seamless social care.

HART responds quickly when people need additional social support, so they stay out of hospital or long-term care, or to ensure that any hospital stays are kept to a minimum. Staff will work closely with the hospital-based professionals to make sure if people are admitted they are discharged with the right support to help speed up their recovery and increase their level of independence.

HART has continued to support people to retain and maintain as much independence as possible. Over 2019/2020, 46% of people in receipt of reablement support from HART were able to re-establish independence, this is a 10% increase on the previous year. The focus on quality of care and achieving positive outcomes for service users in regaining and maintaining their independence is demonstrated through a 7-day review and feedback from service users. This qualitative data is based on the national Health and Social Care Standards, My Support, My Life. 107 respondents between January 2019 to March 2020 provided positive feedback with six out of nine indicators receiving 100% positive feedback.

Table 10: Service User Feedback – HART



Key activities for the HART team during 2019/20 included:

- Training and Development included induction and training for new staff which has helped retain staff and develop confident carers.
- HART was awarded Very Good gradings for both Quality of Care and Support and Staffing at an independent inspection by the Care Inspectorate. The inspection found that people using the service reported that they were respected as individuals and treated with dignity and respect. They were positive about the encouragement they receive to have control over their own support and to be as independent as possible.
- A project group has taken forward a Total Mobile solution to improve working practices and efficiency in ways which can also support carer consistency. This has supported a digital solution to real time monitoring, falls screening tools, incident reports and general admin for staff realising time efficiencies and creating better quality record keeping.

HART was supported by the re-tasked workforce which provided additional carers, co-ordinators and Community Care Assistants to maintain the level of support required and prepare for an increase in referrals during COVID-19. This resulted in 30-40 redeployed staff into HART and as a result, HART has been able to maintain a focus on reducing delayed discharges and eliminate waiting lists.

All staff had access to smart phones and Microsoft Teams to maintain client weekly meetings, client reviews, team meetings, virtual Occupational Therapy assessments and a digital response to PPE stock levels. HART has now introduced Total Mobile for carers which has reduced the amount of office time spent emailing staff schedules. The utilisation of technology within the service has helped to reduce travel time for staff coming into an office or visiting clients' homes.

A team of Social Care Officers are working closely with the Locality Integrated Care Service to enable a quick response to support people at home. The rapid changes implemented in response to COVID-19 have brought benefits that will be maintained.

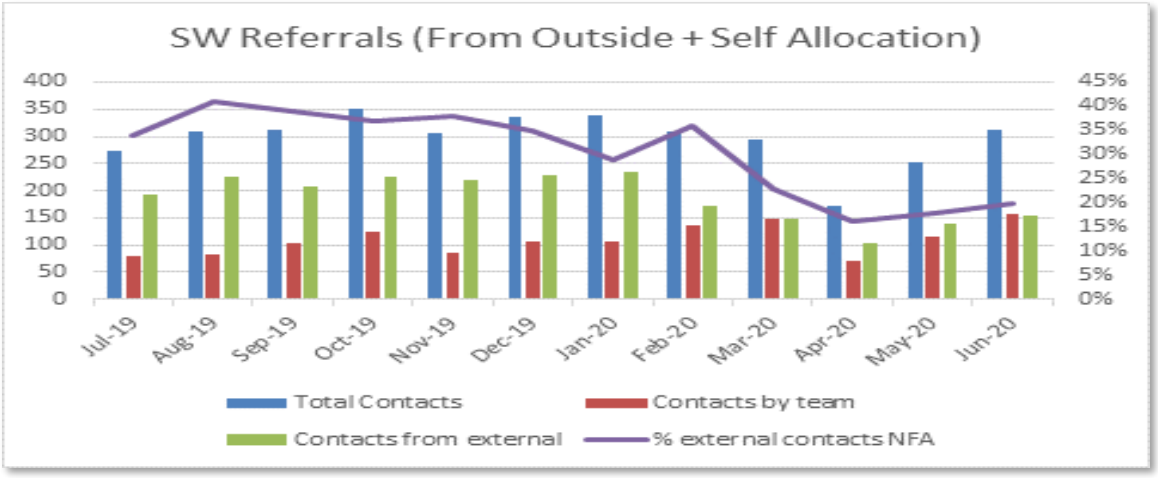
3.7 Hospital Discharge Hub

The Hospital Discharge Hub continues to focus on the safe and timely discharge of patients from hospital ensuring that people receive the right support at the right time in the right place.
In February 2020, a Quality Improvement Team Leader was aligned to support the social work team to improve performance in relation to delayed discharges and the statutory social work task. The pathway from hospital to home has been streamlined and social work staff now receive referrals directly from hospital ward staff. This is helping to reduce discharge delays. In addition, there has been awareness raising within hospital wards and community services to achieve deeper understanding of the social work role. This has led to a steady reduction in the proportion of inappropriate referrals from January 2020 and targeting resources to the right people and at the right time.

The total number of referrals and assessments have remained largely consistent over the last year, however, the number of Delayed Discharges has reduced significantly. This reflects the ongoing focussed improvement activity being carried out to address and mitigate delays. There has been a reduction in delayed discharges during the period February to April 2020 - reducing from 52 to 8, and performance has remained below the NHS Tayside target of 20.

In March 2020, three social workers were aligned to Psychiatry of Old Patients (POA) at Murray Royal Hospital to enable closer working with Senior Charge Nurses to ensure timely discharge. Joint work is also now underway to support the discharge of more complex patients through Locality Complex Care panels.

Table 11: Social Work Referral – Hospital Discharge



Some feedback to the Hospital Discharge Hub:

'Thank you so much for all you have done for my dad'

'You've went above and beyond...'

'You and your team showed flexibility, kindness and consideration'

Perth & Kinross HSCP has achieved its best-ever performance in relation to Delayed Discharge in the period March to end of July 2020, by providing additional staffing and support to the Discharge Hub. A workforce matching unit was established and has facilitated **221 staff** to be re-tasked to support carers and enable people with health and social care needs to stay at home, and to deliver over **4000 hours** of care at home per week.

COVID-19 presented significant challenges for securing the discharge from hospital for people with complex needs. A single care pathway into the Perth Royal Infirmary (PRI) Hub from Ninewells, to support the COVID-19 patients who had recovered, was developed which improved joint working with Ninewells staff and made it easier to navigate the multiple pathways into hospital discharge support within Perth and Kinross.

A seven-day working arrangement was implemented for Social Work, Occupational Therapy and Physiotherapy which was further supported by the redeployed staff into the Discharge Hub allowing greater coverage at ward board rounds. Increased attendance at daily management-led huddles provided a whole system approach including Care at Home, Quality Monitoring and HART to ensure people get home on planned date of discharge.

Interim Funding was made available for those waiting on care homes or care at home packages with 18 additional temporary step-down beds made available in preparation for limited Care at Home capacity or waiting on OT/Nursing equipment at Beechgrove.

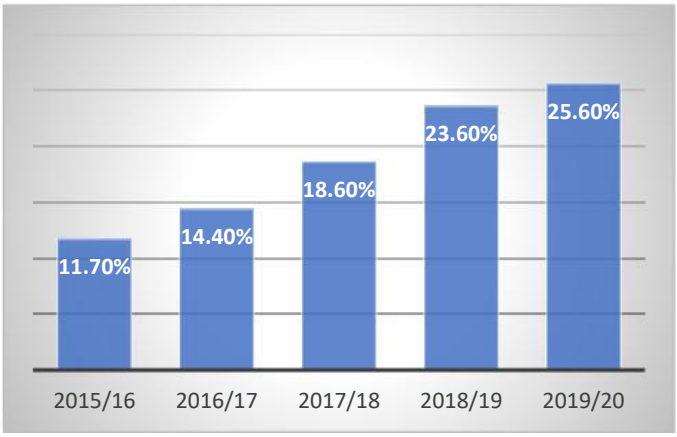
3.8 SELF DIRECTED SUPPORT (SDS)

The Social Care (Self-directed Support) (Scotland) Act 2013 ensures that people who are eligible for social care support get greater choice and control over how they receive services. This means care services can be 'personalised' to individual needs and wishes. Councils have a legal duty to offer four options to people who have been assessed as needing a community care service:

- Option 1 - a direct payment, which is a payment to a person or third party to purchase their own support
- Option 2 - the person directs the available support
- Option 3 - the local council arranges the support
- Option 4 - a mix of the above

The four Self Directed Support (SDS) options are now embedded in all the major care pathways in Perth and Kinross. The table below shows that the percentage of people receiving personalised packages of support using SDS Options 1 and 2 continues to increase incrementally. By the end of March 2020, over 25% of all people receiving SDS were using Options 1 and 2.

Table 12: People using SDS options 1 and 2 as a percentage of all SDS.



The PKAVS Carers' Hub, together with Outside the Box and the Care and Wellbeing Cooperative, have implemented the 'Supporting Choice' project. This provides information on Social Care and SDS options to people and their carers to help them identify the outcomes they would like to achieve and the support they require to achieve them. This work takes time to get to know people and how they want to live their lives and helps them to be creative and specific about what would make the biggest difference to ensure they experience the right care and achieve a good life. This is helping to address equality of access to support across Perth and Kinross. A review of Care at Home has also commenced with an aim to increase the availability of Options 2 and 3 in rural areas.

Private and Third Sector providers and Personal Assistants have continued to be paid their usual payments to secure the provision even if it was only possible to provide a reduced level of support during the pandemic. Council workers were redeployed and placed on a bank to provide support for Care at Home as required if carers were absent due to illness to ensure continuity of care. Technology has been used to improve communication and reduce face to face contact where appropriate. PPE emergency process and pathways were put in place for personal assistants to access PPE if at critical levels and struggling with supplies.

3.9 Social Prescribing

Social Prescribers help people to link with appropriate community-based groups and activities which will promote their health and wellbeing. There are now six FTE (full time equivalent) social prescribers with two in each of the three Health and Social Care Partnership localities. Social Prescribers are aligned to GP practices and people can self-refer or be referred by professionals such as GPs, District Nurses and Social Workers. Most of the referrals for the Social Prescribers are made by Social Workers with GPs being the second most frequent referral source followed by self-referrals. The vast majority of referrals arise from a request to alleviate anxiety and social isolation. People also seek support as a result of depression and a need for emotional support.

Some feedback to Social Prescribers:

3.10 Criminal Justice Social Work Service

Leadership of criminal justice social work (CJSW) was integrated into Education and Children's Services (ECS) in April 2018 and is managed by the Depute Director (Education and Children's Services) who is also the CSWO. Over the last year, new arrangements have been approved which strengthen the governance and reporting of CJSW. CJSW business is reported on a regular basis to ECS Senior Management Team, the Council's Executive Officer Team and to elected members via the Council's Housing and Communities Committee. This also enables ECS to develop an integrated and comprehensive approach to its strategic service planning and allow for scrutiny, challenge and quality assurance monitoring from senior managers, partners and elected members.

The service includes two prison based social work teams contracted under a Service Level Agreement with the Scottish Prison Service (SPS) at HMP Castle Huntly (the national open estate) and HMP Perth; the Public Protection Team managing offenders within the community and the One Stop Women's Learning Service (OWLS); coordination and support for the local Community Justice Partnership; and close links with community safety and unpaid work teams.

Criminal Justice Social Work continues to perform well against the national for:

- providing assessments and reports to court to assist sentencing decisions;
- supervising people on orders from the court to tackle and reduce offending behaviour and those who are required to perform unpaid, useful work for the benefit of the community;
- prison-based social work services to those serving custodial sentences and their families;
- preparing reports of the Parole Board to assist decisions about release from prison;
- through care services including parole, supervised release and other prison aftercare orders to ensure public safety; and
- supporting those who have experienced crime and their families.

The Criminal Justice Social Work Service remains focussed on improving outcomes for people in the justice system. Robust performance information is key to understanding how well interventions are managed and to support continuous improvement.

The overall trend for Perth and Kinross since 2007-08 is one of a decreasing and then stabilising rate of reconviction. The low reconviction rate for adult offenders against national comparators has been sustained in 2019/20. Key performance highlights include an increase in the number of successful completions of Community Payback Orders (74%) when compared with the previous year (68%), a figure which is above the national average.

The extension of the presumption against short-term prison sentences, to sentences of less than 12 months was introduced in June 2019. This means that a court should not pass a sentence of imprisonment of 12 months or less unless it considers no other sentence is appropriate. It was therefore expected that the number of community-based disposals, mainly Community Payback Orders (CPOs), would increase in 2019/20. CJSW services carried out a review of current service provision and modelled what the impact of the projected increase in new CPOs on resourcing requirements would be. A range of workforce planning scenarios were developed by the Public Protection and Unpaid Work teams to ensure that there is enough capacity to manage the projected impact of the extension to the presumption against short-term prison sentences. However, the number of Community Payback Orders has remained steady. While it may take some time for the full effect of the introduction of the extension of the presumption against short term sentences to be known, there are no capacity issues arising from this change currently.

Table 13: Number of Community Payback Orders

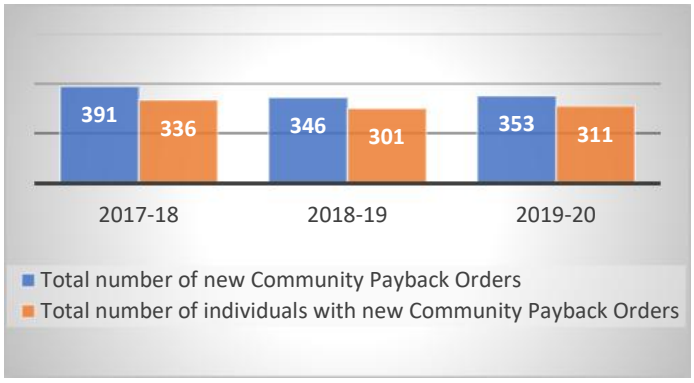


Table 14: Performance highlights for CJSW

Creating a safe and sustainable place for future generations (Fiscal Year)	2017/18	2018/19	2019/20
Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court on time	99%	98%	**97%**
Number of new Community Payback Orders	391	322	**347**
Percentage of Community Payback Order clients with improving:			
Employment / training / education situation	50%	64%	**62%**
Views on offending	76%	68%	**65%**
Attitudes concerning desistance / stopping offending	94%	91%	**89%**
Engagement with services	91%	91%	**91%**
Number of job requests for the unpaid work team	329	380	**355**
Average weekly hours worked by clients to complete the unpaid work requirement of Community Payback Orders:			
Level 1 (up to 100 hours)	4.8	4.8	**4.6**
Level 2 (101 up to 300 hours)	6.6	6.4	**6.2**

Caledonian Programme: tackling domestic abuse

Perth and Kinross Council bid successfully, along with Dundee City Council, to obtain national 3-year funding to implement the Caledonian System. The Caledonian System is an integrated approach to address men's domestic abuse and to improve the lives of women, children and men through its Men's Service, Women's Service and Children's Service. It is a highly evaluated programme to tackle and reduce the incidence and impact of domestic violence. Operational from April 2019, staff have been working alongside partners, the local courts, men, women and children to deliver a structured programme of support.

Staff are seconded temporarily to train and deliver the programme, and this is building capacity across CJSW service to sustain this good practice beyond the funding. The Caledonian Programme is now a Community Payback Order, Programme Requirement disposal available to Sheriffs at the point of sentencing.

Between 1 April 2019 until 31 March 2020, criminal justice social workers prepared 92 reports where domestic violence has been an aspect of offending behaviour and screened for suitability for inclusion in the Caledonian Programme. Sheriffs imposed 12 Caledonian Programme requirements and 3 requirements for the one to one Caledonian Individual Programme. Two full time social workers are delivering Caledonian Groupwork in Dundee with men from Perth & Kinross attending. Early feedback is that this intervention is positive.

The Caledonian Women's Service workers from Perthshire Women's Aid are now integrated into CJSW. Information sharing protocols allow Police Scotland to share perpetrator information when a man has been convicted of a domestic offence, for the purposes of risk assessment and ascertaining suitability for inclusion in the Caledonian Programme. This is a significant development as it allows for better assessment of patterns of domestic abuse/coercive control which is a prerequisite for inclusion in the Caledonian Programme. It also allows for ongoing information sharing in respect of men who are on the programme, enhancing women's safety. A further information sharing protocol allows Perth & Kinross to input information to the national Caledonian system database. The purpose of processing data through the Database is to enable a long-term evaluation study of the effectiveness of the Caledonian System in facilitating positive outcomes for clients entitled to the service.

OWLS

Women attended a parliamentary meeting of the Local Government and Communities Committee regarding Period Poverty and to participate in the development of the Period Products (Scotland) Bill to ensure no girl or woman in Scotland is deprived of suitable products. Committee members were appreciative of the women's input to their work and described this as invaluable. OWLS has introduced access to these products and many women are benefitted from this.

Women from OWLS also delivered a briefing session for Perth and Kinross elected members which enabled them to share their experiences of the justice system and inform elected members about the services they have found most helpful in their journeys. The women described the need for a joined up and non-judgemental approach and the value they placed on staff who stuck by them and believed in them. One woman used music and voice as a way of telling her story and showing that given the right support, and platform, lives can be changed.

Women from OWLS attended the Scottish Parliament in February 2020 for the Second Chancers Debut, this gave them the opportunity to speak with professionals and MSPs regarding the support they have received from OWLS and how services should be designed and incorporate the views and needs of those who use services. They discussed changes in service provision Nationally and Locally to meet the transitional needs of the women who are part of Judicial System and Community Justice Reform. A key message they gave was that the key to positive change was through relationships. **Kirstie and Lucy at the Second Chancers Scottish Parliamentary reception.**

Women from OWLS participated in research carried out by Community Justice Scotland to map individual journeys through the justice system. Speaking with women who have had a wide range of journeys, including people with experience of (but not limited to) Fiscal Direct Measures, the Court process, community and custodial sentences, evidence of the range and complexity of people's experiences will be gathered to better understand the challenges they have faced and the support they require. It is hoped this will influence changes in the way individuals are treated when they have committed offences or attending court.

Feedback

"Thank you again for your generosity in sharing OWLS experiences. Due to the nature of the research it was hard to include everything individuals told me, but I have included as much as possible and I hope all who participated feel it has been fairly represented with all the respect I have intended, many thanks JC."

Women who attend OWLS were invited to present to Education and Children Services Extended Management Team which gave them the opportunity to speak about issues they had experienced throughout their lives and how experiences had impacted on them and their children. The presentation enhanced the knowledge and understanding of managers about the issues facing families in Perth & Kinross.

Perth Citizens Advice Bureau received funding to work in partnership with six services within Perth and Kinross. OWLS was fortunate to be chosen as one of these, the Community Advice Project, this is to provide holistic advice and support to people who are experiencing poverty, financial hardship or poor mental and physical health by providing face to face support primarily through partner organisations.

Women and staff gave a presentation including a question/answer session to Perth Citizens Advice Bureau. This was a half-day session for staff to ask questions about Community Justice, Judicial System and services available within PKC to support individuals. Providing accounts of lived experiences can develop wider community engagement from Voluntary Services. This has empowered women to talk about their life stories, experiences, give examples of good partnership working, about how they have accessed other services.

Feedback from CAB

"My first task of the afternoon was to contact you to thank you for coming along! Everyone I have spoken with has said that they found the session very informative and were really grateful to have had the opportunity to hear from the women, that really made the training and information meaningful."

"I would like to take this opportunity to thank Lucy and her remarkable team for working with the Community Advice Project (CAP). It has been an absolute pleasure to have OWLS on board with us to support the service users to access the support they need at your venue.
We looked at opportunities to co-locate services and established a robust workable referral process together and achieved some very good financial outcomes for people to establish or maintain financial security and stability in their lives."

OWLS has experienced an increase in Voluntary Throughcare as a result of a withdrawal of this service by the Scottish Prison Service. Voluntary Throughcare has been shown to be extremely beneficial in helping female prisoners reintegrate back into communities. We are working collaboratively with SHINE/CIRCLE to support non-statutory, short-term, female prisoners serving sentences up to 4 years who have no throughcare to support their transition back into the community. Barnardo's offer peer mentor support to females. Women on Voluntary Throughcare use the centre to receive support and meet with their mentor.

WE ARE MACMILLAN. CANCER SUPPORT

We held our 1st Macmillan Coffee Morning where we had a wonderful turn out from members of the public.
Women and staff from OWLS worked hard to ensure there was enough cakes available. The centre had a great atmosphere and £193.86 was raised.

Women helped in the Perth & Kinross Home Safety Partnership scheme which was a project to assist people in Perth & Kinross. This is a voluntary emergency information scheme which provides Emergency Services with vital details of any illness or allergy and someone to contact should they be called to your home as a result of sudden illness or personal accident.

Tayside Substance Misuse Service has run a weekly clinic in OWLS which has enabled staff and women to access programmes and resources more readily. Collaborative work has ensured better communication, quicker response times to women engaging in substance misuse programmes and building a more resilient partnership of support. Staff from Blood Borne Virus (BBV) clinic has delivered staff training and now offer women Naloxone training which can help reduce risk and better educate women to safer substance use.

Working in partnership with Tayside Council Alcohol Services (TCA), we have a female only Mentor Service which provides 1 to 1 support for female offenders. This year we had women who completed an SVQ in Peer Mentoring. This vocational course was delivered in OWLS and in partnership with TCA.

"As the locality manager for TCA I find our partnership experience with OWLS to be very positive. We have built up a good line of communication between both services which has allowed the partnership to develop and identify the needs of both the services as well as the clients.

During the course of the year we have had joint clients and due to having good communication lines we can meet the needs of the clients more flexibly and seamlessly. For instance if a client is referred from OWLS and feels more comfortable to be seen there this can easily be arranged. Sharing of information between services with agreement of the client has often been beneficial to the clients experience in their recovery...

Implementation of new Men's Project

Following a review of services to male offenders in January 2019, a part time social work post was dedicated to research and propose options for redesigning the delivery of a new male offenders service. A key tenet was to incorporate the views and needs of service users, and, to consider how current theory and research on reducing risk and aiding reintegration into the community can be applied.

Budget motion monies in the Council's budget for 2019/20 and 2020/21 of £55,000 per annum for two years, will support the establishment of a Men's Service (name to be confirmed) as a sustainable alternative approach for males who offend to find purpose, improve their health and wellbeing, and, to re-integrate purposefully with their local communities while nurturing their own significant relationships. Ensuring public protection and seeking to reduce reoffending, the new service will provide a different way of working for both service users and staff that facilitates multi agency, targeted approaches and improve outcomes.

The new service will build on the learning from OWLS and provide a "one-stop shop" approach where agencies can coordinate and support men more effectively under one roof. It will create an environment that is non-threatening, trauma informed and fosters the idea of a safe environment which enhances men's engagement. It will provide a structured modular programme of work which places wellbeing and physical and mental health at its heart. Partnerships with mental health and addictions services will be central to the one-stop approach.

A steering group, which includes men with lived experience of the justice system, has been established, premises located, and a coordinator is being recruited with a view to commencing operations in the last quarter of 2019/20.

Right Track

Right Track provides support for Structured Deferred Sentencing which is a short-term intensive community-based intervention for 18 to 26-year olds given after conviction, but prior to sentencing. The Right Track programme includes unpaid work activities for community projects on a voluntary basis up to 6 months. Young adults have gained a sense of achievement and notable pride in their work activities. 42 referrals were received in 2019/20 from the courts and 29 are still active due to the restrictions of COVID-19. No referrals have been received since the COVID-19 restrictions came into force as Court business has been severely curtailed.

Right Track participants attend the Work Project at Westbank with their own shed and allotment. The young people complete gardening work, litter picking and general maintenance of the site and surrounding area. Three participants have accrued additional hours in one of the local charity shops in the town centre. During April 2019 to March 2020, 2,667 hours of voluntary work was completed by Right Track participants.

Prison-based social work team at HMP Perth

In 2019/20 the prison population increased and was regularly in excess of 700 prisoners. The Prison Based Social Work Team has met statutory deadlines and has produced consistently high-quality work for the Parole Board and the Scottish Prison Service (SPS). The team has sustained very positive professional relationships with other agencies.

This supports us in our ability to manage people who are looking for progression and release who present the very highest levels of risk to our communities. Our ability to work collaboratively across agencies is recognised and valued by the Scottish Prison Service, as is our input into the decision making of the Risk Management Team where we contribute our professional support and knowledge of the risk assessment process.

Prison-based social work team at HMP Castle Huntly

In February 2020, the Prison Based Social Work team at HMP Castle Huntly engaged with the Parole Board Scotland to review recently submitted parole reports. The focus was to gain input on the quality and content of the information presented, how the reports meet the requirements of the Parole Board Scotland and assist it to make critical decisions regarding the risk posed by offenders and their safe release back into the community.

The outcome of the review identified that HMP Castle Huntly provide effective parole reports and risk assessments, which overall meet the statutory requirements and expectations of the Parole Board. It was also noted that additional adaptations could be made to strengthen the quality of the reports and risk assessments, which have been welcomed by the social work team and have already been incorporated within the team.

Bail Supervision for 16 to 26-year-olds

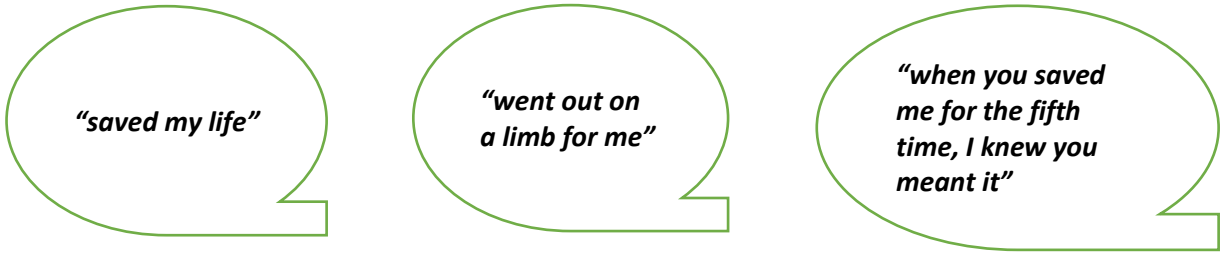
Bail supervision schemes operate within the provisions of the Criminal Procedure (Scotland) Act 1995. Bail Supervision is a youth justice or criminal justice social work service whereby individuals who would otherwise be held on remand are released on bail on the condition that they meet with a bail supervisor a specified number of times a week; the aim of these meetings being to support the individual to comply with the conditions of their bail. Bail supervision is intended to provide a robust and credible alternative to remand where individuals are assessed as needing a level of supervision and support to meet their bail conditions.

The Scottish Government committed additional funding for supervised and supported bail from April 2019 to bolster existing services and facilitate the establishment of new provision. CJSW worked collaboratively with Services for Young People based at @scottstreet to introduce Bail Supervision for young people aged 16-21 (and up to the age of 26 for care leavers) to build capacity across services for young people and young adults involved in offending.

Feedback from Police Scotland: *"I see that the youths engage well and after a time of being supervised they change their ways towards offending".*

A whole system approach was implemented which involved putting in place streamlined planning, assessment and decision-making process for young people involved in offending to ensure they receive the right help at the right time. Bail Supervision has given the young people referred the opportunity to engage in intensive support provided by a Bail Officer to address the areas in their life that led them to offend, and to do so prior to going to court for sentencing. This is an intensive programme which requires the young person to work with the worker up to 3 times a week, including home visits where appropriate. The siting of this work within the universal service for young people has been particularly successful and enables young people to take up a wider range of opportunities through youth work activity.

The first bail supervision case was received in May 2019 and to July 2020 44 requests from the court for bail supervision have been received. Of these 36 were male, 8 were female. 15 young people were placed on a Bail Supervision Order with 14 successfully completing the order. Positive outcomes include various young people participating in educational courses, in a construction course which ran in partnership between Scott Street and Hadden's Construction, another completed a baby first aid course.



3.11 Child Protection

The Tayside Improvement Collaborative Priority Group 5

Throughout 2019/20, the improvement work of PG5 has produced new and improved guidance on key aspects of child protection processes and practices. Looking ahead, the focus will shift towards working together to improve the culture, ethos and day-to-day frontline practice across the Collaborative. The key focus from 2021 will be workforce development. The following is a summary of the achievements which are now having a positive impact on local practices in Perth and Kinross:

- **Chronologies** – Multi-Agency Practice Guidance was refreshed and published in February 2019. This has been distributed widely and is being embedded into practice and there is emerging evidence of improvement locally.
- **Inter-Agency Referral Discussions (IRDs)** – Multi-Agency IRD Practice Guidance and an IRD Template were published in July 2020. These are being disseminated and put into practice by staff involved in IRDs.
- **Concern for Unborn Babies** – Multi-Agency Concern for Unborn Babies Practice Guidance and a Concern for Unborn Baby Referral Form was published in July 2020 and is currently being cascaded and distributed across a wider range of staff.
- **Participation in Key Child Protection Meetings: Information for all Practitioners** – Multi-Agency Practice Guidance was published in July 2020 and is currently being cascaded and distributed.
- **Participation in Key Child Protection Meetings: Information for Children and Families** – Multi-Agency Practice Guidance was published in July 2020 and is currently being cascaded and distributed.
- **Developing Key Measures in Child Protection Tayside CPC Shared Dataset** – Key child protection indicators and measures (qualitative and quantitative) agreed and implemented retrospectively from 1 August 2019 across the Collaborative. This will give new opportunities for understanding trends and patterns across the collaborative.

Learning from ICRs and SCRs.

In the context of child protection, a Significant Case Review (SCR) is a multi-agency process for establishing the facts of, and learning lessons from, a situation where a child has died or been significantly harmed. SCRs are seen in the context of a culture of continuous improvement and should focus on learning and reflection on day-to-day practices, and the systems within which those practices operate.

Last year, Dr Sharon Vincent, Northumbria University, was commissioned to carry out an analysis of recently conducted Initial Case Reviews (ICRs) and SCRs across Tayside. The research was to provide and evidence-base for recurring themes; a profile of the children and families involved; perspectives of children, families, communities and how this should influence strategic planning for improvement and inform future workforce learning and development.

The research report has been completed and has identified a need to focus on two key strands going forward – Relationship Building with Families and Working Together which will underpin our improvement programme in Perth and Kinross. This will inform the strategic priorities within the Children's Services Plan for 2020/23 and the work within the Tayside Regional Improvement collaborative in relation to Child Protection and Safeguarding.

The Perth and Kinross Child Protection Committee

The Child Protection Committee (CPC) is the key local body for developing, implementing and improving multi-agency child protection arrangements. The CPC membership is expected to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that **"It's everyone's job to make sure I'm alright".**

Membership of the CPC remains intentionally broad and inclusive of all relevant organisations and sectors which have a role to play; which allows the CPC to take a whole community approach to raising awareness of the key risks to children and young people.

The CPC continues to nurture positive working relationships through a culture of mutual respect and understanding; involvement and participation; openness and transparency and support and challenge. It meets six times per annum; all meetings are recorded and published on the public-facing PKC website. Recent meetings of the CPC have been virtual meetings.

Elected Members and Chief Officers of the public, private and third sectors in Perth and Kinross continue to discharge their individual and collective responsibility for children's services, in particular, child protection services, through annual reporting to Council and to quarterly meetings of the Perth and Kinross Children, Young People and Families Partnership (CYPFP).

During 2019/20, the work of the CYPFP and the CPC has been further strengthened by the added support and scrutiny from the Perth and Kinross Public Protection Chief Officers' Group (COG), which brings together the Chief Officers of Perth and Kinross Council; NHS Tayside; Police Scotland – Tayside Division; the Chief Officer of the Perth and Kinross Health and Social Care Partnership; the Chief Social Work Officer (CSWO) for Perth and Kinross Council and other key Officers.

Before and particularly since the COVID-19 pandemic, the COG has met more frequently and provided leadership and direction across the public protection partnerships. Recent meetings of the COG have been virtual meetings.

Informed by rich, evidence-based datasets, the COG has galvanised our approach to public protection and coordinated the identification and management of known and emerging risks.

A carefully managed Risk Register has ensured that since March 2020:

- well-established public protection partnership working arrangements have not been disrupted – in many areas they have been further strengthened
- communication between and across services and agencies has not been compromised – in many ways this has been significantly improved
- key child protection processes have continued to function well – increasing demands have been met by committed and hard-working staff groups
- staff who have been shielding, self-isolating, providing a caring provision at home and/or absent from the workplace have been protected, kept safe and enabled to work virtually where necessary

3.12 Social Work Services to Protect Children

These child protection statistics demonstrate the level of activity carried out by Services for Children, Young People and Families social workers to investigate, assess and manage situations where children are at risk of abuse. Although child protection is a multi-agency activity, the children's social work service is the key agency which responds to concerns about children and has a statutory duty to investigate and protect children. Social workers take the lead responsibility for the assessment of risk and coordinating child protection plans to keep children safe and social work managers manage and chair key child protection decision-making meetings from the point of investigation to registration, decisions in relation to seeking a Child Protection Order from the Court, coordinating child protection plans for children whose names are added to the Child Protection Register and reviewing of progress and risk.

There has been a substantial increase in the level of activity carried out by social workers in relation to child protection over the last year to 31 July 2020. This is now clearly a long-term upward trend and indicates that there are significant demand pressures within the children and families social work service.

The service also arranged, chaired and recorded 128 initial and 127 review case conferences during the Academic year. Social workers took the lead professional role for developing and implementing child protection plans for every child whose name was placed on the register. Concerns around parental substance misuse, parental mental ill-health and domestic abuse remain the most common reasons for a child's name to be placed on the Child Protection Register.

Some of this year's increase is as a direct result of the COVID-19 restrictions and the limited operation of key support services including schools and early learning and childcare services. In order to monitor the effectiveness of our child protection response additional data was collected weekly from early April 2020. This has been monitored on a weekly basis by the Chief Social Work Officer, ECS Senior Management Team, the COVID-19 Adult Protection and Child Protection Executive Group and the COVID-19 Chief Officers Group.

In March 2020, the COVID-19 pandemic emergency response included restrictions in the way essential, statutory front-line services could be delivered. Managers and staff across Services for Children and Young People quickly adapted to the situation and put in place new ways of working. This meant that social work offices either closed and staff worked at home or the number of staff who could attend was reduced to ensure safe working practices. In the first two weeks of lockdown, face to face contact with children and families was paused until such times as staff could be supported through guidance, robust risk assessment and access to appropriate personal protection equipment. After a brief pause in March, social work teams very quickly put in place arrangements to see children and families at home, face to face and through virtual and telephone contact. The data shows that staff have been diligent, persistent and consistent in prioritising support and intervention for families most in need throughout the pandemic. Each week, from April, approximately 600 children have been contacted and seen by social work professionals, provided with practical and emotional support and statutory duties fulfilled.

Social workers, social care officers and business support staff responded quickly and flexibly to the challenge and continued to provide essential services throughout. Children and young people at risk continued to be seen and kept safe and the 24-hour child protection response was maintained. New ways of working included virtual child protection meetings and families, children, young people and their advocates have been able to participate fully. Quickly developing new processes presents opportunities as social work services develop recovery and renewal plans. Attendance at meetings by multi-agency partners who find it difficult to attend in person such as medical professionals has improved, and, as a result there is an opportunity to hold on to this positive change and support more comprehensive information-sharing and multi-agency risk assessment.

The Chief Social Work Officer's view is that the children and families social work services is leaving COVID-19 lockdown restrictions with a significantly higher workload than when the restrictions commenced in March 2020. This additional workload is described as being more challenging as individual circumstances have been more complex or more entrenched and it is predicted that it will take longer to achieve the required progress within child protection plans. It is a concern that the workload for the social work teams within Services for Children, Young People and Families are managing higher child protection caseloads with no additional staffing resource. If this continues long-term, the capacity to support families in a preventative, and at an earlier stage, will be significantly reduced. Notable increased activity and demand pressures over the last year to 31 July 2020 are highlighted below:

- the number of children and young people subject to Inter-Agency Referral Discussions (IRDs) has continued a long-term upward trend with 400 children being the subject of this multi-agency process to share information, assess risk and plan the most apporpriate and safe course of action. This is up 16% from the previous year and represents a **69% rise in IRDs over five years.**

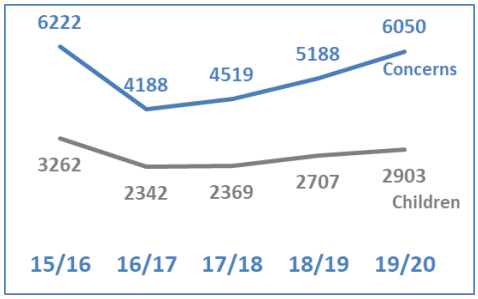
- social workers have carried out child protection investigations into 251 children. This is an increase of 52, which is a **26% increase in child protection investigations from the previous year** and the highest number of investigations over the last 5 years. Each of these investigations requires a comprehensive assessment of risks for every individual child and careful decision-making about the actions that are required to keep children safe.

- At the end of March 2020 and at the start of the COVID-19 restrictions, the number of children and young people on the CPR was 81 and on a par with the previous 4 years. However, by the end of July 2020 it had risen to 97; representing a **20% increase in the number of children subject to child protection plans between March and July 2020** and 23% increase from the previous year. All children whose names are included on the Child Protection Register will have a child protection plan which is coordinated and led by a lead professional social worker.

In the week after children returned to school in August 2020, we have experienced a significantly higher rate of case for concern reports as education services identified children for whom there was a concern for their welfare and wellbeing. Although many of these children will continue to be supported through universal services and access to additional support, it is likely that some will need the support of a child protection plan and there may be a few that become looked after. Although this data is not yet available for this report, it will be closely monitored.

Child protection management information *(data relates to Academic Year (01 Aug – 31 July)*

Table 15: Child Concern Reports (CCRs)



The total number of Child Concern Reports (CCRs) has risen for the third year in a row, while the number of children and young people subject to a CCR has risen more slowly. The longer trend over the last five years is more steady. The reduction in 2016/17 related to the introduction of a triage processes within Police Scotland in line with the implementation of GIRFEC and the Children, Young People (Scotland) Act 2014. CCRs can relate to the same child or young person, particularly where there are multiple or repeated concerns. The total number of CCRs where Domestic Abuse was monitored weekly from mid-March 2020 during COVID-19 lockdown and this remained relatively steady and on a par with the data for 2018/19. This continues to be monitored on a weekly basis.

Table 16: Child Concern Reports by source

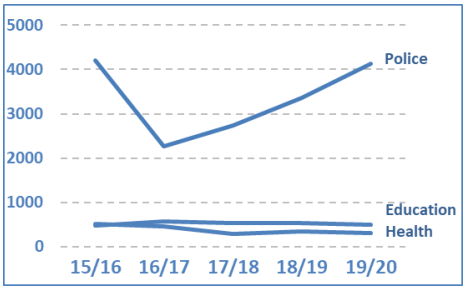
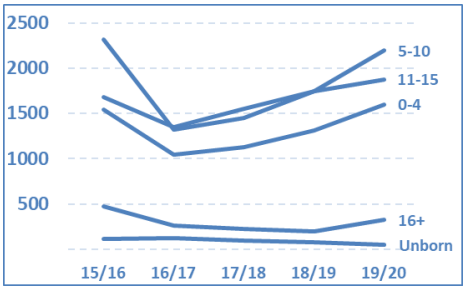
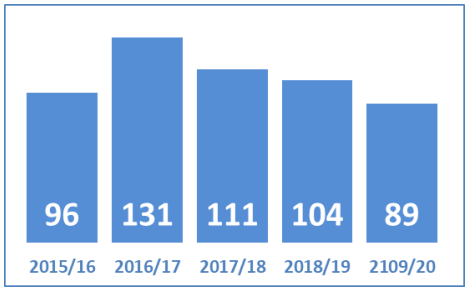


Table 17: Child Concern Reports by age of child



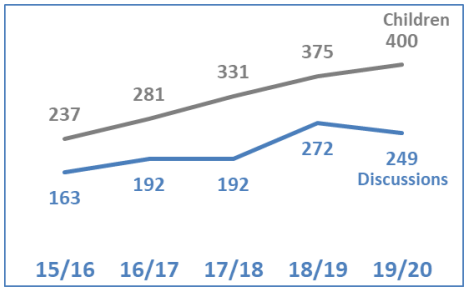
The main source of CCRs continues to be Police Scotland, followed by Education Services and Health Services. Overall, these three source groups account for 80% of all CCRs submitted. The number of CCRs submitted by Police Scotland has been increasing over the last 4 years.

Table 18: Unborn baby Referrals



The number of Unborn Baby Referrals raised by NHS Tayside continues a downward trend. The partnership continued to work with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to develop support pathways for vulnerable pregnant women, aimed at *Addressing Neglect and Enhancing Wellbeing (ANEW): Getting it Right in Perth and Kinross; Pre-Birth and into the First Year of Life.* This work has included the redesign of key processes through which Midwives and Health Visitors connect with other services, agencies and community resources to access support for vulnerable families, thus avoiding the need for an Unborn Baby Referral.

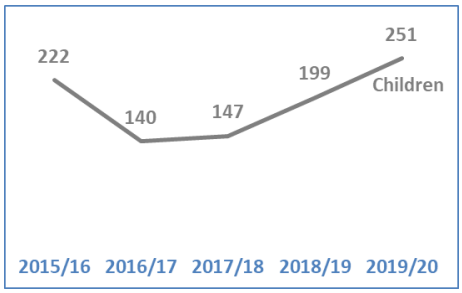
Table 19: Inter-Agency Referral Discussions (IRDs)



The number of children and young people subject to Inter-Agency Referral Discussions (IRDs) continues to rise and the number of discussions taking place (which may involve more than one child) also show a long-term upward trend.

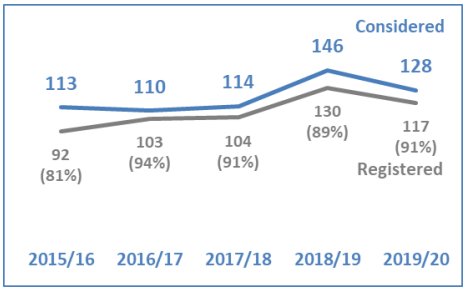
IRDs are recognised as good multi-agency working practice and may be repeated a number of times for the same child or young person. This will be a key feature of practice in the revised National Child Protection Guidance which will be launched for consulation in October 2020.

Table 20: Child Protection Investigations



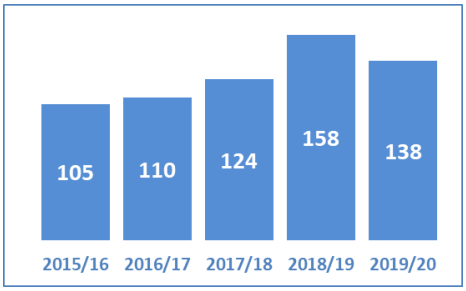
The number of children and young people subject to a Child Protection Investigation has been rising consistently over the last three years.

Table 21: Children considered at Initial Child Protection Case Conferences



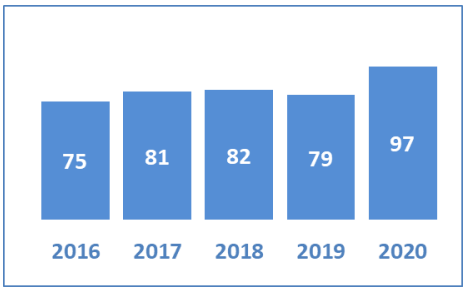
The number of children and young people considered at Initial Child Protection Case Conferences (ICPCC) shows a general slight increase over the last five years, with a slight reduction this year. Of the 128 considered at an ICPPC, 18 related to Unborn Babies (Pre-Birth CPCCs). The proportion of ICPCCs that result in a child or young person's name being placed on the Child Protection Register (CPR) remains high at 91%, demonstrating that the right children and young people are being considered at ICPCCs.

Table 22: Child Protection Register – New Registrations



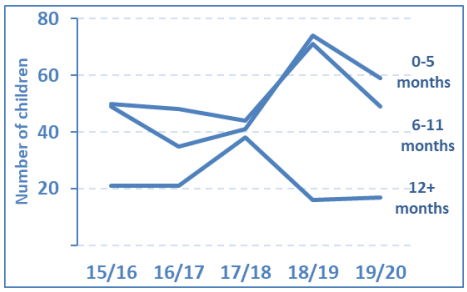
The number of children and young people placed (new registrations) on the Child Protection Register (CPR) during the last year has been generally increasing over the last 5 years. This includes sibling groups. Registrations include a small number of temporary registrations (for children and young people who move into the Perth and Kinross Council area for a limited period; for a holiday with relatives etc).

Table 23: Number of children on Child Protection Register



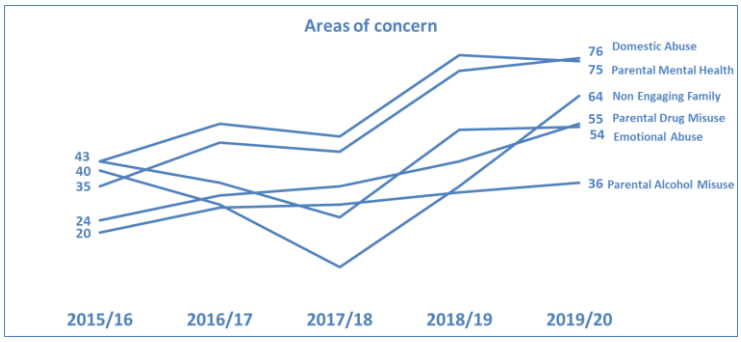
The number of children and young people on the CPR at 31 July has remained relatively steady over the last 4 years, with 2020 showing the first significant increase for some time. These figures include sibling groups. Without doubt, this is a direct consequence of the COVID-19 pandemic and containment measures, which temporarily interrupted well-established multi-agency review arrangements for all registrations. At the end of March 2020, the number of children and young people on the CPR was 81; by the end of July 2020 it had risen to 97; representing a 20% increase, which evidences the impact of COVID-19 pandemic.

Table 24: Length of Registration



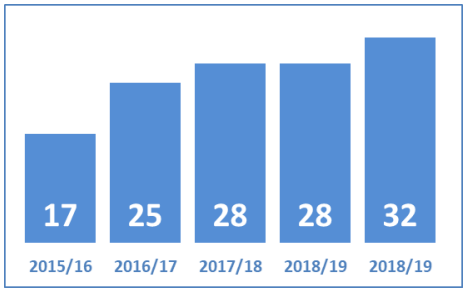
Periods of registration normally last less than a year, and the number of children and young people who remain on the CPR for 12 months or more remains steady. The CPC closely monitors registration rates and in particular de-registrations, re-registrations and length of time children and young people remain on the CPR as part of its quality assurance work. However, this year, it is clearly evident that the COVID-19 pandemic and subsequent containment measures have had a significant impact both on CPR registration rates and the length of time children and young people have remained on the CPR, as illustrated above. There has clearly been a slower de-registration rate than normal, partly due to the fact that schools and early years services were not operational and able to contribute towards child protection plans in the same way. New ways of working are now in place to address this issue, for example, with key multi-agency child protection meetings taking place on a virtual basis.

Table 25: Risk factors for children in need of protection



The key risk factors for children and young people whose names are included on the CPR continues to be the impact of domestic abuse, parental mental ill-health, problematic parental substance alcohol misuse. Together these are referred to as the trio of risk. For the majority of these children there will also be an element of emotional abuse. Over the last year the identification of non-engaging families has continued to increase reflecting the positive impact of staff training and a focus on neglect over the last 2 years.

Table 26: Numbers of children placed on Child Protection Orders



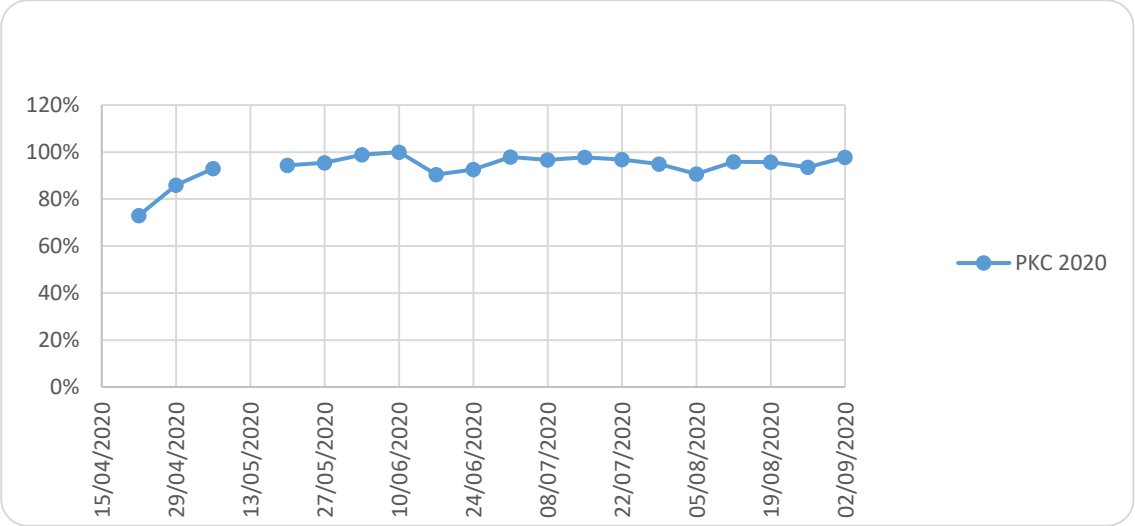
The number of children and young people placed on Child Protection Orders (CPOs) has been generally increasing over the last five years. These figures, which include large sibling groups as being closely monitored.

COVID-19 data (relates to the period 1 April – 31 July 2020)

Children with a child protection plan seen face to face

The percentage of children and young people with a child protection plan, who were physically seen, face-to-face, by their social worker (lead professional), on at least a fortnightly basis, has remained very high. It averages at 94% between April and July 2020. Weekly monitoring showed that after a brief pause in home visits in March, this improved significantly in April and has remained consistently high over the period of the COVID-19 pandemic through to August 2020. This has been monitored very closely as it was important to know that children who were assessed to be at risk of abuse and neglect were being seen at a time when universal services such as schools and nurseries had closed. Social workers quickly responded and engaged in home visits, supported by risk assessments and guidance on the correct use of personal protective equipment (PPE). This high performance was maintained at a time when the number of children on the Child Protection Register and subject to a multi-agency child protection plan increased from 81 to 97.

Table 27: Percentage of children with a child protection plan seen in preceding 2 weeks



3.13 Corporate Parenting & Children and Families Social Work

This is the final year for the Corporate Parenting Plan for 2017-20 and the new plan will begin with close engagement with our care experienced young people, their families and corporate parents such as NHS Tayside and Police Scotland, Scottish Fire and Rescue, Skills Development Scotland, SCRA and 3rd sector partners.

The Corporate Parenting Plan is monitored by the Children, Young People and Families Partnership and its sub group for Corporate Parenting. This includes representation from FYI (the Fun Young Individuals) ensuring that care experienced young people have direct and meaningful engagement with corporate parents and control over the agenda. There are five themes around which our Corporate Parenting Plan is built which reflect the wellbeing indicators and areas selected by young people as being important to them:

- Home (Safe and Nurtured)
- Voice (Respected and Included)
- Health (Healthy and Active)
- Achievement and Attainment (Achieving)
- Employment and Education (Achieving and Responsible)

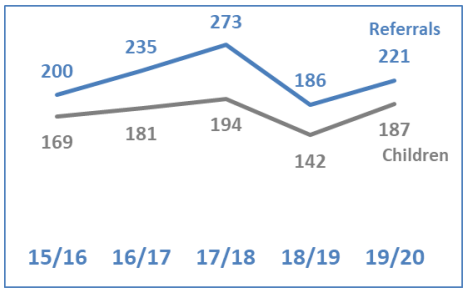
Over the last year, care experienced young people and corporate parents have continued to engage directly in the work of the Independent Care Review. The Promise, the report of the Independent Care Review, was published in February 2020 and sets out a higher collective ambition for a fundamental shift in how decisions are made about children and families and the way in which loving, supportive and nurturing relationships form the basis for all children to thrive.

The Promise provides 5 key foundations for achieving that ambitious wholesale change: Voice, Family, Care, People and Scaffolding.

The review of progress in relation to the current plan and an assessment of what we need to focus on to deliver on the Promise will be carried out in 2020/21. This will be a main priority for Services for Children, Young People Families social work services over the next few years in order that the care system can shift from 'protecting against harm' to 'protecting all safe, loving and respectful relationships'. Between 2017 and 2019 we had made good strides in reducing the number of children requiring residential care and have successful experience of implementing multi-disciplinary intensive family support through our REACH team in order to reduce this by over 50%. However, we have not prevented younger children becoming looked after and the number continues to increase. In addition, we have recently experienced a significant increase in the number of children who require to be looked after during COVID-19. To ensure early activity to put into action the ambitions within the Promise and building on the lessons from REACH, a test-site for innovative intensive family support will be established in 2020/21.

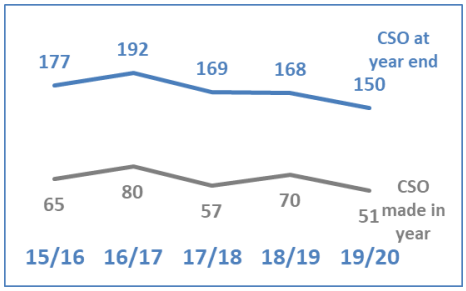
The number of children referred to the Scottish Children's Reporter Administration (SCRA) shows some variation over the last five years. This continues to be monitored jointly with SCRA to ensure that the right children are referred for compulsory measures of supervision, for the right reasons and that the assessment reports contain all of the necessary information and analysis to support effective and protective decision-making for children.

Table 28: Number of referrals to SCRA



The number of children and young people placed on Compulsory Supervision Orders (CSO) and the number of children on a CSO at the end of year the show a general downward trend over the last four years. This is in line with the national trend. Children and young people who are placed on CSO are looked-after, either at home or away from home at an approved placement which is named on the Order. These children are subject to supervision visits and contacts by a social worker and six-monthly statutory looked after child reviews.

Table 29: Number of Compulsory Supervision Orders



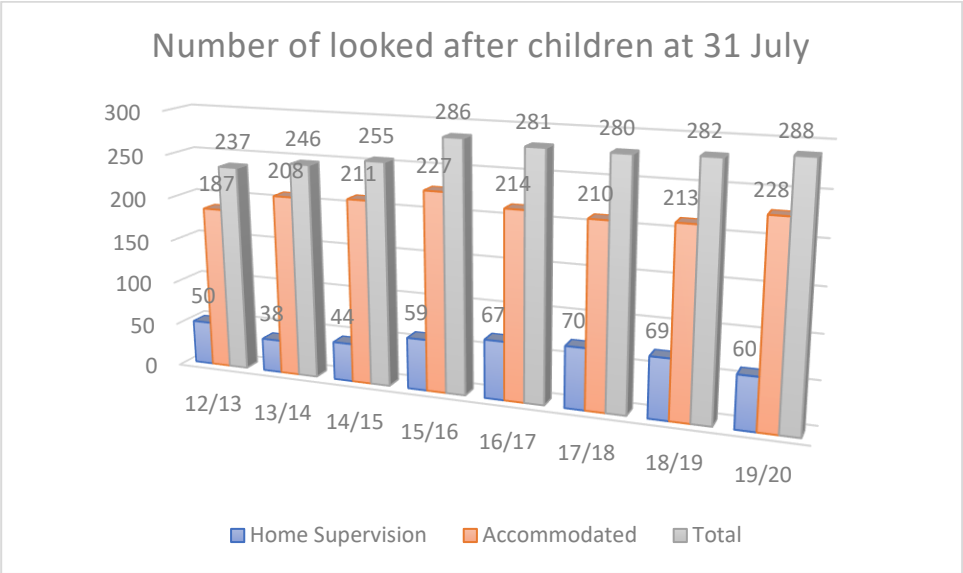
At 31 July 2019, there were 282 children and young people who were looked after away from home by Perth and Kinross Council. This fell by 13 to 269 at the end of March 2020 reflecting the range of work to prevent children and young people becoming looked after.

The upward trend from 2012 had levelled off during 2016 and had begun to decrease and we were on track to end the period with fewer children looked after than any year since 2014.

By the end of July 2020 however, the total number of children and young people who were looked after had risen to 288 with the highest number of children accommodated away from home since 2012 (228). It is clear that the COVID-19 pandemic has resulted in more children and young people becoming looked after than would have been anticipated. This represented **an 8% increase in the number of looked after children and young people during COVID-19** (end of March to end of July 2020). It has also signalled a reversal of the progress made over the previous 4 years in reducing the number of children looked after away from home.

All of the children who became looked after during March to July were accommodated in kinship care or local foster care placements. Our ability to manage this spike in numbers and to retain children within their own communities reflects the very positive impact of measures over the last 3-4 years including, the expansion of the Family Based Care project which had worked to increase the number of local foster care placements and the good practice in seeking kinship care wherever possible.

Table 30: Number of children who were looked after as at 31 July 2012 -2020



Note: 2019/20 figures are not yet published by Scottish Government.

It is clear that the COVID-19 pandemic has resulted in more children and young people becoming looked after than would have been anticipated. There has been a substantial increase in the level of activity carried out by social workers to 31 July 2020 to ensure that children's needs for nurturing care have been met. This increase in numbers of looked after children has meant additional demands on foster care and kinship care and all of the requirements for children to be seen regularly in placement and their circumstances reviewed within statutory regulations. This is all happening at a time when there are also significant demand pressures as a result of the increase in child protection activity.

Children with multi-agency plans contacted

The number of children and young people with a multi-agency plan who were contacted (by home visit, face-to-face, or virtual or telephone contact) by a social worker, on at least a weekly basis, has remained very high and showed a consistently upward trend over the period of the COVID-19 pandemic and when schools were closed. Weekly monitoring showed that after a brief pause in home visits in March, this improved significantly in April and has remained consistently high over the period of the COVID-19 pandemic through to August 2020. This data comprises all cases open to Service for Children Young People and Families, including all cases open to the Child Protection and Duty Team for follow up and initial investigations. This has been monitored closely as it was important to know that families who need coordinated support were getting the help they need.

Social work staff along with other professionals quickly responded and engaged in these contacts, supported by risk assessments and guidance on the correct use of personal protective equipment (PPE). Performance varied week to week but overall during the period April to July 2020, 50% of children who were the subject of a multi-agency plan were seen each week. The total number of children varied from from 916 to 955 each week.

This data shows the extent to which social work staff prioritised and maintained a focus on the most vulnerable children throughout the pandemic. Social workers endeavoured to ensure that all children, young people and families who had a lead professional social worker were seen face to face and that multi-agency child's plans continued to address risks and needs throughout the pandemic.

Table 31: Number of children with a multi-agency plan.

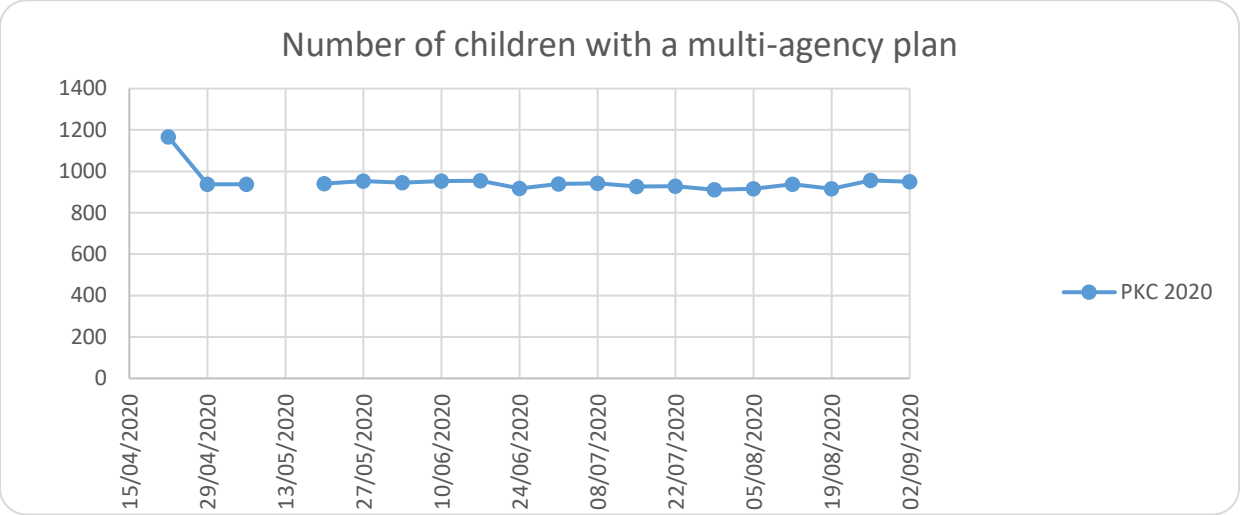
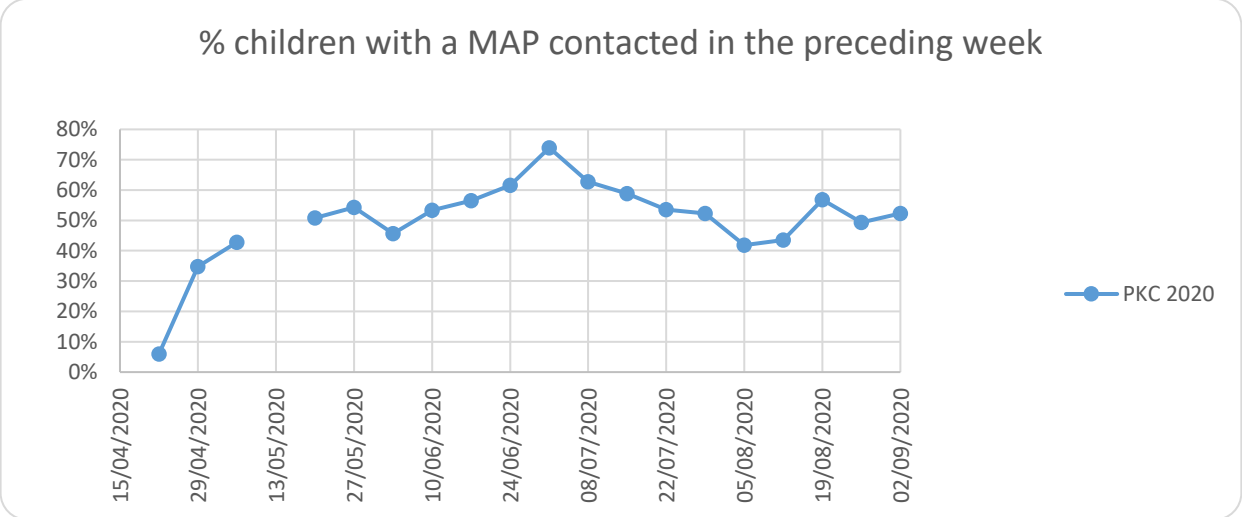


Table 32: Percentage of children with a multi-agency plan (MAP) seen in the preceding week.



Children and Families Fieldwork Teams

Children and family fieldwork services includes the Child Protection and Duty Team, five locality social work teams as well as specialist services for children with a disability, pregnant women and families with very young children at risk, family support and supervised contact for children who are looked after.

Family Focus

The Family Focus Team undertake Initial Assessment Reports for all unborn babies that are referred through the Unborn Baby Protocol and for children under three years where there is growing concern for their welfare. The Maternal Minds group was established in 2019 to address a gap in the support for parents experiencing ante and post-natal depression.

Perth City and South

The team has links with a local community women's group who have made knitted animals for children. This is a good example of intergenerational work as the knitting group is now making 'Worry toys' using the GIRFEC SHANARRI wellbeing indicators. These are affectionately known as 'Shanarri Calamaris' as they have 8 legs (one for each indicator) and the legs can be used to convey the child's feelings at a very early stage with social workers.

A social worker from the team received the Police Scotland Tayside Divisional Commanders Award for outstanding and noteworthy actions by Police officers, Police staff, Special Constables or members of the public. The social worker's role in operation Tanzanite was recognised as an outstanding example of multi-agency working and maintaining a steadfast commitment to the safety and protection of children.

Blairgowrie

From February 2020, the Blairgowrie team has become involved in a Pathways Pilot that is a multi-agency approach to service provision in the Blairgowrie and Rattray area. This is in partnership with Education, Police, Youth Services, DAT, Housing, Health, Psychology. This was a pilot based on work with five families who were high users of these services and that were deemed as benefitting from a joint approach. Looking at delivering services at a local level through better partnership, collaborative and effective working. The social work measurable outcomes for this were in relation to children being able to remain at home safely, number of referrals to Child Protection Case Conference and referrals to the Children's Reporter.

Strathearn and Kinross

The team has delivered the Reconnect parenting programme. This focused, 8-week block of 1:1 work helps SSCO's to identify any specific areas of on-going support for parents. Through discussions with the allocated social worker/senior practitioner/team leader this can help to pin point the most effective use of the SSCO's time. The parenting project is being evaluated by taking feedback from parents at the end of each session. It is also being evaluated by the parents completing a strengths and difficulties questionnaire at the start of the project, after 8 weeks and after 6 months. During this programme parents learn how their own experience of being parented impacts on how they parent their child, they learn about the relevance of the hierarchy of needs and how lower needs all had to be met before their child could progress. It also considers how babies learn.

Summer Project 2019

35 children and young people were engaged in a summer group work over the school holiday period, referred by Social Workers in the team. This created opportunities for honest dialogue with some of the young people who were struggling the most over picnics and various activities. These outings were good opportunities to speak about appropriate/inappropriate behaviour in school, at home and in the community and allowed families to see Social Work in a positive light and to help build trust.

Assessments and report writing

In 2019, in an effort to secure continuous improvement in the assessment of risks and needs, all social work assessments prepared for Child Protection Case Conferences and Children's Hearing were reviewed by Improvement Officers and evaluative feedback was provided to social workers and their Team Leaders. For a period of 3 months, Children's Hearing Panel members provided feedback to Services for Children, Young People and Families with a view to ensuring that the reports contained all of the necessary information and analysis to enable panel members to come to the most appropriate decisions about children. This successful approach has now been taken up more widely by other local authorities. Training in report writing has taken place for all social work staff.

Children and Families Looked After Services

Adoption Team

Over 2019/20, the adoption team developed and lengthened the transition process for children to include chemistry meets and additional meet-ups between children and prospective adopters prior to the more intensive transition period. This has ensured a much more robust match and there have been no disruptions since October 2017. Perth and Kinross has been asked to share local guidance with other local authorities via Adoption and Fostering Alliance Scotland.

Family Based Care

Over 2019/20, there were 50 assessments for kinship carers to become approved carers for looked after children within their family.

The Family Based Care Team supports 156 kinship placements, 74 of these relate to children who are looked after by the local authority and placed in kinship care and 82 of these relate to kinship placements which require additional support and assistance because of their circumstances.

Family Change

Over 2019/20, the Family Change Team have provided 106 professional consultations and over 400 therapeutic sessions. 84% of referrers and 79% of parents report positive change in the child after their child received a service at Family Change.

This year Family Change has been approached to have a role in 2 new areas of service - the PRAISE team which is a new team to support improved educational outcomes for children of primary school age and who are looked after at home, and, the School Counselling Service.
This work is fully funded via Scottish Government grant funding.

Developing Independent Advocacy

In line with the action plan arising from the Joint Inspection of Services for Children and Young People by the Care Inspectorate in April 2018, the arrangements for advocacy and for seeking the views of children and young people at key child protection meetings, Looked-After Reviews and Children's Hearings has been further developed over the last year. The priority focus has been to ensure that all children and young people who are looked-after and accommodated or who are looked-after at home and those who are involved in child protection processes receive high-quality independent support and advocacy. Support from budget motion monies from the Council's budget setting in 2018-2021 has enabled significant improvements in the extent to which advocacy can be offered as a matter of routine and enabling all children and young people to benefit from independent support and new ways of expressing their views at important times.

Independent support from the Child and Youth Rights Officer and Independent Advocacy Perth and Kinross enables children and young people exercise their right to be listened to, understood, respected and taken seriously during key meetings.

An increasing number of children and young people have had their views presented at key meetings. The Children's Rights Officer supported 21 children over the past year at child protection meetings. The Independent Advocacy Perth and Kinross (IAPK) has been commissioned by Education and Children's Services and is the primary provider of Children's Hearing Advocacy in Perth and Kinross. A Children's Hearing Advocacy post has been created along with a full time Advocate working exclusively with children and young people. IAPK supported 123 children and young people at 209 meetings over 2019/20. This is a much-improved position from 44 children and young people in the previous year.

Over the last year, the number of children and young people under 15 years taking up the offer of advocacy has increased by 72% from 25 to 43 individuals. The number of young people who are aged 18-25 and who are entitled to continuing care (and to remain in their care placement until they reach 21) or after care (up until they reach 26) accessing independent advocacy has also increased by over 300% from 18 to 74 individuals over the last year.

Since July 2019:

- 147 children and young people's views were presented at a Child Protection Case Conference by their social worker, carer, advocate or other professional
- 233 looked-after children and young people's views presented at a Looked-After Review Meeting by their social worker, carer, advocate or other professional
- 100 children and young people helped to submit an All About Me Form to a Child Protection Case Conference or a Looked-After Review Meeting

Services for Children and Young People has continued to commission the Mind of My Own App. This has been expanded in 2019/20 to include Express, developed specifically for children under 8 years and for children with a learning disability. The Mind of My Own App is therefore now available to a much larger group of children and young people ensuring that the views of children who are often described as far harder to reach are sought and considered during key decisions. 355 individual statements were made, and it is reassuring to see the number of children and young people using the App in preparation for a meeting which means their views can be considered when decisions are made. Equally encouraging is the number of young people who are using the App to share good news and to prepare a statement and in advance of a visit by their social worker to help open up discussion about those areas that are important to them.

Table 33: Number of children and staff using Mind of My Own

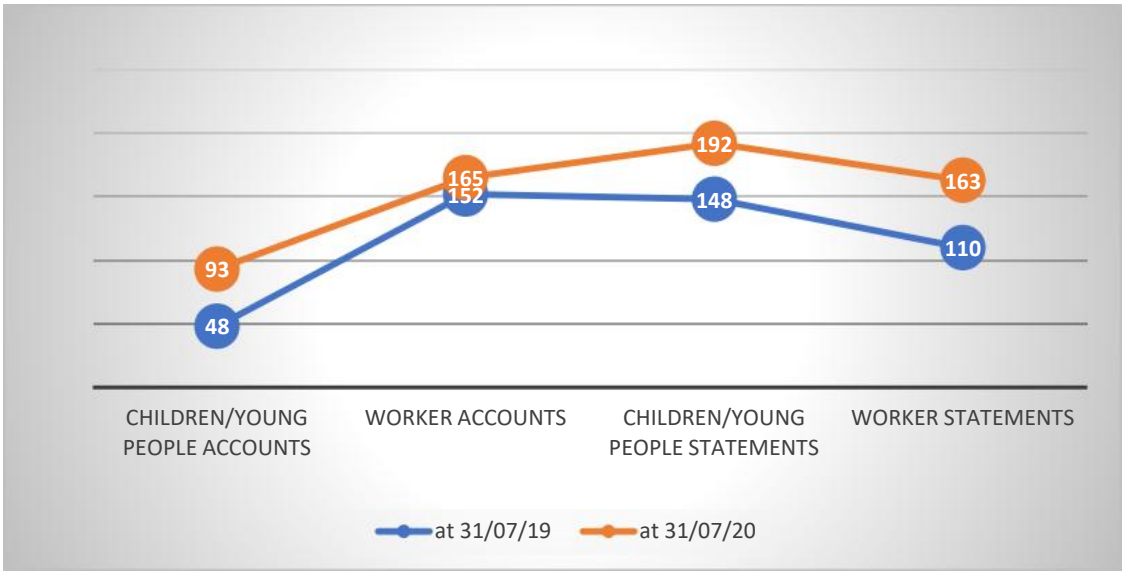
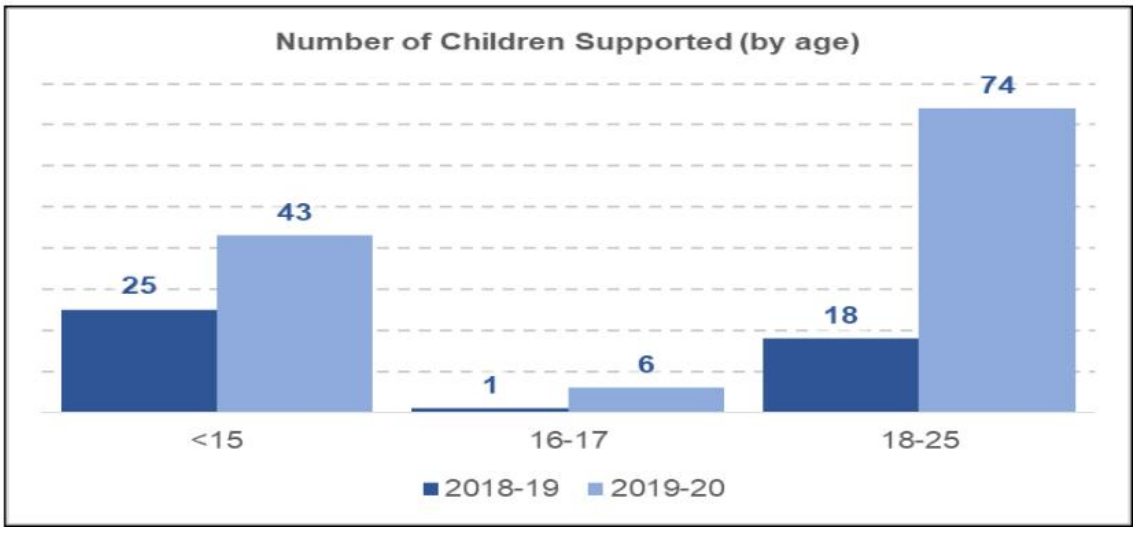


Table 34: Number of Mind of My Own Statements in 2019/20

Table 35: Number of children and young people supported by Independent Advocacy Perth & Kinross (IAPK)



Children with a disability

In 2019/20, £61,375 was committed to support the provision of Self-Directed Support (SDS) within services for Children, Young People and Families in 2019-20. A total of 118 applications for support were made and a range of resources provided to meet need. A further £198,100 was provided, specifically, to support children with disabilities, 48% of families with children with a disability receive Option 1, solely, as a Direct Payment. These families have their own budget which they use to buy in their own support. This budget is fully managed by the family, and most families use their budgets to fund personal assistants.

The innovative use of SDS has taken time to embed and there is an ongoing training requirement for staff. The incremental implementation has enabled staff within Services for Children, Young People and Families to benefit from learning from earlier work undertaken with adults. Woodlea continues to provide high quality residential and day respite for 89 children and young people with complex needs. Over the last year, Woodlea provided 485 overnight respite stays and 684 day-respite stays.

The Children and Disability Outreach Service from Woodlea continues to be an effective intervention to support children, young people and their families throughout Perth & Kinross. The four Senior Social Care Officers from Woodlea Residential Team balance outreach and residential respite. The outreach service has supported 39 families over the last year.

An online parent survey revealed that all parents rated the support from Woodlea as good or better and 78% of parents rated the support from Woodlea as Excellent.

Supporting young people to remain in their own families schools and communities

In August 2017, Perth and Kinross Council approved and provided financial investment in a transformation project to reduce the number of children and young people in external residential placements and to put in place a 'one stop', multi-disciplinary response to address the needs of young people aged 12-18 years and to their families across Perth and Kinross.

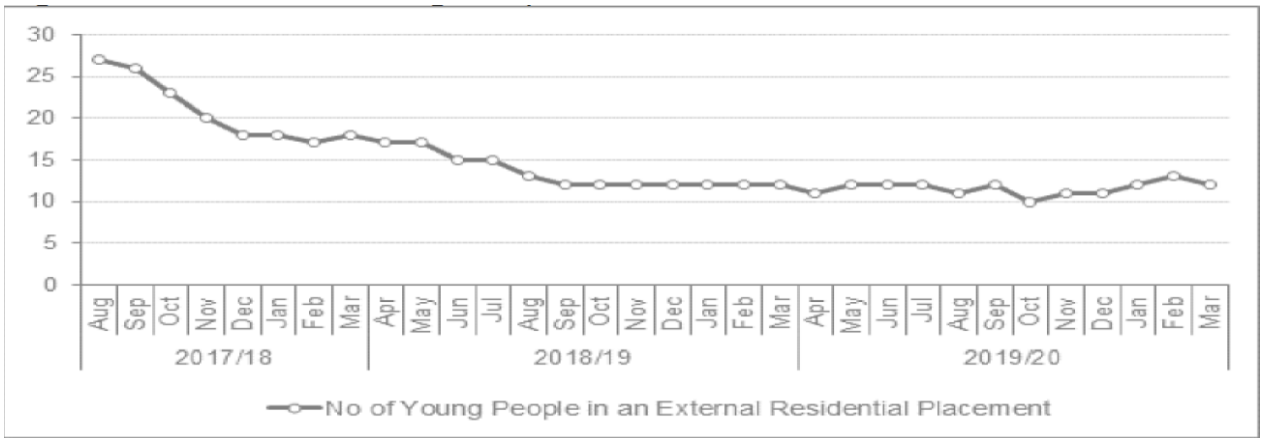
In January 2019, the fully established REACH team moved to a dedicated and refurbished building adjacent to Almondbank House in Perth. The team operates 24 hours and 7 days a week with Social Workers and Social Care staff providing cover. This working model enables REACH to support families when they are most in need of support, whether this is during the day, in the evening or at the weekend.

The provision of integral support from the Clinical Psychologist and Speech and Language Therapist complements the expertise of a dedicated teacher and specialist Social Workers and Social Care Officers. This professional skill mix has been invaluable in providing holistic care and support to some of the most vulnerable young people in Perth and Kinross.

From 1 April 2019 to 31 March 2020, REACH had supported 59 young people, 24 of whom were looked after young people before they began working with REACH and for whom the aim was to return to their family or local community.

The contribution of the REACH Team to avoiding the need for young people to become accommodated in external residential placements is evident. The reduction in the number of children and young people requiring residential placements has been maintained at between 10 to 12 over the last year and remains lower than the three-year average.

Table 36: Number of children and young people in external residential placements.



REACH Social Workers are amongst the first in Scotland to use the Short-Term Assessment of Risk and Treatability: Adolescent Version (START-AV). The START-AV tool focuses on the strengths of the young person whilst taking account of their vulnerabilities and risks. Using this assessment tool allows for any change in strengths, vulnerabilities and risk to be measured in a consistent manner. Currently five social workers are trained in START-AV and one social worker has completed the training for trainers.

3.14 Services for Young People

In 2019/20 services for Young people supported the achievement of the following awards:

- 9 participants achieving 7 Youth Achievement Awards
- 60 participants achieving 56 Dynamic Youth Awards

- 25 participants achieving 19 Hi5 Awards
- 368 Duke of Edinburgh Awards (201 Bronze, 108 Silver, 59 Gold
- 2 Baby First Aid certificates
- 14 John Muir Awards
- 20 Food Hygiene Certificates

Services for Young People supported the distribution of 1184 NEC Cards to young people across Perth and Kinross. The service supported 50 (85% success) aged 16-19 on to a positive destination. 18 young people ran the Community Café, Full of Beans at @scottstreet.

The services achieved a Bronze award for the completion of the LGBT Charter jointly with Wellbank which required some comprehensive, long term work in terms of presentation of evidence and working protocols within the service evidencing our positive and promotional work within this area.

In partnership with the Gannochy Trust, Universal Youth Work is commissioned from 5 local providers and over the last year levels of engagement have increased. Across Perth and Kinross 2906 contacts were made with young people, 1575 volunteering hours carried out by young people aged 11-16 and a further 1155 hours by young adults 16 plus.

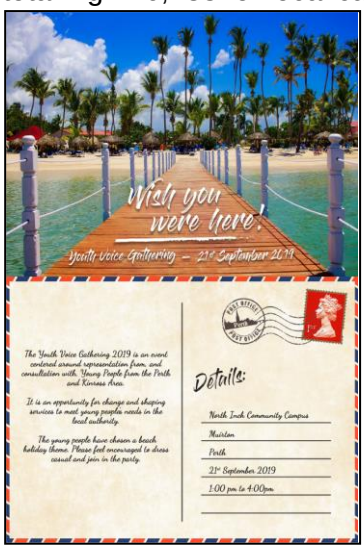
A partnership with the Hadden Group: Construction & Property Development won a silver GO Award for their input into youth initiatives towards employment.

7 young men took part in a sailing residential, 6 of whom were care experienced. 3 went on to complete their RYA competent crew qualifications.

The Children's Rights Officer (CRO) has worked alongside a professional advisor from UNICEF to coordinate and deliver Achieving Silver and Achieving Gold training for participating schools. Since April 2019:

- 8 schools have achieved Bronze: Rights Committed
- 2 schools have achieved Silver: Rights Aware
- 1 school has achieved Gold: Rights Respecting
- 3 school have been reaccredited as Gold: Rights Respecting
- a further 21 schools have registered for RRSA and have assessments scheduled

The Milestones workshop (including the film) was delivered to 2000 participants across Perth and Kinross and Tayside. 500 Corporate Parenting Kits made to raise awareness in return for pledges to support our local care experienced young people. 36 successful individual grant applications made totalling £16,783 for local care experienced young people.



The Youth Voice Gathering was held on Saturday 21 September 2019 at the North Inch Community Campus in Perth. This was a one-stop-shop type event, planned by young people, for young people. The event aimed to showcase their work and to share and discuss with representatives from key local services, agencies and partnerships, what was significant and important to them in terms of keeping themselves safe; improving their health and wellbeing and to improving the quality of their lives.

On the day, 13 separate services, agencies and partnerships attended the event and engaged with 9 individual youth groups and their representatives.

Wellbank and Throughcare Aftercare

On 31 March 2020, the percentage of children being cared for in the community remained very positive at 96%. In 2018/19, Perth and Kinross was ranked first out of 32 local authorities for this measure within the Local Government Benchmarking Framework.

Over the last year, the number of supported lodgings providers has increased from 11 to 12 and the number continuing care placements has increased from 21 in 2018/19 to 28 in 2019/20.

The Council's commitment to providing accommodation for Unaccompanied Asylum-Seeking Children (UASC) has continued. Over the last year, an additional 4 young people have been provided with high quality care and support. This brings the total accommodated to 13 with an incremental approach to provide for a total up to 20 over the next few years.

The number of care experienced young people being supported by the Through Care and After Care Team has increased from 193 to 238 with 84% of all young people entitled to after care services up to the age of 26 remaining in touch with the team. This high level of contact is been consistent since 2016 and represents an incremental increase in workload for the team year on year.

The #C200 charity was set up by Perth and Kinross Council employees in 2019 to support young people who have left care without the benefit of family support. 140 young people have benefited from the funds over three significant periods, Christmas 2019 and March/April in support of young people coping with the COVID 2020 outbreak and further vouchers paid for young people's birthdays. To date, we have been successful in gaining 36 funding awards for young people for items such as laptops, driving lessons, items for accommodation, clothing and essentials etc.

3.15 Support for Carers

Support for unpaid adult carers

The Carers (Scotland) Act 2016 was implemented on 1 April 2018 seeking to improve the rights of carers and to reduce the adverse impact on their health and wellbeing as a result of their caring responsibilities.

During 2019/20, key activities focused on meeting new legislative duties and to ensure that the way in which this was implemented met the needs of carers. The Joint Carers Strategy 2019-22, for adult and young carers, was approved on 6 November 2019 by Integrated Joint Board and Perth & Kinross Council's Lifelong Learning Committee. The development of the Carers Strategy was undertaken through engagement and consultation with carers and professionals that support them. In total 359 people across Perth & Kinross provided valuable opinions and insight. Emerging themes were highlighted during the consultation which were used to formulate a series of six commitments which were included in the Carers Strategy. Ongoing engagement is a feature of the strategy to ensure that services are flexible enough to respond to changing needs and that services are available within the communities in which carers live.

The Strategy builds on what has already been achieved locally to give carers access to appropriate help and assistance, including options for respite breaks, a telephone befriending service for older carers, social prescribing and statutory support services for carers tailored to their individual needs.

Key activities over the last year to enhance the support for carers include:

- Consultation with Carers in the development of the Carers Strategy, the "Adult Carer Eligibility Criteria Framework" and the "Short Breaks Services Statement".
- Roll out of the Carers Experience Survey to evidence the impact of the changes that are made as a result of the Strategy; the responses received so far have demonstrated that carers were mostly aware of the support available to them and had been able to use this to support the person they care for.

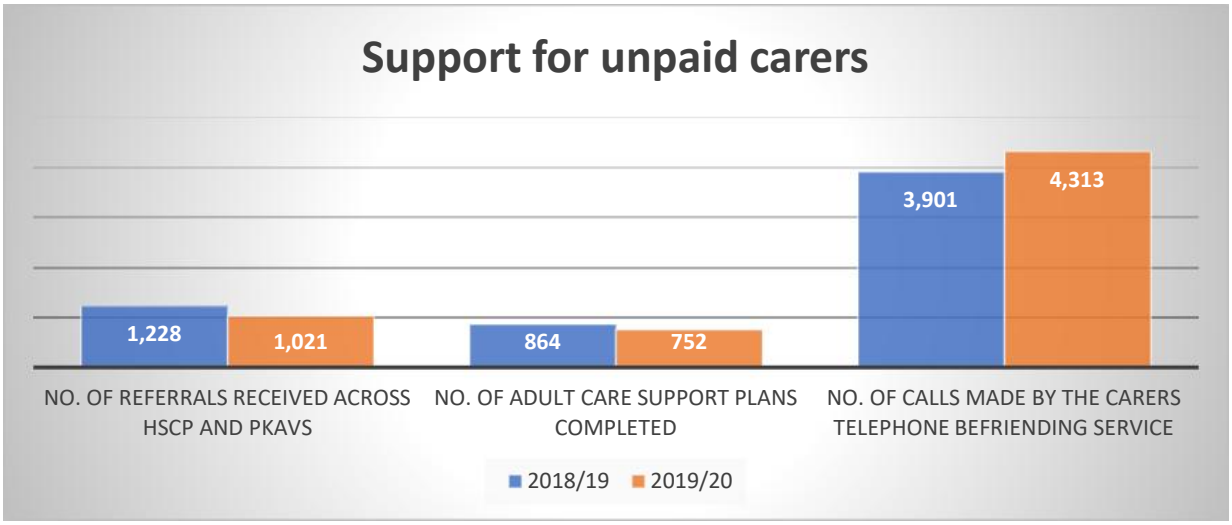
- Recruitment of four carer support workers; three based in localities and a fourth who is dedicated to support unpaid carers when a patient is discharged from hospital
- Improving the Carers Journey and the process for carers, including parents of children with disabilities, drugs and alcohol and mental health to ensure an easier journey for the carer in getting the support they need, creating personalised pathways, ensuring that support is flexible to the needs of carers.
- PKAVS Carer Centre moved to a dedicated building within Perth City which provides day centre support and a single point for current, accurate information and support for carers across Perth & Kinross. Additional investment has been made in personalised sitting services which support carers in the community, enabling families to stay together longer.
- Investment in a telephone befriending support service for Carers
- Investment in technology to support carers and promote the benefits of Technology Enabled Care for carers
- Enhanced information for carers available on pkc.gov.uk website

Referrals and Adult Care Support Plans were higher in 2018/19 following the implementation of The Carers (Scotland) Act 2016 as plans were introduced to replaced existing carer assessments. From March 2020, there has been a clear reduction in the number of new Adult Care Support Plans due to Covid-19. Not all carers seek formal plans and others have been reluctant to engage with external services during the pandemic.

Carer Support Workers have provided support throughout the pandemic to vulnerable carers. In partnership with services commissioned from PKAVS, the service for unpaid carers was enhanced to provide support 7 days per week. Distribution Hubs were established to provide Personal Protection Equipment (PPE) and between March and June over 280 requests for emergency supplies were managed and provided to unpaid carers and local providers.

PKAVS Carers Hub redeployed staff to work on the telephone service during the response phase. Management information indicates that in addition to the number of calls made by the Carers Telephone Befriending Service there were a further 13,682 calls made across the Health and Social Care Partnership to support carers through the pandemic from March to the end of June 2020.

Table 37: Support for unpaid carers



During COVID-19, as the restrictions on gathering and movement were put in place many of the usual supports depended on by carers, such as peer support groups, paid carers and day care services, became less available. PKAVS provides preventative informal support extended the telephone befriending service to cover out-of-hours and weekend times and more communication platforms supporting up to 1,150 carers a week.

Social Work teams were able to ensure that the most vulnerable service users and carers were supported on a regular, frequent basis. A short-term Carers Sitting Service was established using re-tasked staff who supported carers to have a short break from their caring role. This service enabled carers to go shopping, exercise, rest, read or listen to music, knowing that the person they care for was safe and looked after. Feedback from carers and the people they cared for who used the service was overwhelmingly appreciative of the break it gave them. By using an early intervention model, we were able to reduce the impact of Covid on carers and prevent carer breakdown.

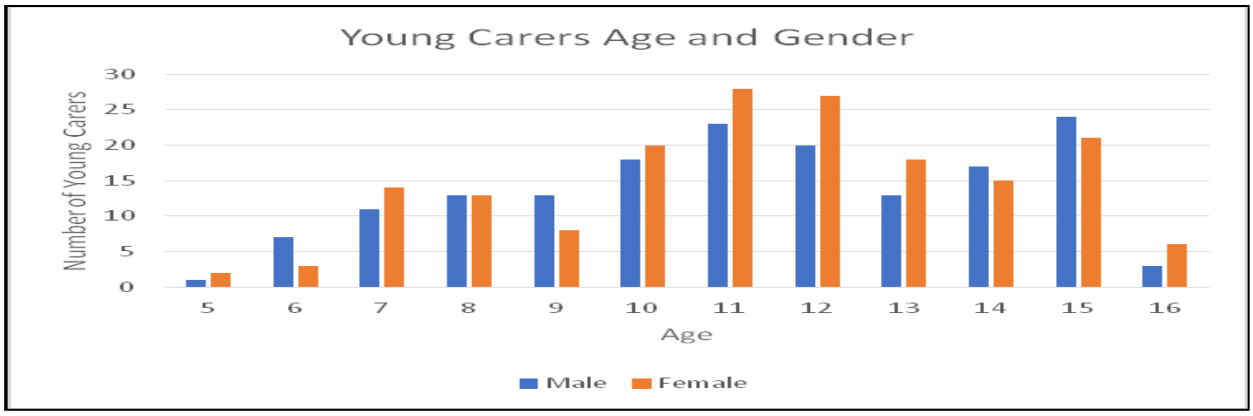
To support carers in accessing PPE, an Emergency PPE process and pathway was established enabling carers to access PPE when having difficulty with normal suppliers. PKAVS supported 146 family carers to access PPE during the pandemic and lockdown who were shielding or fearful of leaving their homes.

Young Carers

The Carers (Scotland) Act 2016 which came into effect from 1 April 2018 entitled young carers to request or be offered a Young Carer Statement (YCS). Additional Scottish Government funding to support the new duties imposed by the Act provided a budget of £111,152 for 2019/20. This enabled a number of key developments including a strengthening of the Service Level Agreement with PKAVS to continue the highly valued support for Young Carers. The joint Carers Strategy has strengthened collaborative working across Services for Children, Young People and Families, the Health and Social Care Partnership and PKAVS enabling a more holistic approach to families which addresses the support needs of young carers and the cared for person.

Working with PKAVS, Young Carers and their families, the ECS Inclusion Team delivered an outreach event for schools which resulted in increased awareness of the need for support by Young Carers and as a result there has been an increase of referrals by schools to PKAVS. The number of Young Carers seeking support has continued to grow and at the end of July 2020 there were 338 Young Carers receiving support with approximately 10 new Young Carers coming forward every month.

Table 38: Number, age and gender of identified Young Carers 2019/20



The following additional support has been secured over the last year:

- an Education Support Worker based in PKAVS
- increased support through group work and 1-1 sessions for young carers in rural areas through two new posts
- additional and bespoke tutoring for young carers who need more support to succeed in school
- additional funding to increase and widen respite opportunities via the Children and disability Team and PKAVS
- a new social worker post within the Children and disability Team to assess and provide support to parent carers and prepare Young Carers Statement for those with the highest level of needs.

The Educational Attainment Service for Young Carers, EASYc commenced in May 2019, as part of the legacy for the late Councillor Barbara Vaughan. The aim of EASYc is to support Young Carers who are finding it difficult to remain engaged in education. The service is flexible and adapts to the needs of each individual young carer. Support is available via homework clubs, time-limited private tuition and remote access to study supports.

Prior to the COVID-19 pandemic, tutoring took place face-to-face at PKAVS Carers Centre. Since the COVID-19 restrictions were imposed in March 2020, these tutoring sessions have been delivered by virtual means to 85 Young Carers. Referrals come from support workers, schools, social workers, parents or the Young Carer and they have been supported to remain digitally included and able to stay in touch via online communication.

Young Carers Voice is a group of 8 Young Carers who meet once a month to discuss issues which affect them. The group has produced an awareness raising podcast and provided views on local strategies and services and specifically to staff and managers responsible for developing services for Young Carers. Here is a link to their Podcast.

3.16 Adult Social Work and Social Care Services

Technology Enabled Care

Technology Enabled Care (TEC) aims to increase people's choice and control over the support that is offered. TEC can enable people to self-manage their own health and wellbeing, allowing them to stay safe and independent for longer. Care can be provided through a range of technologies such as Community Alarms to those who wish to remain safe and independent at home or in a homely setting. TEC allows for greater choice of support and enables peace of mind for users and their families.

A new Smart Flat was opened at Carpenter Court and between July and December 2019 over 300 visitors came to see the range of technology in operation within the flat. The Smart Flat allows people to see how this technology can be used in a home setting and gain a better understanding of how it could support those they care for.

There has been a slight decrease in the number of installations from 3771 in 2018/19 to 3628 in 2019/20. In line with government restrictions, it has not been possible to allow visits to see the technology demonstrated in the Smart Flat and a virtual tour will soon be available online, increasing its accessibility to a wider audience and to comply with social distancing.

Throughout 2019-2020, the TEC team, along with Community Alarm services, continued to prepare for the change over from analogue to digital in partnership with Scottish Government. We will soon be trialling digital community alarm boxes to test their suitability for the pilot. The TEC Strategy will be updated and refreshed to reflect past achievements and future ambitions. The TEC/Digital Strategy Group has been established to lead on the development of a comprehensive strategy.

A Community Alarm Survey was carried out during 2019/20 to assess people's views on the services provided. This confirms a continued high level of satisfaction with the equipment and positive impact on supporting people to live as independently as possible for longer.

Community Alarm Survey Results		
2017/18	**2018/19**	**2019/20**
92.1% said they felt safer with the Community Alarm installed.	**99%** said they felt safer with the Community Alarm installed.	**98.3%** said they felt safer with the Community Alarm installed.
100% said the Community Alarms service supports them to live as independently as possible.	**100%** said the Community Alarms service supports them to live as independently as possible.	**100%** said the Community Alarms service supports them to live as independently as possible.
92% rated the service as Very Good or Good.	**100%** rated the service as Very Good or Good.	**96.6%** rated the service as Very Good or Good.

The introduction of NearMe has been driven nationally by Scottish Government and the HSCP has supported the rollout with NHS Tayside as well as rolling out the use of NearMe to PKC teams in occupational health, substance misuse, and REACH. This use of a secure patient/practitioner video consultation tool has been successful in enabling patients to attend vital consultations in a safe and secure manner that otherwise would not have happened. NearMe will continue to be the preferred tool in the future with further expansion within the service.

Learning & Disabilities Team

Transitions

The transitions team works with young people and their families to help them negotiate the transition to adulthood. Support for transitions is provided for as long as is necessary to ensure the correct support is in place to meet outcomes and that this can be maintained. Young people continue to be supported at home, to move into their own tenancies, to attend college, day opportunities or community-based resources such as Lost in Transition (Walled Garden). The team is supporting 61 young people, who are transitioning from school into adult life. The young people are in varying stages of transition.

During 2019/20, the transitions team has been working with Housing services to identify future housing needs, and with the commissioning team to plan for future provision. A Transition Lead Agency Group has been established to review current transition practice, identify good practice and areas of improvement. The remit and purpose of the group will ensure that all young people with additional needs have an appropriate transition pathway to support them into positive destinations and improve their outcomes into adult life.

SUPPORTING YOUNG PEOPLE THROUGH TRANSITION, DURING 2019/20		
Young People who left school in 2019	**15** young people were supported by the transition team to move on from school into adult life who left school in 2019.	*Outcomes include:* *A young person took up residency in a new service for young people up to the age of 21.* *Two young people have a shared tenancy as a result of joint work with housing and commissioning.*
Young People due to leave school in 2020	**24** young people are being supported with their transition from school into adult life leaving school in 2020	*Outcomes include:* *Three young people will move into their own single tenancies.*
Young People due to leave school in 2021	**17** young people are being supported with their planning for leaving school in 2021.	*Outcomes include:* *Two young people will obtain a supported tenancy on leaving school.*

April to June is historically the Transition team's busiest period, supporting the young people who are due to leave school, which is often the most anxious point in a young person's journey to date. However, due to the Covid situation, all transitions work ceased with young people no longer attending school and identified care providers unable to initiate transition support. Transition workers touched base with all of the young people and their families to offer support and advise on current situation with transition. Carer's sitter service was offered as well as linking in with the school Hubs to ensure that vulnerable young people continue to be supported.

As we move into recovery and renewal, workers have recommenced home visits, linking in with care providers to start transition where possible. Currently, in-house day opportunities have been providing a limited service through outreach and virtual groups, no building-based provision has been offered to date. The Young People who would have been accessing day opportunities as part of their support have now been linked into the current service offered and been advised on the current limitations.

Employment Support Team

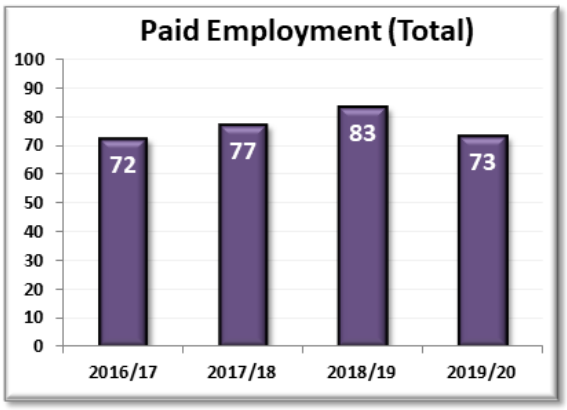
The Employment Support Team (EST) offers employability related support to people facing additional challenges to prepare for, find and maintain employment. People aged 16+ who have additional challenges as a result of mental ill-health, learning disabilities, acquired brain injuries, autistic spectrum conditions or those affected by drugs and alcohol are eligible to access the supported employment service. The team currently supports 131 people with a further 38 people awaiting a service.

The team offers vocational development opportunities to people with learning disabilities to assist them to prepare for employment through work skills courses, job tasters and work experiences. For young people with additional needs such as illness or disability, transition from school to employment can be challenging. Work experience for school pupils is extremely valuable and provides a sense of what it's like to do a job in a real work setting and the Employment Support Team works closely with Education and Children's services providing support and advice about work experience for pupils with additional support needs.

The number of service users supported to gain or to retain paid employment has remained steady overall for the last 4 years at between 70 – 80 people. People with a learning disability made up just over half of those supported into paid employment and three-quarters of those supported into volunteering or work experience.

The EST leads and co-ordinates the Perth and Kinross Employability Network which supports partnership working, support and guidance for local employers. The website www.pkemploy.net and social media platforms publicise the range of opportunities available through the support of local employers. The Network's objective is to improve employability services for young people and adults with additional challenges and barriers to work (disabilities, illness or a history of offending). A wide variety of opportunities are available through the Network's strong 35 Membership including a portfolio of vocational, volunteering and work experience placements to help people achieve their personal goals and outcomes.

Table 39: Number of people supported into employment, work experience and volunteering



4 Quality of Care and Support – Independent Scrutiny

Care Services for Adults (HSCP)

Overall, regulated care services in Perth and Kinross are providing high quality care to local people. In 2019/20, 86% of care services for adults were rated good or better in Care Inspectorate Inspections and this is higher than the Scotland figure of 82%.

Perth & Kinross HSCP operates 10 in-house registered care services and 6 services were inspected in 2019/20. Home Assessment and Recovery Team (HART); Adults with Learning Disabilities Supported Living; Parkdale Care Home and Day Service; New Rannoch Day Centre Dalweem Care Home were inspected. The inspection report for Dalweem Care Home has not been published and is delayed due to COVID-19.

Care Homes and Day Services (Internal)

Of the services inspected, 12 quality themes were assessed in the following key areas: How well do we support people's wellbeing? How good is our leadership? How good is our staff team? and How well is our care and support planned?

Out of the quality themes assessed; 1 received Excellent (Level 6), 7 Very Good (Level 5) and 4 Adequate (Level 3).

As part of the new inspection framework implemented during this year, the Care Inspectorate evaluate the following areas under 'How well do we support people's wellbeing?', grading detailed in the table below:

People experience compassion, dignity and respect	**3 Excellent** **1 Good**
People get the most out of life	**2 Excellent** **1 Very Good** **1 Good**
People's health benefits from their care and support	**1 Excellent** **2 Very Good** **1 Adequate**

This demonstrates that services continue to perform well and offer high quality care. No requirements or recommendations were made as a result of these inspections.

Feedback gathered during the inspection process was positive:

> ***"I am very happy." "The staff are very friendly and easy to get on with." "The service has been a great support to me." (Parkdale Day Service)***
>
> ***"Cannot say any more than how excellent the care and support my mother gets from Parkdale", "It is amazing, and I'm involved in everything". "The staff are very friendly and helpful." (Parkdale Care Home)***
>
> ***"They are very well looked after, nothing is too much trouble, "Communication is very good, and they are always looking for new ideas." (New Rannoch Day Centre)***
>
> ***'Staff are exceptionally good. They do anything you ask', 'If you can't be at home, this is the next best thing' (Dalweem Care Home)***

Home Assessment and Recovery Team (HART) and Adults with Learning Disabilities Supported Living

The Home Assessment and Recovery Team (HART) was inspected during January 2020 and Adults with Learning Disabilities (Supported Living Team) in September 2019.

Grading awarded at the time of inspection	Home Assessment Recovery Team (HART)	Adults with LD Supported Living
Care and Support	Very Good (Level 5)	Very Good (Level 5)
Environment	Not Assessed	Not Assessed
Staffing	Very Good (Level 5)	Not Assessed
Management and Leadership	Not Assessed	Very Good (Level 5)

No requirements or recommendations were made as a result of these inspections. Feedback from people using the services and their relatives' carers was overall positive, comments included:

> ***"My needs are being met and I am being encouraged to be as independent as I can and if my needs change, I have support from staff who have all been excellent with me in my short time with the service." (HART)***
>
> ***"I do lots activities", "Really happy with the Service", "Staff are all very professional" and "Very Good Communication" (Supported Living Team)***

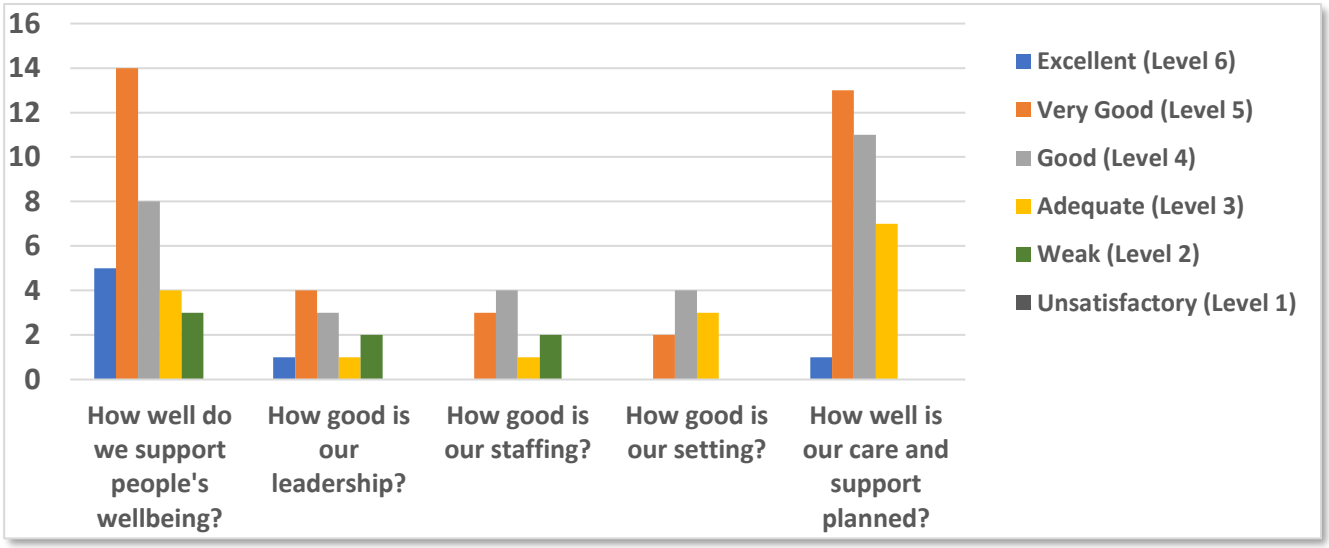
Care Services (Independent and Third Sector)

Services inspected during 2019/20 included Care Homes for Older People (using new inspection frameworks), Care at Home for Older People and Supported Living Services for people with Learning Disabilities and Mental Health.

Care Home Providers

A total of **96** quality themes were inspected across Care Home Providers and the majority of gradings were good and above with very small numbers awarded adequate/weak evaluation. No service received an unsatisfactory grading.

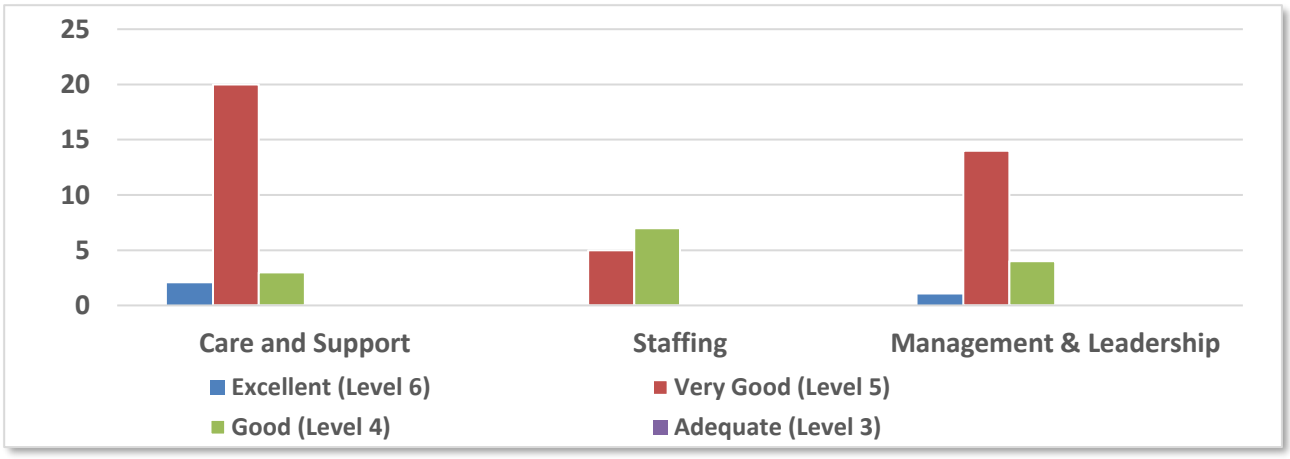
Table 40: Care Inspectorate inspection gradings care homes



Care at Home Providers and Supported Living Services

A total of **56** quality themes were inspected across Care at Home Providers and Supported Living services for Mental Health and Learning Disabilities. The majority of gradings were good and above, no services were awarded weak/adequate or unsatisfactory evaluation.

Table 41: Care Inspectorate inspection gradings care at home and supported loving services



All services are committed to continuous improvement and have developed action plans in response to inspections including suggested areas for improvement by the Care Inspectorate and feedback from service users and relatives.

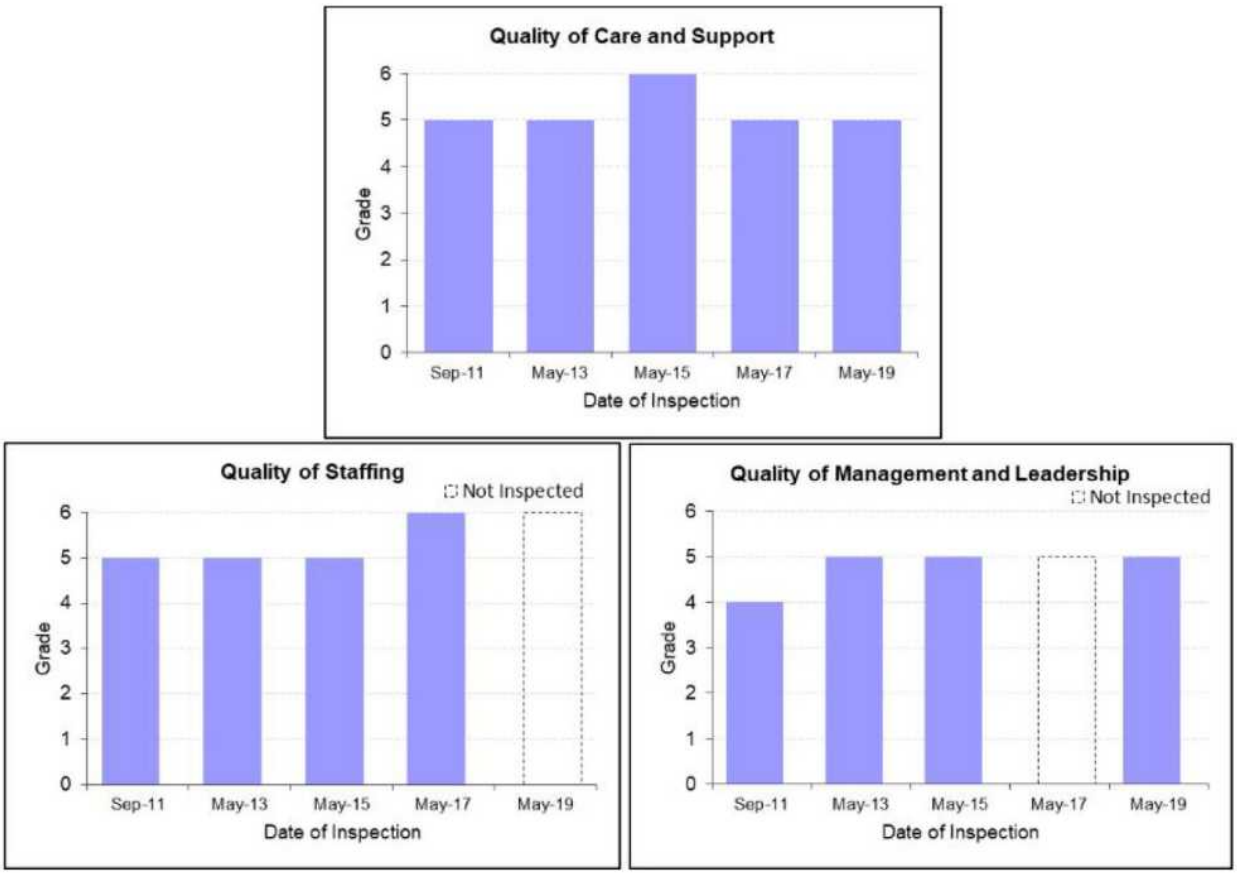
Care Services for Young People

Wellbank House

The Care Inspectorate carried out an inspection of the Council's Wellbank House in May 2019. The inspection was unannounced. Wellbank House provides housing support to vulnerable young people aged between 16-24 years in order that they gain the skills necessary for independent living. The service can accommodate 10 young people. Staff also provide support to young people in satellite flats based in the community.

The inspection found the Quality of Care and Support to be Very Good and the Quality of Management and Leadership to be Very Good. The Quality of Environment and Quality of Staffing were not inspected. The inspection report does not set out any requirements and made one recommendation to improve the information available to young people about how to complain about the service.

Table 42: Grading History - Wellbank



Complaints About Social Work Services

Complaints are an important way of service users letting us know what they think about the services we deliver and are a key aspect of our quality assurance arrangements. We value what people tell us about our services by way of complaints and other customer feedback. Handling complaints effectively is an important part of good customer care. It demonstrates that services listen to the views of people who use those services and also helps identify areas for improvement.

Services have been undergoing significant transformational change to improve the way they deliver services to meet rising demand, public expectation and challenging financial times. This all has a bearing on the number and type of complaints the service receives. 2019/20 has seen an increase in activity across all aspects of social work service delivery.

Table 43: Number of Stage 2 Complaints

	Number of Complaints			Number of Complaints Acknowledged on Target		
	2017/18	2018/19	2019/20	2017/18	2018/19	2019/20
Adult Services	14	18	25	12	18	24
Children's Services	10	9	15	10	9	15
Total	24	27	40	22	27	39

The findings of complaints are shared with the relevant managers and across management teams to address any specific or cross-cutting issues, recommendations or improvement actions. Key issues from complaints in 2019/20 relate to family members being unhappy with the service being provided to the service user. Some further analysis may be beneficial to fully understand whether there is an issue with the service being provided or whether improved communication at the outset would result in family members having a better understanding of what we are able to provide.

5 Resources

Adult social work and social care	**2017/18* £m**	**2018/19 £m**	**2019/20 £m**
Net Expenditure	52.27	52.21	54.59

** this figure includes the budget for Criminal Justice Services (£2M)*

Services for Children, Young People & Families	**2017/18 £m**	**2018/19 £m**	**2019/20 £m**
Net Expenditure	18.26	18.07	18.47

Criminal Justice Services**	**2018/19 £m**	**2019/20 £m**
Net Recurring Expenditure	2.154	2.173

*** Criminal Justice Services is funded via Scottish Government grant*

Swift Replacement

The Council committed £2.7M in the 10-year Capital Budget for 2018-28 for the replacement of the social work case management system, SWIFT. In line with the Business Case, the SWIFT Replacement Project commenced with the recruitment of the Project Manager in April 2019. The SWIFT Replacement Programme Board and Steering Group were also established, and a project delivery team recruited drawing on experienced business support and professional staff. The procurement of a new system is identified as an opportunity to update and refine social work processes and wherever possible introduce more effective and efficient practices which are key to delivering on the Perth and Kinross Offer supporting person-centred approaches.

The project delivery team has mapped out all current business processes across all social work staff stakeholders, engaging representatives of every social work team across the Council and Health and Social Care Partnership. This has informed the development of the high-level product requirements for the development and procurement of a replacement system which will meet current, as well as future needs, and support the effective fulfilment of statutory duties. Scotland Excel is leading on the procurement process for eight Scottish Local Authorities and a local selection process will identify the provider with the best matched product to implement a new social work and criminal justice case management system. Practitioners will be involved in all aspects of the selection process.

The SWIFT replacement project is subject to delays for two main reasons. There has been delays from January 2020 due to a legal challenge to the evaluation process and Scotland Excel opted to rescind the procurement process and to recommence a revised process with a new completion date for July 2020. Further, the COVID-19 pandemic has delayed the process across Scotland for all local authorities participating in the Scotland Excel framework. It is now anticipated that the provider selection process will be completed before the end of December 2020 and the new system procured, rolled out and staff training commencing early in January 2021.

6 Workforce

This section provides evidence of the extensive support for workforce development across social work and social care. Notably, some training and qualifications have ceased due to COVID-19 but much has continued in new and more accessible ways. The work of the Learning and Development team in quickly providing bespoke and accessible training and support to staff who were redeployed into social care roles is highly commendable.

The Learning and Development Team's vision is to enable the best learning experience. The work of the team is grounded in the values of participation and collaboration in order to support services. Key areas of work continued in 2019/20 including Team and Locality Support, Partnership Opportunities and Qualification Support.

Examples of success for the Learning and Development team:

- Increased engagement of Open badges – A way of understanding and measuring the impact of learning through a tiered process. Bronze certificate for attendance, silver for written submission of reflections and Gold for a written submission of implementation into practice – now exploring Platinum for transferring and influencing teams and services.

- A successful SVQ External Verification assessment from SQA and the purchase and use of e-portfolio on line SVQ learning.

- Support for the Mental Health Officer programme – 1 candidate in 2019/20 (Programme suspended during Covid-19 outbreak and to recommence Autumn 20). Working with the programme for next cohort.

- Successful and chosen to be part of the 'Truacanta Project', https://www.goodlifedeathgrief.org.uk/content/thetruacantaproject/ This project aims to improve people's experience of living with loss, grief, bereavement and care. This sits under the wider Compassionate Communities initiative.

- Along with the South Locality and our Community Engagement Team, we set up some partnership working with Giraffe Perth, a social enterprise group who were successful in applying for funding to start a 'Back to Home' initiative for people who live alone, returning from hospital. This piece of work will be continuing over the next year.

- Community Manual Handling support with Volunteers, Church Groups and unpaid carers and supporting our new associate manual handling trainers to become more confident in the role.

- Joint visits with our OT colleagues to support with Moving with Dignity assessments (Single Handed Care). It's great to hear about people having more person-centred care approaches and having a more dignified life.

Key Challenges for the Learning and Developing team:

- Partnership learning – how are we making best use of what we have to enable learning effectively and efficiently, with a collaborative ethos in a multi-agency partnership – development of this progressing and a partnership proposal is to be submitted Aug 2020.

- Learning Culture - How we best support the organisation and partnership in developing a learning culture, to prioritise learning as a route to enable change, development and improvement, effective use of evidence-based practice.

- Measuring the impact of learning - how we understand to what extent learners implement learning into practice, change habitual behaviour and influence culture change through, self-awareness, critical reflection and demonstration of change in practice.

There is a continuing need to support our skilled and valued staff in new ways as we pass six months of working through the complexities and stresses of COVID-19. The work has not stopped and indeed the demand for social work and social care services has increased as lockdown has been eased and working at pace will continue as winter is approaching. During COVID-19, the additional demands in both adult and children's services have been acute, yet staff have rallied.

They have responded to uncertainty with agility and have been willing to work in new and experimental ways. Almost all services have had to change and adapt to working differently. Staff have been working at home whenever possible and juggling their own childcare when schools were closed. Social care and social work staff made use of the Children's Activity Centre's set up for key workers. New and flexible working patterns have been introduced along with new technology and IT support.

Social care and social work staff need high quality supervision and support. Social work teams are missing direct contact with their colleagues and the positive benefit of close team working within the workplace. First-line managers have worked incredibly hard to maintain good levels of contact with staff to compensate and ensure safe working practices. There is much research which shows the importance of strong teamwork in social work and the remobilisation plans going forward will need to take this into account. For example, the office remobilisation plan for Pullar House has taken account of the Chief Social Work Officer's professional view and ensured priority for social work and social care staff in the Access Team.

In this report, the difficulty in continuing to meet the additional demand pressures in the short to medium term without additional resources is acknowledged. The Chief Social Work Officer has worked with the Council's Executive Officer Team on a solution and to secure four additional social workers for two years to address the higher than usual levels of demand in child protection and children and families social work services.

Accredited Learning

Learning and Development	
Practice Learning:	19 placements, 2 completed sponsored SW qualified route, 2 for Professional Development Award – 1 Current and 1 Complete.
Social work students	Between April 2019 and March 2020, 19 social work students from four universities on placement within the council, 7 assessed placements and 13 observational placements. *Council funding supports the team to sponsor two social work assistants on to the Robert Gordon University employed route. A further two students are self-funding, with PKC providing practice learning.*
HNC students	Six HNC students were placed in residential and day care services.
Newly Qualified Social Workers:	As of 21.07.20 there are 22 NQSWs across SW services. Notification of NQSWs has improved since presentation at both ASW&SC Forum and ECS DMG.
SVQ Candidates	- 13 people completed SVQ 2 (SCQF Level 6) - 4 people completed SVQ 3 (SCQF Level 7)

	- 4 people currently working through SVQ 4 (SCQF Level 9)

Details of impact on individual learning and development activities:

Social Work Students: Due to COVID-19, all social work placements in Scotland were suspended by 20 March 2020. This affected 5 student placements; 3 students were within the final weeks of placement and the students were able to complete their qualifications. A further two final year students had completed half of their final placements and their progress was disrupted. All students were required to complete work with service users and leave placement. Students, managers, the Learning and Development team and university partners collaborated to manage this process as smoothly as possible.

Mental Health Officer Training: Sponsorship to the 20/21 programme is still under consideration and delayed as a result of COVID-19. The decision will be based upon the availability of suitable work for students to ensure viable placements which equip staff for the MHO role. The 19/20 programme was suspended due to the outbreak and a return may be possible later in 2020.

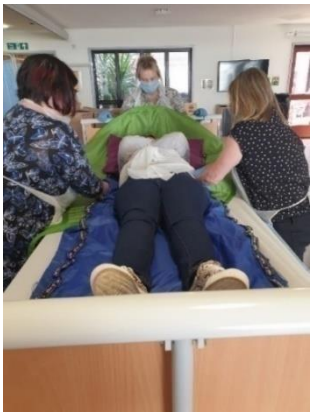
Learning to support workforce re-tasking: The Learning website has enabled a learning page for workers who are re-tasked to a role in care on line. Through enablement from senior management we were able to mobilise workforce members across the partnership to contribute to developing the resource, http://www.pklearning.org.uk/COVID-19-LEARNING-CONTINGENCY/

SVQ: COVID-19 had the effect of changing priorities for staff and, some finding a change of duty or re-tasked to support the people of Perth & Kinross and the service. This reduced and delayed work on qualifications. We have explored alternative means of planning, assessing and gathering evidence and are still in process of developing strategies as directed by SQA and SSSC to support candidates through this period. This includes creative ways to support observations of practice.

Face to face sessions have been cancelled during the pandemic, and the team quickly and creatively developed on line resources, exploring the use different media to support learning and facilitate on line conversations. The new arrangements take account of the impact of not being in a room with people and the experience of learning together, understanding the ambience in the room and feeling closely connected is missed by staff and partners.

We are developing our use of Microsoft Teams and other on-line collaborative functions to attend meetings, develop and share with teams, services and partners.

It is notable that since the outbreak of COVID-19 and the availability of 'Microsoft Teams' that the attendance of people at training sessions has increased. The feedback has been that there has been time to do this due to less time travelling. Manual Handling learning sessions for workforce re-tasking and recruitment during COVID-19 have continued face to face as it is not possible to complete this practical work on line. The images below demonstrate how new safety measures have made this possible.



Child Protection Training and Development

All CPC inter-agency child protection staff learning and development opportunities continue to be compliant with National Guidance, which we have translated into our robust and dynamic CPC Inter-Agency Child Protection Learning and Development Framework.

The following is an analysis of the inter-agency child protection staff learning and development opportunities delivered throughout the year until this was paused in March 2020:

Table 44: Numbers of staff taking part in CPC development programme. Each course took place twice during the year

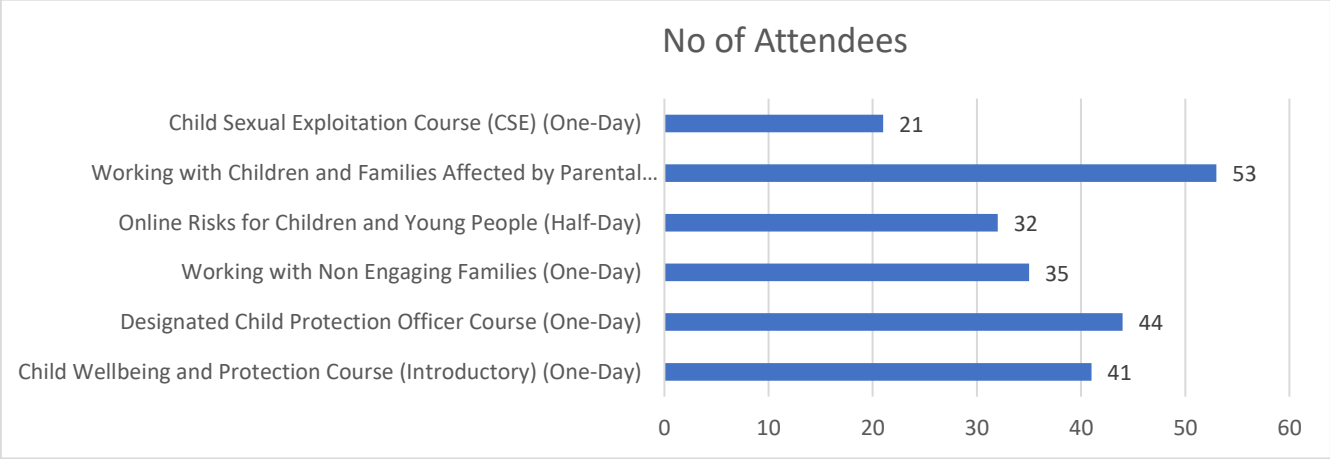
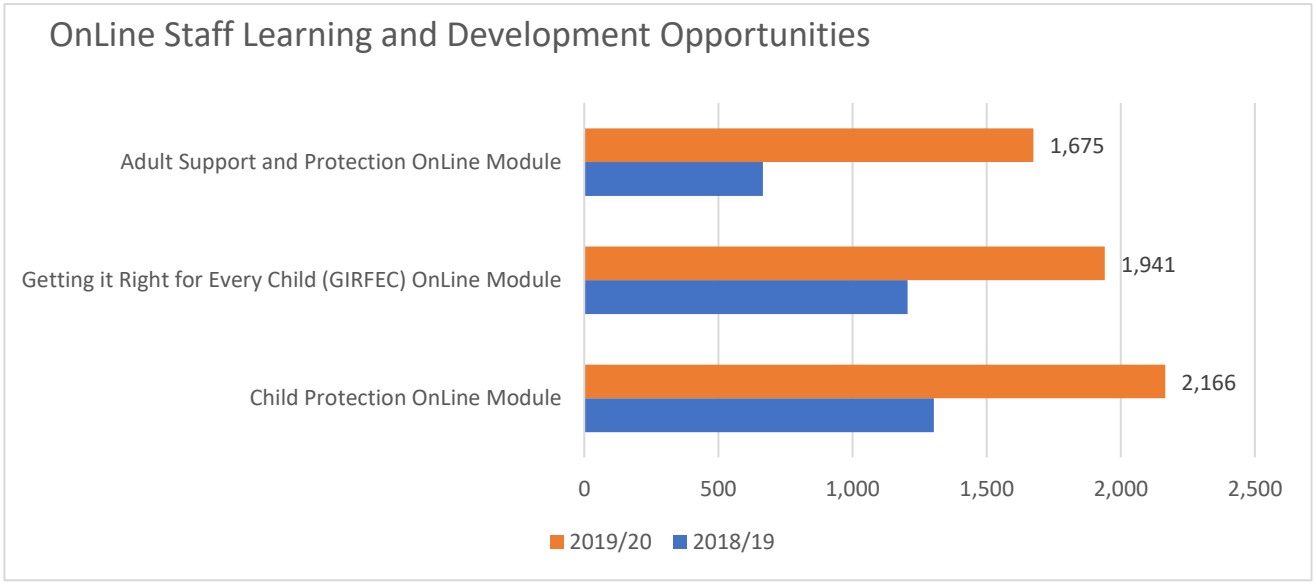


Table 45: Numbers of staff taking part in CPC on line development programme.



The following provides a summary of learning activities throughout 2019 / 2020:

- continued to develop and promote the public-facing P&K Child Sexual Exploitation CSE Webpages
- continued to promote awareness and understanding of CSE on the PKC / CPC Social Media Platforms (Facebook and Twitter)
- continued to develop and distribute a wide range of existing and new, bespoke / specific CSE information and advice leaflets

- continued to promote and roll-out the NSPCC "Speak Out Stay Safe Schools Programme" to all PKC Primary Schools
- continued to support the annual GIRFEC - Keeping Your Child Safe events in Perth; with this year's event having taken place on 5 March 2020
- continued to support our multi-agency CSE Training Champions to deliver inter-agency CSE training sessions to staff
- developed and currently testing a P&K Child Sexual Abuse / Child Sexual Exploitation Screening Tool for use by frontline staff
- developed a more pro-active / intelligence-led approach to return interviews and missing children

Going forward, the CPC will continue to consolidate its work on tackling CSE, and whilst focussed on prevention and awareness raising, it plans to support staff further with additional CSE practitioner toolkits and staff learning and development opportunities.

7 Recovery and Renewal

This report begins to tell the story of the impact of COVID on our most vulnerable citizens, those who need access to high quality care and support in their daily lives, those who are at risk of harm without intervention and those who may pose a risk to others without risk management. There is still much to learn about the extent of that impact and its longevity.

It is clear that social work and social care services continue to be in a response phase to the global pandemic. The additional demand pressures are noticeably impacting on our services and it is likely that there is more to come to the fore as people contend with personal difficulties that have remained hidden during lockdown and beyond. Our staff are telling us that not only has this meant that they are experiencing higher numbers of people in distress or requiring support but also that these personal challenges are more acute or more entrenched than they would normally deal with.

This report emphasises the essential and important role that social work and social care services have had in supporting our communities throughout the response phase. These services were designated as essential to continue from the outset and managers and staff worked quickly to put in place contingency and continuity plans which took account of the risks of severe staff shortages. The biggest areas of concern and risk were in maintaining sufficient capacity in social care and in care at home and care homes particularly. A collaborative approach to identifying and redeploying staff across services was adopted and pressures resolved successfully.

Thankfully the lockdown measures successfully contained the extensive spread of the coronavirus and the worst case scenario of large numbers of staff being rendered sick or unable to work did not materialise.

Without exception, social work and social care staff have responded positively and flexibly to the challenges, constraints and opportunities of COVID-19. The closure of day services, respite care, schools, early learning and childcare centres, offices and bases for social care and social work staff in March 2020 (in line with national guidance) brought huge operational challenges. New ways of delivering effective assessment, planning and support through online and digital technologies as well as the continuation of essential support for people with care and protection needs and contact points were put in place quickly. During lockdown we have continued to deliver these essential services and develop new ways of working to achieve these. This report begins to identify those new working practices which are more effective and which need to be maintained and developed further as part of our recovery and renewal.

The Council, along with its partners and volunteers, has been responding to the impact of the COVID-19 virus in Perth and Kinross for over 6 months. The impact of the virus on all elements of

the community has been considerable and will continue as the lockdown restrictions are eased and further measures such as Test and Protect are introduced.
The Council has adopted a set of principles, which signal change, and which are in line with the Perth and Kinross Council and Kinross Offer. These principles underpin a new and improved future, working in partnership with our communities, businesses and employees. The intention is to build a fairer and more sustainable economy and society by:

- Being ambitious and agile in our approach and thinking to develop the Offer and deliver a bold vision for everyone to live life well and maximise the wellbeing of our people, economy and communities.
- Enabling a culture of possibility, opportunity and capability by listening to what matters and embracing everyone in our community as having something to “Offer”. We will address inequalities and focus on areas of specific need.
- Being inclusive, developing joined up solutions and integrated approaches with all, connecting forms of resources together in new and productive ways.
- Treating everyone with kindness, compassion, respect and dignity. Nurturing a think yes culture, we will act upon our values, and reflect upon our learning and progress to enable continual development.

This annual report is a demonstration of these principles already in action across our social work and social care service workforce at a time when they have been dealing with unprecedented demands as a result of the impact of the COVID-19 pandemic. Their commitment to changing and improving lives and their flexibility and adaptability is tremendous.

Glossary

AAASG	All Age Autism Strategy Group
ADP	Alcohol & Drugs Partnership
AP	Adult Protection
APC	Adult Protection Committee
APCC	Adult Protection Case Conference
ASC	Autism Spectrum Condition
ASD	Autistic Spectrum Disorder
ASP	Adult Support and Protection
ASIST	Applied Suicide Intervention Skills Training
BAAF	British Association for Adoption and Fostering
BMIP	Business Management & Improvement Plan
BPD	Borderline Personality Disorder
CAB	(Perth) Citizen Advice Bureau
CAMH	Children and Adolescent Mental Health
CCR	Child Concern Reports
CELCIS	Centre for Excellence for Children's Care and Protection
CHD	Chronic Heart Disease
CHP	Child Health Partnership
CJA	Criminal Justice Authority
CJOIP	Community Justice Outcomes and Improvement Plan
CJS	Criminal Justice Service
CJSW	Criminal Justice Social Work
CLD	Community Learning & Development
CMHT	Community Mental Health Team
COG	Chief Officer Group
COPD	Chronic Obstructive Pulmonary Disease
CPO	Child Protection Order
CPCC	Child Protection Case Conference
CPP	Community Planning Partnerships
CPO	Community Payback Order
CPR	Child Protection Registration
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CSP	Children's Services Plan
CSO	Compulsory Supervision Order
CSWO	Chief Social Work Officer
CYP&FP	Children, Young People and Families' Partnership
CYRO	Children and Youth Rights Officer
ECS	Education & Children's Services
EDC	Emergency Detention Certificate
EFQM	European Foundation for Quality Management

FYI	Fun Young Individuals
FLR	Front Line Resolution
GP	General Practitioner
GDPR	General Data Protection Regulations
GIRFEC	Getting It Right for Every Child
H&SCI	Health and Social Care Integration
H&SP	Health & Social Care Partnership
HART	Home Assessment ad Recovery Team
HEAT	Health Improvement Efficiency Access to services and Treatment
HMP	Her Majesty's Prison
HRARG	High Risk Adult Referral Group
IAPK	Independent Advocacy Perth & Kinross
ICR	Initial Case Review
ICSP	Integrated Children's Services Plan
IJB	Integrated Joint Board (for Health and Social Care)
ILG	Independent Living Group
IRD	Inter-Agency Referral Discussion
IRF	Integrated Resource Framework
IRISS	Institute for Research and Innovation in Social Services
ITT	Independent Travel Training
LAC	Looked After Children
LSI	Large Scale Investigations
MA	Modern Apprentice
MAP	Multi-Agency Plan
MAPPA	Multi Agency Public Protection Arrangements
MASG	Multi Agency Screening Group
MEAD	Minority Ethnic Access Development Project
MECOPP	Minority Ethnic Carers Of People Project
MHO	Mental Health Officer
NHS	National Health Service
NPS	New Psychoactive Substances
NRS	National Records of Scotland
OT	Occupational Therapy
OWLS	One-Stop Women's Learning Service
PAN Tayside	Perth, Angus and Dundee Councils across Tayside
PB	Participatory Budgeting
PG5	Priority Group 5, Tayside Regional Improvement Collaborative
PKAVS	Perth & Kinross Association of Voluntary Service
PKC	Perth & Kinross Council
PRTL	Post Registration Training and Learning
RASAC PK	Rape and Sexual Abuse Centre Perth and Kinross
REACH	Resilient; Engaged; Achieving; Confident; Healthy

ROSC	Recovery Oriented Systems of Care
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration
SIMD	Scottish Index of Multiple Deprivation
SDS	Self Directed Support
SLA	Service Level Agreement
SMHFA	Scotland's Mental Health First Aid
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SMT	Senior Management Team
SOHCG	Strategic Oversight of Care Homes Group
SPS	Scottish Prison Service
SQA	Scottish Qualifications Authority
SSSC	Scottish Social Services Council
START-AV	Short-Term Assessment of Risk and Treatability: Adolescent Version
STDC	Short-Term Detention Certificate
SUSE	Scottish Union for Supported Employment
SVQ	Scottish Vocational Qualification
TCA	Tayside Council on Alcohol
TCJA	Tayside Criminal Justice Authority
TEC	Technology Enabled Care
TISS	Tayside Intensive Support Service
TRIC	Tayside Regional Improvement Collaborative
TSMS	Tayside Substance Misuse Services
UBB	Unborn Baby
VPR	Vulnerable Person Reports
VPD	Vulnerable Person's Database
YTS	Young Carer Statement

PERTH & KINROSS INTEGRATION JOINT BOARD
REPORTING FORWARD PLANNER 2020-21

(Report No. G/20/155)

This work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

Item	Responsibility	31 July 2020	23 Sept 2020	09 Dec 2020	Feb 2021	March/ April 2021
Finance & Governance						
Financial Update 2020/21	Chief Financial Officer	✓	✓	✓	✓	✓
2021/22 Budget Update	Chief Financial Officer			✓		
3 Year Financial Plan & Budget	Chief Financial Officer			✓		✓
Audit & Performance Committee Update	Audit &Performance Comm Chair/Chief	✓v	✓v	✓v	✓	✓
Standing Orders/Governance Annual Review	Chief Officer	✓v	✓v		✓	
Clinical Care & Professional Governance	Chief Officer				✓	
Annual Performance Report	Chief Financial Officer		✓			
IJB Reporting Forward Plan	Chief Officer	✓	✓	✓	✓	✓
Developing Strategic Objectives						
Chief Officer Update	Chief Officer	✓	✓	✓	✓	✓
Strategic Commissioning Plan – progress and delivery plan intentions	Chief Officer				✓	
Mental Health & Wellbeing Strategy/Updates	Chief Officer	✓	✓	✓	✓	✓
Strategy for Adults with a Physical Disability	Head of Adult Social Work & Social Care					✓
Locality Integrated Care Service (LINCS)	Head of Health					✓
Redesign of Substance Use Services in Perth and Kinross (for information)	Chair of P&K Alcohol & Drug Partnership			✓		
Primary Care Improvement Plan	Associate Medical Director		✓			
Review of Inpatient Rehabilitation Beds	Head of Health					✓
Tayside Winter Planning Report 2020/21	Head of Health		✓	✓		
Primary Care Services Sustainability	Associate Medical Director					✓
Developing Strategic Objectives (cont)						

Item	Responsibility	31 July 2020	23 Sept 2020	09 Dec 2020	Feb 2021	March/ April 2021
Carer & Young Carers Strategy 2019-22	Head of Adult Social Work & Social Care					✓
Care at Home Review	Head of Adult Social Work & Social Care					✓
Complex Care	Head of Adult Social Work & Social Care					✓
Performance						
Adult Support and Protection Bi-ennial report (Adult Protection Committee)	Chief Social Work Officer		✓			
Chief Social Work Officer Annual Report	Chief Social Work Officer			✓		
Adult Support & Protection Annual Report 2019/20 (for information)	Chair P&K Adult Support & Protection					✓
Child Protection Annual Report (for information)	Chair P&K Adult Support & Protection					✓
Adult Support Protection Position Statement	Chief Social Work Officer					✓

PERTH & KINROSS INTEGRATION JOINT BOARD
DEVELOPMENT SESSION WORK PLAN 2020-21

This development sessions work plan outlines the major items the Integration Joint Board has to consider as part of its schedule of work for the year. This plan will continue to be kept under review throughout the year.

IJB Development Sessions **Item**	**Responsibility**	**19 August 2020**	**28 Oct 2020**	**24th Nov 2020**	**27th Jan 2021 (tbc)**	**2021/22 (TBC)**
Social Prescribing	Consultant Public Health Pharmacy/Associate Medical Director					✓
Finance	Chief Financial Officer			✓	✓	
Standing Orders/Governance	Chief Officer		✓			
Review of Integration Scheme	Chief Officer		✓			
Clinical & Professional Care Governance Update	Clinical & Professional Care Governance Comm Chairs	✓				
Community Mental Health Strategy	Head of Health/Director Mental Health & Wellbeing Strategy		✓			
Public Protection	Chief Social Work Officer					TBC
Mental Health Strategy	Kate Bell, Director MH			✓		

PERTH AND KINROSS INTEGRATION JOINT BOARD

9 December 2020

TAYSIDE WINTER PLANNING REPORT 2020/21

Report by Gordon Paterson, Chief Officer – Perth & Kinross Health & Social Care Partnership
(Report No. G/20/156)

PURPOSE OF REPORT

The purpose of this report is to inform Perth & Kinross IJB of the Tayside wide Winter Planning resilience and response arrangements being put in place to cope with the expected winter pressures, within the COVID-19 landscape.

The Perth & Kinross Health & Social Care Partnership Winter Planning report was submitted and approved by the IJB on 23 September 2020 (Item 8.4).

1. RECOMMENDATION

Perth and Kinross IJB Members are asked to:
- Note the overarching Tayside Winter Planning report.
- Note the whole system collaborative approach taken in preparation for the anticipated winter challenges across Tayside.

2. BACKGROUND

2.1 NHS Tayside, the Health & Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders continue to take a collaborative approach towards preparedness and planning for winter 2020/21 through the Tayside Unscheduled Care Board.

2.2 Winter Planning is significantly more complex this year due to working in a COVID-19 landscape. To take account of this, the Tayside Winter Plan is supported by the work of the National Unscheduled Care portfolio, including the Redesign of the Urgent Care Programme and Six Essential Actions Building on Firm Foundations Programme. The plan also takes full account of the priorities for winter set out within the Scottish Government's extant winter guidance and checklist. All three Health & Social Care Partnership plans sit

within the overarching Tayside Plan demonstrating the continued level of partnership thinking and integrated working.

2.3 Learning from previous winter challenges as well as building on what has worked during. recent months in response to managing COVID-19 has informed winter planning this year. Investments have been aligned to maintain key services over public holidays and periods of increased illness as well as to try and prevent illness and admissions

2.4 The winter plan has been developed with a focus on ensuring early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services. In particular, continuous improvement and collaborative work with our Partner organisations to reduce attendances, managing and avoiding admissions with Emergency Departments and acute service areas to focus on the flow through acute care, cancer, mental health and outpatient services.

3. PROPOSALS

3.1 The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning funding for 2020/21.

3.2 The aim for 2020/21 is to proactively invest in work that will aim to maintain 'business as usual' and prevent deterioration in health and escalation in care where possible. This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as flu, COVId-19 and inclement weather.

3.3 £1,500,000 has been agreed by NHS Tayside for both Unscheduled Care and Winter funding. The funding has been allocated across the target areas detailed throughout the Tayside Winter Plan. In accordance with national recommendations funding will be specifically targeted to deliver a key focus on the following areas:

- Management of viral illness
- Delivering care closer to home
- Integration of key partner services
- Reducing attendances – managing / avoiding admissions wherever possible
- Unscheduled and Planned Care
- Capacity and patient flow alignment
- Workforce – appropriate levels of staffing in place across the whole system
- Adequate festive staffing cover across acute, primary and social care settings

3.4 Winter Preparedness Funding Summary is on Appendix 1 page 46 of the overall Tayside Winter Planning Report. This appendix details the level of investment allocated against the areas.

4. CONCLUSIONS

The Perth & Kinross IJB is asked to acknowledge and endorse the overarching Tayside Winter Plan for 2020/21.

The Tayside Winter Plan provides a whole system response to support the best use of locally available resources as demand rises and capacity is limited in order to sustain safe, effective and person-centred care for the population of Tayside.

Author(s)

Name	Designation	Contact Details
Gordon Paterson	Chief Officer	g.paterson2@nhs.net

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.

Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

2020/21

Contents

Executive Leads for Winter

Lorna Wiggin, Director of Acute Services, NHS Tayside
Gail Smith, Interim Chief Officer, Angus, Health & Social Care Partnership
Vicky Irons, Chief Officer, Dundee, Health & Social Care Partnership
Gordon Paterson, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Operational Leads for Winter

Dr David Connell, Clinical Lead, Winter Planning
Susan Bean, Care Group Manager, Elective Medicine
Jillian Galloway, Interim Head of Adult Health, Angus HSCP
Diane McCulloch, Head of Service Health & Community Care, Dundee HSCP
Evelyn Devine, Head of Health, P&K HSCP

Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service, and other key stakeholders continue to take a collaborative approach towards preparedness and planning for winter 2020/21 through the Tayside Unscheduled Care Board and other key Winter Planning groups across these organisations.

The NHS Tayside Unscheduled Care Programme Board formed in 2016 has responsibility for supporting and facilitating the implementation of the National Unscheduled Care Programme across NHS Tayside and the three Health and Social Care Partnerships, with the aim of delivering the right care, in the right place, at the right time, first time, improving patient safety, flow and sustainable performance in unscheduled care.

The Board members have agreed that a whole system Health and Social Care approach to developing an integrated Winter plan is essential. Acute services, Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) and staff side partners have been involved in the development of the NHS Tayside Winter plan to ensure timely access to the right care in the right setting. Third sector involvement has been through the Health and Social Care Partnerships.

Winter planning is significantly more complex this year due to the requirement to respond to the unprecedented demands of the COVID-19 pandemic. The Tayside Winter Plan has been developed in line with the principles of the national Unscheduled Care programme including the Redesign of Urgent Care, Six Essential Actions - Building on Firm Foundations, and taking full account the priorities for winter set out within the Scottish Government's Re-Mobilisation Plan correspondence to Boards on 21st July 2020. The work also takes cognisance of the Scottish Government's extant winter guidance and checklist. All three Health and Social Care Partnership plans sit within the overarching Tayside and Partners Winter Plan demonstrating the continued level of partnership and integrated working. The Winter Plan articulates the resilience and response NHS Tayside and its partner organisations will have in place to cope with expected winter pressures, within the COVID-19 landscape.

Learning from previous winter challenges as well as building on what has worked during recent months in response to managing COVID-19 has informed winter planning this year. Investments in initiatives have been aligned to maintain key services over public holidays and periods of increased illness as well as to try and prevent illness and unscheduled admissions. NHS Tayside continues re-design services in preparation of expected winter pressures within a COVID landscape, with this work detailed throughout the winter plan building on the information contained in the NHS Tayside remobilisation plan. Specifically, the Plan focuses on further developing evidenced success in managing unscheduled care, avoiding admission, and integrating pathways of care across primary and secondary care. As part of this, Tayside teams will utilise rapid testing for SARS-Cov-2 alongside Influenza and other winter viruses to ensure patients are placed in the most appropriate setting for their care. Agreed and co-ordinated responses to predicted and actual demand, driven by data, will support safe care for patients, with the best utilization of resources over the winter period. Finally, an enhanced and ambitious Influenza vaccination programme across Tayside sits at the forefront of our plan this year.

The winter plan has been developed with a focus ensuring early intervention and prevention and a timely response to need. In particular, continuous improvement and collaborative work with our Partner organisations will help reduce attendances, manage and avoid unnecessary admissions, and support the Emergency Department and acute service areas to focus on timely patient care and flow through our care settings. This will be achieved whilst still delivering high quality cancer, mental health, and outpatient services, and as far as possible continuing to deliver against national standards over this winter. Our approach is strengthened by resilience planning and business continuity arrangements to provide a comprehensive plan to NHS Tayside Board, Scottish Government, and our population for winter period December 2020 – March 2021.

1. Introduction

1. Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Acute Services, and Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes is key to effectively manage the potential demands associated with this more complex and challenging winter period of 2020/21.

This is to ensure that Tayside is prepared as far as possible for the coming winter period in order to minimise any potential disruption to services or diminished experience for patients and carers.

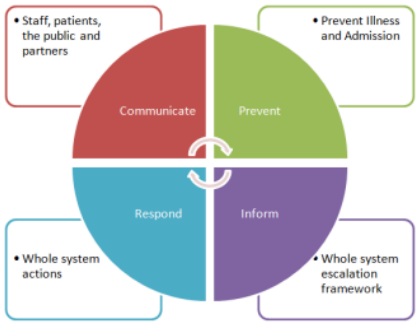
1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources; has involved extensive planning, discussions and feedback, including learning from previous experience; has assessed winter risk and developed shared approaches for winter 2020/21. These sources include:

- Unscheduled Care National Programme; 6EA Building on Firm Foundations Programme; and Redesign of Urgent Care Programme
- Tayside Winter Planning Group
- NHS Tayside local Review of Winter 2020/21
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- Scottish Government Health & Social Care: Local Review of Winter 2018/19 Report (May 2019)
- Scottish Government Preparing for Winter correspondence & Winter Preparedness: Self Assessment Guidance 2019/20
- Scottish Government's Re-Mobilisation Plan correspondence 21st July 2020

Review and local feedback has informed that this winter period within a COVID-19 landscape creates a number of challenges for all partners delivering health and social care services. The main challenges are reflected by the Scottish Government's recommended areas for consideration (July 2020) detailed below in the approach taken to deliver the winter planning aims.

1.3 Approach



The success of Tayside's winter plan in previous years has been through a focus of increasing what we already do well and ensuring the appropriate capacity, workforce, skills and senior decision makers are available at key times. This year the plan will focus on the same key priorities, enhanced with learning from the initial response to COVID-19.

The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government guidance:

- **Management of Viral Illnesses**: COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease; and the potential impact of Norovirus.
- **Maintaining Unscheduled and Planned Care**
- **Capacity and Demand Analysis**: with a Command Centre enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff.
- **Test and protect and impact of COVID-19 on near/rapid patient testing for viruses**.
- **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of nosocomial transmission.
- **Integration of key partners/Services**.
- **Resilience and Business continuity plans tested with partners**.
    - Inc Adverse Weather
- **Out-of-Hours**.
- **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours.
- **Mental Health** (added by our Board).
- **Paediatrics** (added by our Board).

The plan will be delivered, with each of the key areas underpinned by the following approach of Prevent, Inform, Respond, and Communicate with corresponding key actions as follows:

Prevent
-The prevention of Illness and Admissions within our population and staff

- Infection Prevention and Control: Prevent illness in the first place
    - Influenza Campaign, Respiratory Disease Pathways
- Community based care: Enhanced Care Support especially in the frail elderly population.

- Rehabilitation at home or community rather than hospital.
- Shared decision making: enhanced Professional to Professional advice with use of virtual shared assessments and a Navigation Flow Hub.
- Assess to Admit: Ninewells and Perth Royal Infirmary - >65% discharge rate.
- Rapid Assessment and Testing for Winter Viruses including SARS-CoV2 and Influenza.

Inform
-A Whole System Escalation Framework

- Understanding System Pressures with data driven Trigger warnings & planned Escalation.
- Regular Safety and Flow Huddles across 7 days.
- Data Intelligence - using and applying information and intelligence to planning with a dashboard command centre.
    - Use of common themes in all learning
    - Predictive Data:
        - Out-of-Hours, NHS 24, General Practice
        - 'System watch" for unscheduled admissions
        - Health Protection Scotland (HPS) data, tailored to Tayside
        - Command Centre, with system triggers
        - Public Health information

Respond
-Local and Organisational Business Continuity Planning

- Actions/Response to local, organizational, and national triggers.
- Departmental/sector winter Action Cards/Escalation and Business Continuity Plans.
- Hospital site safety & flow framework.
- Communication plan : covering staff, patients the public and our partners.
- Regular multi agency Winter Plan planning meetings already established and ongoing.

Communicate
-Informing our staff, patients, and the public in Tayside

- Communicate identified pressures and the action needed to maintain access to planned and unscheduled care in hospital and in community and homely settings.
- Robust local Business Continuity Plans.
- Communicate Whole System Approach with improved Visual Aid communication of key pathways and escalation processes to staff.
- Final Winter Plan agreed by acute services, Integrated Joint Boards and NHS Tayside Board.
- Tayside wide Winter Communication Campaign keeping our staff, patients and the public informed.
- Festive signposting messages and directory of key services and contacts communicated across Health Social Care & Partner Organisations.

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight of the allocation of winter planning funding for 2020/21.

The aim for 2020/21 is to proactively invest in work that will aim to maintain access to planned and unscheduled care, minimising disruption to services, and preventing deterioration in health and escalation in care where possible. This will include periods where

we may have reduced services such as public holidays and to respond to increased seasonal illness such as Influenza, COVID -19, and inclement weather.

£1,500,000 has been agreed by NHS Tayside for both Unscheduled Care and Winter funding.

Preparing for winter funding as well as the Unscheduled Care Programme funding will be allocated across the target areas detailed throughout the Tayside Winter Plan 2020/21. In accordance with national recommendations funding will be specifically targeted on the following areas:

- Management of viral illness
- Delivering care closer to home
- Integration of key Partner/Services
- Reducing Avoidable Attendances and admissions, scheduling attendances wherever possible
- Maintaining access to Unscheduled and Planned Care
- Maintaining Capacity and effective patient flow
- Workforce: ensuring appropriate levels of staffing are in place across the whole system - with adequate staff available across acute, primary and social care settings

The funding has been allocated across the bids for Unscheduled Care and winter initiatives aligned to the Unscheduled Care portfolio, and the approach taken for winter planning:

<u>Prevent</u> - Initiatives to support Unscheduled care, optimising care closer to home, and avoidance of admissions:

Additional funding has been confirmed across all three Health and Social Care Partnerships to avoid admissions to hospital, keeping patients close to home wherever possible, and supporting discharges. In addition, funding has been allocated to the Out of Hours Service.

Initiatives funded include:

- Enhanced Care at Home Services
- Care at Home Winter Support
- Overnight care
- Home First/Prevention of falls
- Discharge Co-ordinator/Hospital Discharge Team
- Additional Social Care Hours

<u>Assurance and Maintenance of Services</u> - Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow across areas including:

- Increased Workforce - including Medical and Nursing
- Surgery/Orthopaedics/Specialist Surgery
- Medicine/Medicine for the Elderly
- Emergency Medicine
- Front Door Support
- Labs/Rapid Testing
- Respiratory
- Cardiology

- Theatres
- Transport
- Palliative Care
- Mental Health

Appendix 1 details the level of investment allocated against the areas.

As part of the governance and reporting arrangements of the Unscheduled Care Programme Board, as these funding allocations are to support services to rapidly redesign and enable tests of change to be implemented over the winter period, it is expected that a progress report is completed and submitted to the Unscheduled Care Board. This report will include details around each initiative, funding allocated, spend to date with any variance, aligned outcome measures, progress update, and exit strategy.

1.5 Approval of Plan

The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the table below:

Table 1.

Date	Format	Committee / Board
29th October 2020	Draft Approval	Gold Command
28th October 2020	Final Approval Approval	Operational Leadership Team
	Final Approval	Executive Leadership Team
27th October 2020 (TBC)	Final Approval	Dundee Integrated Joint Board
28th October 2020 (TBC)	Final Approval	Perth & Kinross Integrated Joint Board
28th October 2020 (TBC)	Final Approval	Angus Integrated Joint Board
17th December 2020	Final Approval	NHS Tayside Board

1.6 Governance Arrangements

- The Winter Plan will be presented to Silver & Gold Command for approval.
- The Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care for Dundee Health & Social Care Partnership, and will use measures to assess the impact of the plan.
- An Unscheduled Care Programme Team is in place supported by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.

- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key measures to enable an overall risk score to be presented. This is presented and discussed at each NHS Tayside Board meeting.
- Weekly Senior Operational Leadership meeting chaired by Medical Director with senior clinical and managerial input.
- Clinically-led and managerially-enabled operational structure for acute services.
- Whole system Safety and Flow Huddle processes including an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays.
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, and where to go for services and public health messages.

2. Key Drivers and Changes from Previous Winters

Key drivers for winter planning this year include learning from previous winters and building on what has worked well over during the COVID-19 pandemic period. Key themes relate to the Re-design of Urgent Care, building on the firm foundations of the Six Essential Actions Unscheduled Care Programme; delivering care closer to home, with prevention of admission where possible; ensuring optimal patient flow through the hospital journey as well as ensuring a robust whole system approach to communication and planning for winter.

This Winter Plan has been developed with a commitment to the Unscheduled Care Programme, using a collaborative approach across Health and Social Care Partnerships to whole system planning across the local system and services. Progress of the unscheduled care local improvement work is continuous, focused on key actions to improve unscheduled care in all settings.

The Unscheduled Care Programme key priorities for redesign and improvement for 2020/22 are illustrated in Appendix 2 with the key drivers and framework for winter planning illustrated in Appendix 3.

2.1 Striving To Deliver High Quality, Safe, Person-Centred Care

Tayside has been highly commended over recent years for its integrated approach to delivering unscheduled care pathways and performance against the 4-hour emergency access standard. During the initial response to COVID-19, Tayside has remained the highest performing territorial board. This has been achieved through working together with partner agencies., developing approaches to care provision with acute and community services, primary care, Scottish Ambulance Services (SAS) and NHS 24. The approach within the winter plan is aimed at continuing and building on this success. The winter planning approach is also aligned with the Cabinet Secretary's expectations that significant steps will be made this winter to implementing a consistent approach to urgent care pathways with the ultimate goal of developing a model across all urgent care that is 24/7, that encompasses ED, MIIU, Primary Care, Mental Health, SAS and NHS 24. Tayside continuously strives to meet local and national standards which focus on delivering high quality, safe, person-centred care.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%).
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards).
- Weekend Discharge Rates - Day of Discharge weekday vs weekend discharges
- Reduction in delayed discharges.
- Early initiation of Influenza vaccination programme to capture critical mass of staff within the enhanced Flu Vaccination Programme. The aim is to increase vaccination uptake to 70 -75%. This will include Health Care, Social Care, Care Home staff and Residential staff
- Site surge plans to optimise care.
- Use of information and intelligence from HPS, Primary Care, OOH Services and NHS 24, co-ordinated by our Business Unit, to predict demand across the system.
- Standardised approach to departmental action plans.
- Using whole system triggers and escalation with clear and timely communication
- Plans to maintain urgent and urgent suspicion of cancer pathways, and then deliver in line with clinical prioritisation of patients waiting and to achieve the activity plan submitted through our remobilisation plan.
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
    - ➢ 31-day target from decision to treat until first treatment, regardless of the route of referral.
    - ➢ 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets. Appendix 4 illustrates a snapshot of the Unscheduled Care Dashboard.

This winter plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all of our patients throughout winter and beyond.

2.2 Lessons Learned from Winter 2019/20

The following section outlines the key lessons learned from the review of the 2019/20 winter period as well as what has worked well during the management of Covid-19.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2020/21.

NHS Tayside performed extremely well over the winter period. Much of this was a result of whole system planning and preparation for increased demand. NHS Tayside has adopted a “Clinically led, managerially enabled” model. In practice this has led to senior doctors, managers and lead nurses working together in an honest and supportive way. Staff came through winter resiliently. Winter ‘started’ in September but we were able to maintain 79-84% occupancy even at peak demand.

Summary of Successes and Key Achievements

ED Performance:
This was first class when set against national data.

- In 2017 Tayside followed the trend of a drop in performance but less than the rest of Scotland. This year's performance had been maintained throughout the winter period.
- All areas recognise that we have a role in pulling patients through from ED and back home again.
- Culture of respect and communication.

Length of stay for older people:
By identifying frailty and preventing deterioration, we have reversed the trend that older people have the longest stay in hospital. This has had a significant effect on occupied bed days. Community alternatives to admission kept hospital admissions low, but safely, with no increase in readmissions.

Bed occupancy/ Delayed discharges:
We detected that delayed discharges were increasing and the Unscheduled Care Board challenged partner organisations to try and reduce patients waiting for discharge. This occurred just before the festive season and optimised our admission capacity and can be seen in the maintenance of ED performance. Delivery of increased social care was jointly funded by Health and Social Care Partnerships and winter planning funding.

Maintaining Elective Capacity:
Use of an elective stand down period over public holiday period allowed a reduction in cancellation rate and planning to use increased day case capacity to maintain elective activity but still retain capacity for increased emergency admissions. Only 9 patients were cancelled from September 2019 onwards.

FLUCON: 'Flu Contingency Planning

- Staff vaccination rose from 18% 3 years ago to 57%.
- Influenza planning group started early in summer 2019.
- Use of Near Patient Testing, with half of patients going home on antiviral treatment after a 20 min test.
- Escalation plan for increased admissions with cohorting to protect other patients. No ward was closed, and this was achieved in collaboration with laboratory services, and Infection and Prevention Control Teams.
- Stewardship of testing to maintain financial control.
- This approach was at the heart of the COVID-19 response and the Winter Team worked closely with the Executive Team to prepare and respond.

Summary of Learning from Winter 2019/20

- Planning through the Unscheduled Care Board, with a whole system approach to winter planning and one single plan for Tayside.
- Finance at the heart of planning, with allocation of money early to allow homecare and partnerships to recruit. Reallocation of funding that can't be spent on areas that can.
- Senior medical engagement and visible senior leadership at Huddles.

Unscheduled Care and Covid-19 Review

Review sessions were held on 6th & 12th May 2020 involving members of the Unscheduled Care Board with a wide range of representation across acute and community and partner organisations. The aim of these sessions was to establish what has worked well during the

management of COVID-19 and highlight priority areas for consideration going forward into winter and beyond as part of the wider Unscheduled Care Work Plan for 2020/22.

Areas highlighted that worked well and taken forward to inform the development of the Winter Plan includes:

- Inpatient Modelling/Pathways work
- Discharge Pathways
- Interface Communications
- Continued Development and use of IT Systems in supporting remote and digital consultations
- Integrated Care Models
- Primary Care Assessment Models
- Pathways: COVID-19, Shielded and Palliative
- Care closer to home/Self Care at Home
- Workforce development and capacity

3. Winter Plan 2020/21

The Tayside Winter Plan 2020/21 is set out in accordance with the key priority areas aligned to the Scottish Government recommendations July 20/21:

- **Resilience and Business Continuity Plans** tested with partners
  - ➢ Inc Adverse Weather
- **Management of Viral Illness** – COVID -19/Seasonal Influenza/ Influenza like illness/Respiratory Disease and the potential impact of Norovirus
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff
- **Test and protect and impact of COVID-19 on near patient testing for Influenza**
- **Maintaining Unscheduled and Planned Care**
  - ➢ **Capacity and Demand** analysis including surge capacity that adheres to safe distancing
  - ➢ **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza
  - ➢ **Integration of key partners/ Services**
  - ➢ **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours
- **Out-of-Hours**
- **Mental Health** (added by our Board)
- **Paediatrics** (added by our Board)

3.1 Resilience and Business Continuity Plans

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside-wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a Winter Pressure Plan in place describing the structure and key areas to be addressed in the Tayside response to extreme winter pressure. The purpose of the Tayside Winter Plan is to:

- Provide information about the potential effects and local impact of the winter pressure
- Identify early and longer term actions for LRP
- Identify strategic objectives for the LRP during winter pressures
- Describe the multi agency structure for co-ordination and delivery of outcomes

3.2 Adverse Weather

Themes highlighted from previous local reviews of winter in relation to the effects of adverse weather were mainly in relation to staff transport and accommodation. Transport due to adverse weather whilst managing COVID-19 will provide an additional challenge this winter. Areas to be considered for this coming winter include:

- Staff will be encouraged to be self resilient. Staff are requested to sign up to Met Office weather alerts so that sufficient advance warning of adverse weather can inform operational readiness.

- Organisational weather alerts will only be circulated via the Communications Team for Amber/Red Weather Warnings.
- Duty Executive awareness of status – linked into daily huddle meetings via the Whole System Safety and Flow Framework
- Links to existing plans, Adverse Weather Policy, and Departmental Business Continuity Plans
- Link to HR policies
- Ownership is operational rather than service specific
- Accommodation arrangements to be clarified for 'essential' staff in the event of adverse weather in collaboration with Service Leads
- Catering arrangements to be clarified for 'essential' staff in the event of adverse weather in collaboration with Soft Facilities Management
- Transport arrangements to be confirmed for 'essential 'staff in the event of adverse weather in collaboration with Service Leads and Transport Hub
- Early and continued engagement with Local Resilience Partnership
- Establishment of a Transport Hub or equivalent to manage and co-ordinate transport requirements for staff and patients in the event of extreme/adverse weather
- COVID/Adverse Weather will be reflected in service/areas Business Continuity Plans.

The final appendix **(8)** within this Winter Plan includes a list of useful websites for ease of reference to inform resilience planning as part of winter preparedness.

3.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP)[1] Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity, or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances for example, the cancellation of all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:-

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there

[1] Scottish Ambulance Service. 2016.Version 6., Generic Contingency Plan, Capacity Management Incorporating the Resource Escalatory Action Plan – REAP

- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

Hospital Ambulance Liaison Officer (HALO)

Within Tayside sits the Hospital Ambulance Liaison Officer (HALO) whose role is to work in close liaison with its Health and Social Care Partners to discuss patient flow, bed status etc in an effort to improve hospital flow and turnaround times. The post holder will report regularly to senior SAS managers to ensure early appraisal of any arising issues in order that plans can be executed or adapted effectively and resources directed appropriately.

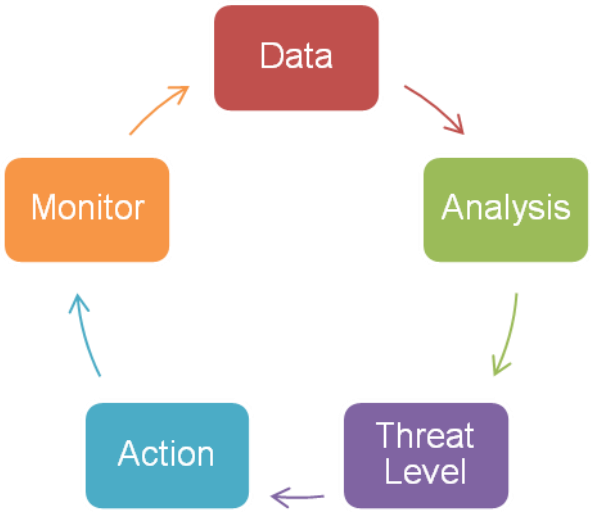
The HALO is a member of the Tayside winter planning group which meets weekly.

3.4 Escalation Strategy

It is recognised that meeting the demands of winter this year will be more challenging than ever before. Given the potential competing of a continued response to COVID-19 and maintaining access to both unscheduled and planned care, it is essential we have an effective Escalation Strategy and plans in place to support an appropriate response to increased demand across health and social care services.

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on what has worked during recent months in response to managing COVID-19. NHS Tayside continues to redesign services in preparedness of expected winter pressures within a COVID landscape with more integrated work at between primary and secondary care to support safe care of patients in the most appropriate setting.

The Whole System Escalation Framework was reviewed in advance of the previous winter, however in light of the current Covid-19 landscape this year's Escalation Strategy is being re-designed to ensure it reflects the changed demand and inclusion of a dedicated assessment and admission stream for patients with suspected or confirmed Covid-19. We are creating an comprehensive series of data streams, combining to make a site-wide threat-level that will result in a series of actions designed to reduce the threat, which can be reviewed at senior level at least twice-weekly. Data includes COVID community and hospital activity, non-COVID clinical activity, and staffing. Our process will be as follows:



Escalation Strategies will seek to:

- Enable local systems to maintain quality and safe care.
- Provide a consistent set of escalation levels, triggers and protocols for acute services and HSCPs alongside local services to align with their existing business as usual and escalation processes.
- Set clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies.
- To work within consistent terminology across partner organisations for person centred care.

The Command Centre and Safety & Flow Framework will continue to be fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

Actions in progress as part of winter preparedness and planning include:

- Leaders group established to lead on the development of an Escalation Strategy , reviewing/building on current arrangements
- Identification of Triggers (including in response to anticipated surges in COVID-19 activity), and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams
- Potential Use of Local Winter Action Cards reviewed version of 2018/19 template

3.5 Pressure Period Hospital Site Huddle Framework

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures, in real time.

The current arrangement of daily Safety & Flow Huddles across 7 days as outlined in Appendix 5 provides Consistent senior managerial and professional nursing leadership across the acute hospital sites with daily calls facilitating engagement with partner organisations.

There are currently four safety & flow huddles across NHS Tayside acute hospital sites each day with input from the Health and Social Care Partnerships and partner agencies. There are professional nursing leads on each site, supported by a Clinical Care Group Manager a Duty Executive.

The Safety & Flow Hub is located in an area within the main Ninewells hospital site which was refurbished last year with modern video conferencing equipment to facilitate cross site communication and access to the Command Centre System. There is co-location of the flow team and the hospital at night and hospital at weekend team to identify an area for teams to meet to promote collaborative working.

The aim is to support real time flow management and medium term planning, using data and triggers from the Command Centre Dashboard, which will include data on loco-regional COVID-19 activity as well as our usual predictive data. This will be used to inform the implementation of escalation plans discussed above to manage the pressures on service capacity due to winter and also COVID-19 specific demands.

3.6 Winter Planning Activity/Departmental/Sector Winter Action Cards

A template is available for local services to develop their own Winter Action Plan was developed to bring consistency of approach to winter preparedness. The Action Card used in previous winters has been reviewed for 2020/21 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

- Prevent illness and admission
- Inform of pressures and escalation
- Response required to maintain Business as Usual
    - Communicate: when to de-escalate and recover

A draft Action Card Template is attached in Appendix 6. This may be reviewed and updated in line with local triggers and escalation plans.

The card is a single sided document that allows all services from a whole clinical care group to a small team of specialist nurses to organise their response to winter pressure. The aim is that it can be held by the team to co-ordinate planning for public holidays as well as combining to describe a whole system approach.

3.7 Safety and Flow - Using and Applying Information and Intelligence to Planning and Preparedness

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning. Data intelligence from the following services will be considered to inform threat planning as discussed above:

- OOH
- NHS 24
- General Practice
- Health Protection Scotland (HPS)
- Public Health
- NHS Tayside Command Centre Dashboard

Public Heath will co-ordinate and report HPS data around COVID-19 activity to support better use of data for predictive decision making as part of threat level generation. The Infection and Prevention Control Team (IPCT) also share data from HPS regarding the current epidemiological picture on Influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch along with the development of the Command Centre Dashboard will be used with the above PH and IPCT input locally to support forecasting of demand and capacity, providing triggers for local and system wide escalation. The enhanced version of the Command Centre Dashboard will be available in advance of winter 2020 with development of local processes linked to the daily Safety and Flow Huddles, to make full use of this predictive data.

Summary of Key Actions for Resilience

Adverse Weather

- Links to across resilience and contingency planning and adverse weather policies arrangements across Health and social care Partnerships
- Staff accommodation, catering and transport arrangements
- Transport Hub or equivalent to manage transport requirements in the event of extreme weather conditions

SAS

- REAP - for capacity management and contingency planning
- Additional directives regarding adverse weather planning
- Additional winter funding for extra ambulance crew/vehicles
- Hospital Ambulance Liaison Officer

Escalation Strategy

- Development of an Escalation Strategy, designed around the specific COVID-19 appropriate requirement of Winter 2020-21, and reviewing/building on current arrangements
- Identification of Triggers and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams

Pressure Period Hospital Site Huddle Framework

- Established Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process

Sector Action Cards

- Use of Winter Actions Cards to support resilience planning across services

Safety and Flow Using and Forecasting and Applying Information Intelligence to Planning

- Effective forecasting and data intelligence for unscheduled and elective winter demand, planning accordingly through the use of predictive data systems
- Command Centre Data and Triggers to inform escalation plans in the management of viral illness such as Influenza and COVID-19, as well as other system pressures

4. Management of Viral Illness

Winter planning considers the required actions to ensure the safe management across Tayside of a large volume Influenza-like-illnesses which will include those patients with potential for COVID-19, from primary care to critical care. This will sit alongside an enhanced Influenza vaccination campaign in Tayside, and improved rapid management of seasonal GI viral pathogens such as Norovirus. In this section, we deal with Influenza vaccination, PPE, and Norovirus, returning to the management of Influenza-like illnesses and COVID-19 in Section 5.

4.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing*

Norovirus in Care Settings along with the HPS National Infection Prevention and Control Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

4.1.1 Norovirus Training and Communications

There is an established communications process between the IPCT and the Health Protection Team to optimise resources and response to a rapidly changing Norovirus situation. In addition there is established communication with Health & Social Care Partnership Leads and via Governance Forums to ensure the partnerships are aware of Norovirus publicity materials and are prepared to distribute information internally and locally as appropriate, to support the 'Stay at Home Campaign' message.

To further support the communications and training requirements in preparation for Norovirus the following is in place:

IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.

- Winter preparedness and raising awareness through education sessions for staff
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: NHS Tayside prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also supports the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

4.1.2 Norovirus Planning and Control

IPCT plans are in place to support the execution of the Norovirus Preparedness Plan before the season starts. Norovirus Control Measures are accessible to all staff across Health and Social Care Partnerships on NHS Tayside's Staffnet intranet site, or on HPS website.

Communications regarding hospital demand and norovirus related ward closures will be managed through an agreed distribution list which will detail bay or ward closures due to a known or suspected infection is in place.

IPCT will ensure that the health & social care partnerships and NHS Tayside are kept up to date regarding the national norovirus situation by communicating HPS national prevalence data on a weekly basis. Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure any system modifications required to reduce the risk of future outbreaks. The HPS Hot Debrief tool is currently used with clinical teams for this purpose. Lessons learnt are shared as required across clinical teams and at Safety, Clinical Governance and Risk Meetings and Professional Forums.

Winter funding will be made available this year for the purchase of a rapid test programme for GI pathogens, including PCR testing for Norovirus. This will enable more rapid diagnoses and appropriate isolation 7 days a week.

To ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period there will be an on-call microbiologist available 7 days per week.

4.2 PPE Procurement (Management of Viral Illness)

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal influenza like illness, norovirus and Covid-19 that might coincide with severe weather and festive holiday periods.

Key actions for this winter include:

- Staff are face fit tested for FFP3 facemasks and a staff face fitting programme is maintained
- Early procurement stock management of PPE co-ordinated via Bronze PPE Group
- Assurance of governance for respiratory powered hoods
- Sign posting to educational resources for donning and doffing of PPE

4.3 An Enhanced Influenza Vaccination Programme

This year within the context of the COVID-19 pandemic, and in line with national recommendations, NHS Tayside aim to deliver a seasonal influenza programme that prioritises vaccinations to protect the most vulnerable, as those most at risk from flu are also the most vulnerable to COVID-19.

In addition to offering seasonal influenza vaccination to the groups eligible groups in line with the 2019/20 programme, the Scottish Government have broadened the eligible cohorts for influenza vaccination including an extended age range for adult influenza; household contacts of individuals who are shielding; and expansion of the health care worker (HCW) programme to include social care workers (SCW) providing direct care to vulnerable groups.

An enhanced Influenza Vaccination Programme for patients and Health and Social Care Staff commenced in late September 2020.

4.3.1 Assessment and Delivery Staff Flu Campaign

The staff flu programme offers flu vaccinations for all eligible NHS Tayside employees which equates to 13,258 staff. The extension of the programme to include eligible social care staff, working in residential care, nursing homes and domiciliary care settings will account for a further 9909 individuals across Tayside. This means an overall cohort population of 23,167 eligible health and social care workers in Tayside.

4.3.2 Staff Uptake Target

As well as expanding the eligible cohorts it is anticipated that concerns about COVID-19 may increase the demand for influenza vaccination this year. In recent years the target has been set at 60% however for this year the target has been increased. Locally, it has been agreed that staff flu vaccination planning should be based on ambitious uptake target of 75% of the Tayside eligible staff cohort. Consequently a considerable increase in resources and development of the current delivery model is required to facilitate the administration of a significantly greater number of vaccines for staff. A 75% target, coupled with the extension to social care workers would require a significant increase in vaccine administration from 7000 vaccines administered 2019/20 to planned delivery of 17,375 vaccines in 2020/21.

Plans to significantly increase staff flu vaccinations across health and social care systems to meet target of >75% are in place and include:

- 'Flu vaccinations scheduled clinics (to maintain social distancing) began in late September within Occupational Health in Ninewells and PRI.
- Enhanced Peer Vaccination has also started early in clinical areas to boost the staff uptake of the 'Flu vaccination, and has seen excellent uptake so far.
- Additional venues have been identified to carry out vaccination of Health and Social Care Staff safely.
- Staff also able to attend participating community pharmacies to be vaccinated.
- Volunteers recruited through Health have the opportunity to get their Influenza vaccination as part of the Influenza Vaccination Programme.
- Plan to use in-hospital vaccination to "catch up" vulnerable patient who have missed community vaccination.
- Use of IT systems to book vaccination appointments in addition to the collation of vaccination uptake data.

4.3.3 Influenza Communication Campaign

The NHS Tayside Communications Team in collaboration with Angus, Dundee and Perth & Kinross Health and Social Care Partnerships have a communication plan in place specific to seasonal 'flu vaccination. The influenza vaccination campaign will be promoted to all NHS Tayside, Health and Social Care, Care Home staff and volunteers, as well as members of the public in at-risk groups.

The Communication strategy includes the following:

Communication and Engagement Plan developed
Updated information to NHS Inform regarding local contact arrangements
General Practice to distribute letters
Copy and circulation of consent forms for staff via payslip distributor
Early communications release re change of programme and appointment basis to staff
Communication with all clarifying how appointments are made in each locality
Weekly communications to Scottish Government/NHST/HSCPs/GPs/ISD re uptakes and progress
Vaccination cards and stickers prepared for distribution to people vaccinated
Communication re: how to access training to vaccinate and different vaccinations materials
Update of website re guidance for links on training
Update and maintenance main 'Flu webpage
Regular promotion of all clinics and how to access on staffnet, Social Media, press etc
Comms to review HSCPs FAQs and provide over arching FAQ for programmes
Information to be gathered re: pharmacies and clusters of pharmacies delivering vaccinations for social care staff available in each area

In addition, as in previous year's key messages about protecting yourself and your family, your patients and the service will be available. Regular updates about staff clinic sessions are shared through weekly e-bulletin LowDown, standalone e-bulletins targeted at staff on individual sites and on the homepage of NHS Tayside's staff intranet and dedicated intranet flu page. Myth-busting digital assets, photographs and quotes from staff getting vaccinated and 'talking head' videos using members of staff are also shared widely with staff and the public.

Appendix 8 illustrates examples of poster communications sent to staff as part of the Communications Campaign to promote the uptake of the Influenza Vaccination.

4.4. Test and protect and impact of COVID-19 on near patient testing for Influenza

Plans are in development to ensure rapid and safe identification of viral illnesses, including COVID-19 and Influenza, across the organisation from primary care to secondary care. Two main areas of focus are:

- Enhanced Rapid Assessment Centres at Ninewells and Perth Royal Infirmary with rapid testing for respiratory viruses including SARS-CoV2.
- Frontloading diagnostics and senior clinical decision making as early in the patient pathway as possible; this will be done in conjunction with plans for Navigation Flow Hubs (see Section 6), part of the Scottish Government's plans for the Re-Design of Urgent Care 2020.

4.4.1 Enhanced Front Door Assessment/Winter Rapid Assessment Centres

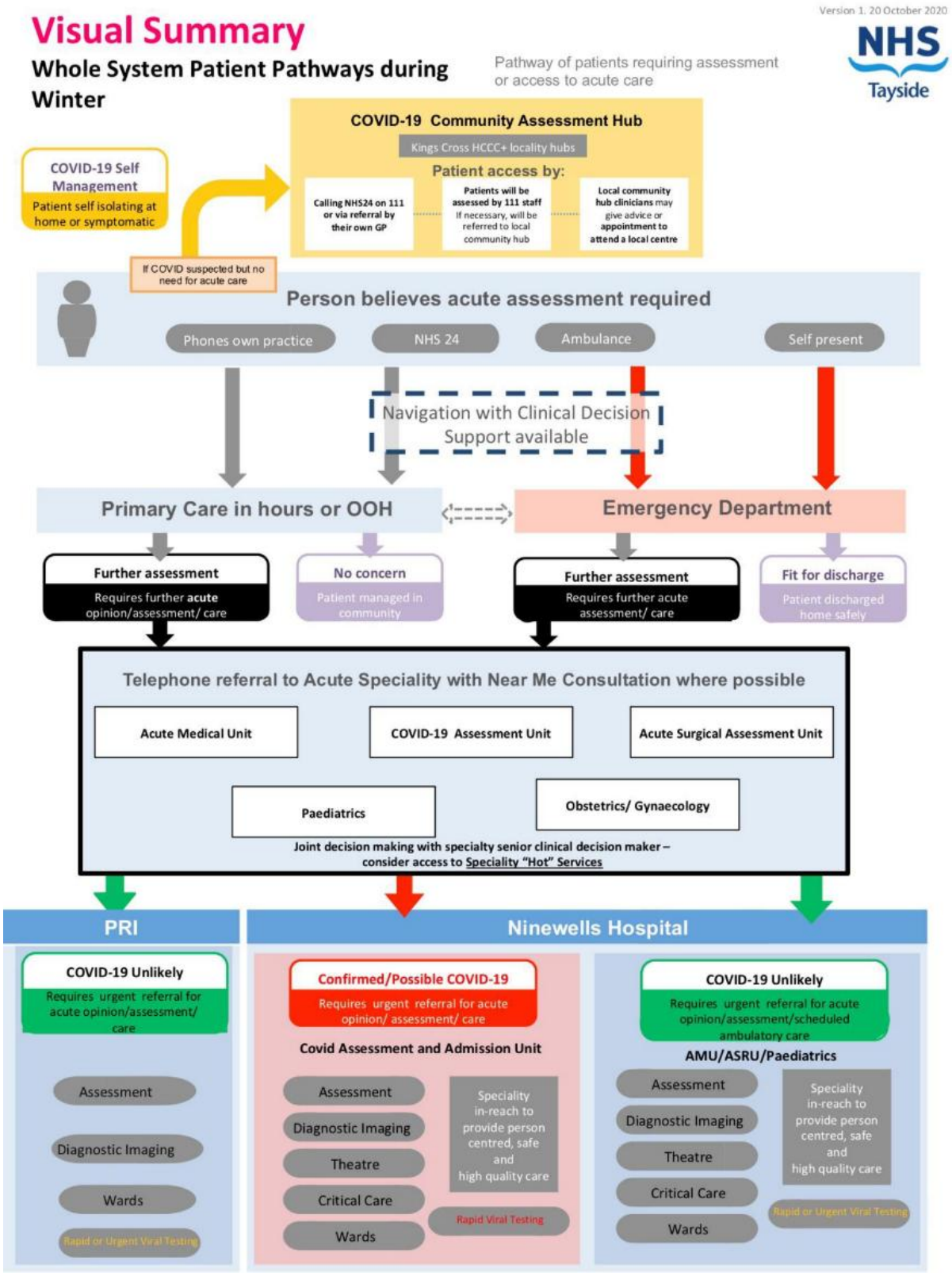
Work is ongoing to develop clinical pathways for those patients who would benefit from an enhanced assessment in advance of admission to a downstream hospital bed. This will primarily be those who require a rapid viral test or those who it is felt could avoid admission with access to diagnostics, further clinical assessment or referral to community support services.

Use of an "assess to admit" model will also ensure that inpatient bed resource is only utilised for those patients who cannot be safely cared for in another setting. The Rapid Assessment Centres will work closely with Primary Care COVID assessment Centres (CAC), GPs, GP OOH and community teams. If admitted to hospital, NHS Tayside has, and will develop further, defined, comprehensive, and accessible COVID-19 and Influenza Clinical Management Pathways involving clinical assessment, therapeutics, and access to research studies (see Section 6).

4.4.2. Place of Care Testing

Discussions are ongoing nationally around a solution for rapid place of care testing; NHS Tayside has strong representation within these groups. When available, rapid testing will be made available in PRI, Acute Surgical Receiving Unit (ASRU), COVID-19 Assessment Unit (Ward 42) and the Tayside Children's Hospital.

From the beginning of November, it is anticipated that a "hot lab" in Ninewells Hospital will provide testing for SARS-CoV2 and Influenza A/B with a running time of approximately 30-45 minutes.


Visual Summary
Whole System Patient Pathways during Winter
Pathway of patients requiring assessment or access to acute care
Version 1. 20 October 2020
NHS Tayside
COVID-19 Community Assessment Hub
Kings Cross HCCC+ locality hubs
Patient access by:
Calling NHS24 on 111 or via referral by their own GP
Patients will be assessed by 111 staff
If necessary, will be referred to local community hub
Local community hub clinicians may give advice or appointment to attend a local centre
COVID-19 Self Management
Patient self isolating at home or symptomatic
If COVID suspected but no need for acute care
Person believes acute assessment required
Phones own practice
NHS 24
Ambulance
Self present
Navigation with Clinical Decision Support available
Primary Care in hours or OOH
Emergency Department
Further assessment
Requires further acute opinion/assessment/ care
No concern
Patient managed in community
Further assessment
Requires further acute assessment/ care
Fit for discharge
Patient discharged home safely
Telephone referral to Acute Speciality with Near Me Consultation where possible
Acute Medical Unit
COVID-19 Assessment Unit
Acute Surgical Assessment Unit
Paediatrics
Obstetrics/ Gynaecology
Joint decision making with specialty senior clinical decision maker – consider access to Speciality "Hot" Services
PRI
Ninewells Hospital
COVID-19 Unlikely
Requires urgent referral for acute opinion/assessment/ care
Assessment
Diagnostic Imaging
Wards
Rapid or Urgent Viral Testing
Confirmed/Possible COVID-19
Requires urgent referral for acute opinion/ assessment/ care
Covid Assessment and Admission Unit
Assessment
Diagnostic Imaging
Theatre
Critical Care
Wards
Speciality in-reach to provide person centred, safe and high quality care
Rapid Viral Testing
COVID-19 Unlikely
Requires urgent referral for acute opinion/assessment/scheduled ambulatory care
AMU/ASRU/Paediatrics
Assessment
Diagnostic Imaging
Theatre
Critical Care
Wards
Speciality in-reach to provide person centred, safe and high quality care
Rapid or Urgent Viral Testing

Summary of Key Actions for Managing Viral Illness

Norovirus:

- IPCT plans in place to support the execution of Norovirus Preparedness Plan in advance of season
- Communications, Guidance and training for staff by IPCT
- Prioritisation Flow chart to aid decision making at the 'front door'
- Staff access to and adherence to national guidance on Preparing for and Managing Norovirus in Care Settings
- Planning and Control
- Norovirus Control Measures and plan available to all staff across health and social care partnerships
- Rapid Testing for Norovirus and GI Pathogens for rapid diagnosis

PPE

- Procurement and adequate resource availability

Enhanced Influenza Vaccination Programme

- Plans to increase staff Flu Vaccination Uptake: Programme - commenced late September for staff with convenient clinic locations; vaccination by appointment to ensure safety and infection control measures in a COVID-secure manner; peer vaccination programme to increase uptake
- Staff uptake target >75%
- Influenza Communications Campaign and supporting action plan

Test and Protect

- Rapid and Near Patient Testing for COVID-19 and Influenza
- Winter Rapid Assessment Centres for assessment and management of suspected serious COVID-19 and Influenza, closely linked to community COVID Assessment Centres
- Enhanced front door assessment

Other

- IPCT guidance on Staff website and HPS Website
- Communication Campaign specific to seasonal illnesses

5. Unscheduled and Elective Care Preparedness

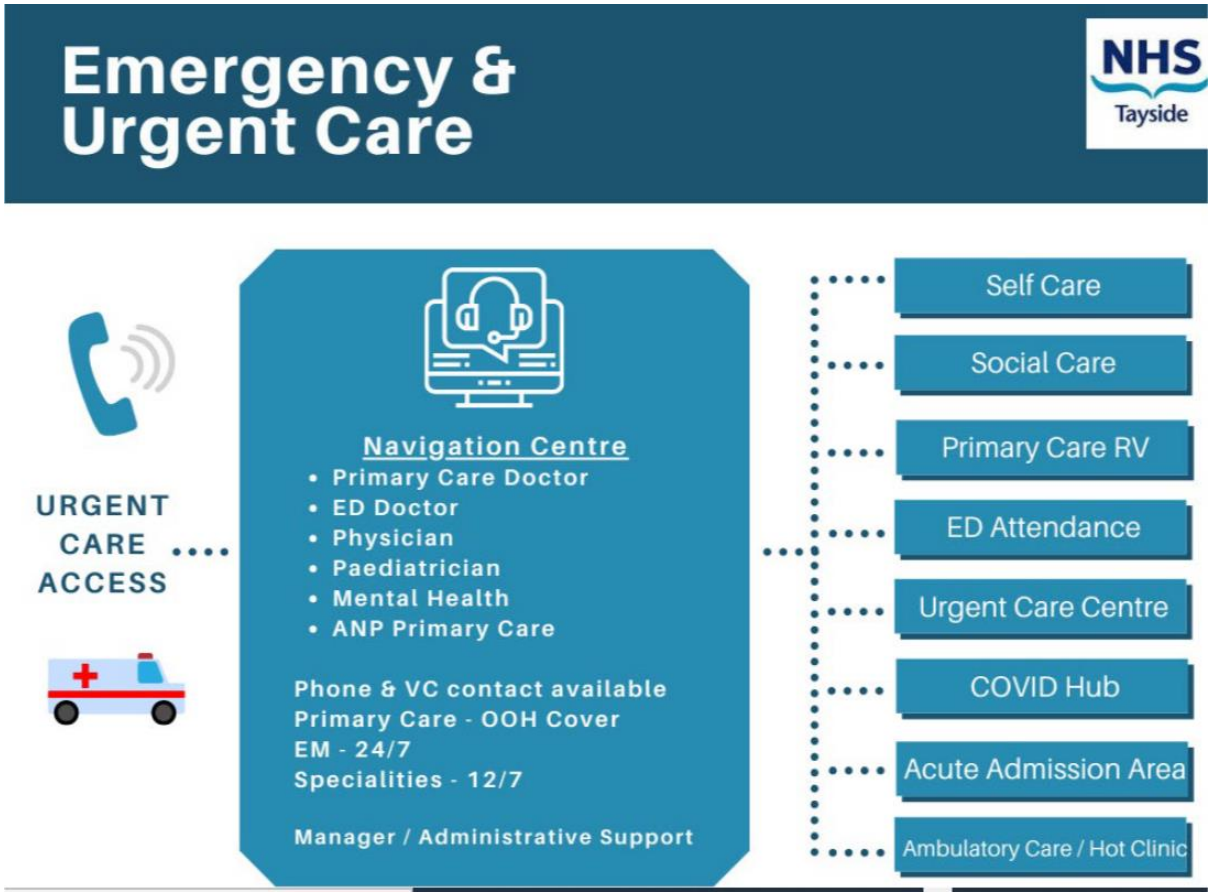
Unscheduled and Planned Care preparedness and planning for winter include:

- Capacity and Demand analysis including surge capacity that adheres to safe distancing (See Section 3 for details of this)
- Signposting to the most appropriate place of care with a Navigation Flow Hub
- Scheduling unscheduled care
- Maintaining an ability to deliver a separate COVID stream
- Unscheduled and Planned Care including Surgery Escalation Pathways and an improved hospital environment
- Respiratory and Critical Care Pathways planning for the safe co-ordinated management of Severe COVID-19 and Influenza within hospital
- Support the delivery of as much elective care and treatment as possible
- Integration of key partners/ Services

- Integrated Care between Primary and Secondary streams
- Workforce Planning including Festive rotas across primary and secondary care, in and out of hours

5.1 Navigation Flow Hub

This is under development as part of the Re-design of Urgent Care, and will support the Winter Strategy of scheduling as much Unscheduled Care as possible. The figure below demonstrates the Flow Navigation Centre Model:



5.1.2 Enhanced Community Model

A key component of avoiding admissions this winter will be access to enhanced care at home and support for patients out of hospital.

Winter funding has been allocated to support this ambition and through the collaborative approach to winter planning already described, pathways that cross community and hospital boundaries.

5.1.3 Emergency Department (ED) - Winter Preparedness

Attendances at EDs have increased as lockdown measures have eased and it is anticipated that this will continue as progress is made through the phases of the Scottish Government Routemap.

The ability to safely isolate both COVID-19 possible patients requiring immediate resuscitation and shielding patients who require emergency treatment remains. There is insufficient Emergency department capacity to manage all unscheduled secondary care

COVID-possible presentations and a separate COVID-19 assessment unit will be maintained as part of the Winter Rapid Assessment Centre described in section 5.

As attendances increase and restrictions on visiting in hospital are relaxed, maintaining social distancing in the Emergency Departments will be challenging, particularly in communal waiting areas. A number of innovative tests of change will be carried out in advance of winter with the aim of implementation, which will be led by the Clinical Director for Emergency, Urgent and Integrated Care. These include:

- Virtual Waiting Room – Potentially pilot virtual waiting room for referrals to ED from NHS 24 as part of national Unscheduled Care Programme.
- Quality Improvement project looking at Avoidable Attendances from Care Homes.
- Exploring options for patients who are stable and awaiting results of investigations to inform their plan of care either in alternatives to clinical bays in ED ("Fit to Sit") or return to a hot clinic (potential for virtual consultation) or, ambulatory area.

Tayside's Unscheduled Care Board and unscheduled care performance remains the highest nationally and the Unscheduled Care Board is represented by all relevant health and care partners and has identified key priorities for the integrated remobilisation plans.

5.1.4 Bed Modelling & Surge

There has been considerable change to the bed model within Ninewells Hospital throughout 2019/20 with the required current bed modelling work continuing to have major changes on the configuration of services this year.

As part of the identified escalation plans, inpatient bed configuration will be flexed between covid and non covid demand, as required.

5.1.5 Inpatient Modelling & Pathways

There will be a specific focus on inpatient modelling across both acute main sites, building on the successes of the remodelling of inpatients during COVID-19. In addition, pathways work across Surgery and Medicine will continue as a priority within Unscheduled Care and Winter plans, as well as further development of the Assess to Admit models at the Front Door. Robust discharge pathways are essential going forward, involving the continued discharge planning and collaborative work across acute, community and discharge teams.

5.1.6. Integrated Community Care Hubs

Integrated Community Care Hub Models are also a priority development, strengthening and building upon recent successful whole systems and interface communications. Collaborative efforts are aimed at preventing admissions, assessing and treating patients in a community setting closer to their home. Rapid testing in relation to respiratory illness and timely access to diagnostics are key components of the Assess to Admit and Integrated Community Care Hub Models alongside collaborative working across Out of Hours and NHS 24 promoting a multi-professional, whole system approach.

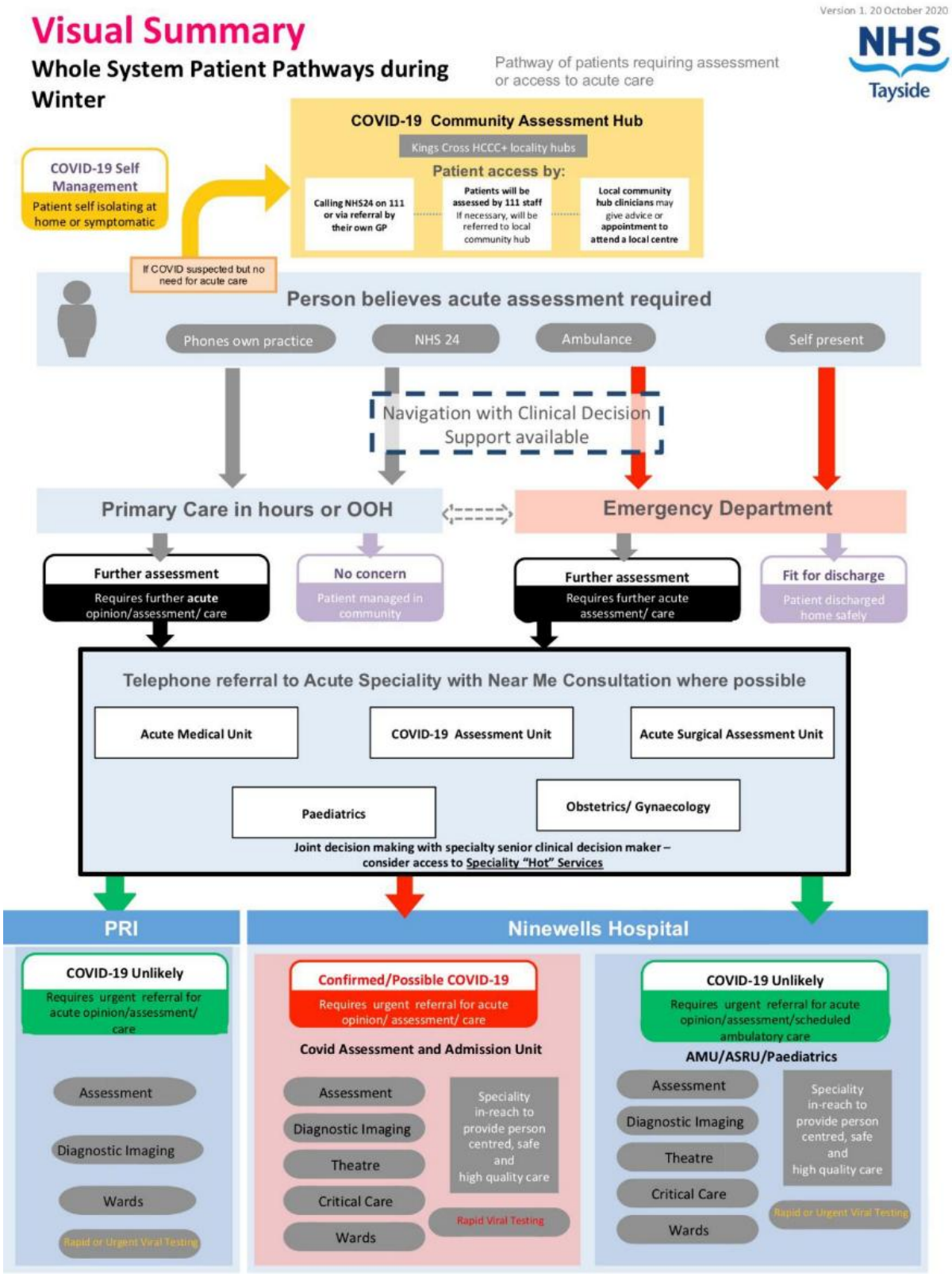
5.1.7 Pathways: building efficient pathways to support patient care for Winter

As outlined above, pathways are being developed to safely manage the range of respiratory viral illness, including COVID-19 and Influenza, this winter. This includes:

- Building on what has been developed for COVID-19 (dedicated viral assessment area)
- Implement a sustainable system for timely access to professional to professional clinical advice, including a Navigation Flow Hub
- Assess to Admit area with rapid viral testing to be able to determine the best pathway for each patient. This will include a rapid turnaround time for testing and diagnostics such as bloods, x-ray, and other diagnostic requirements.
- Perth Site to be able to adapt capacity to meet demand and avoid the need for patient transfer to Ninewells for capacity reasons alone

Bed Footprint

- We will build on Current Escalation Plans
- Work collaboratively across the organisation
- Use guidance from Working Groups around bed spacing to this to inform clinical area setup



5.1.8 Respiratory and Critical Care Pathways

The management of Respiratory illness - particularly those patients with severe Influenza and COVID-19 - is a significant consideration for this winter's plan.

We continue to strive to provide timely access to routine Respiratory Care through the winter, recognising that there will periods where this may be impacted by the requirement to provide unscheduled care in response to changes in threat level. In doing so, we will aim to continue to provide virtual outpatient appointments, recognising that ensuring complex chronic respiratory illness is vital in preventing clinical deterioration through the winter. A key part of this is the significant network of Respiratory Liaison Nurses across Tayside – both in the hospital, and in the community. We will continue to develop this winter the robust use of this network to both avoid admissions for respiratory disease where possible, and to smooth transitions of care between the community and hospital.

Respiratory was one of the first departments to remobilise Face to Face New Assessments at NHS Tayside and will aim to provide as much capacity for this as possible in a COVID-secure way, this winter. Cancer and bronchoscopy services have been re-modelled to provide ongoing critical services in times of enhanced COVID activity.

Dedicated respiratory pathways for acute COVID-19 and Influenza pneumonic illnesses which require inpatient and critical care input remain active from the initial Covid response 1, with the ongoing and flexible safe provision of Level 1, Level 2, and Level 3 respiratory care for patients with confirmed COVID-19, possible COVID-19, and for those without COVID-19. We have enhanced training of staff in our Acute COVID Assessment Unit (Ward 42) for the delivery of CPAP and NIV, and have developed in-house pathways for the management of both Severe Influenza and COVID-19 available on our relevant Staffnet pages. These will remain under active review.

Respiratory staffing will be modelled to allow as much inpatient activity as possible to enhance the front-door and inpatient senior decision-making as in previous winters. This will improve our ability to provide safe ambulatory management of patients where possible, and to ensure discharge to the community is safe and timely in a period where acute respiratory illness is a challenge.

Planning for an increase in provision of critical care capacity is essential to enable us to be prepared for the anticipated surge in patients presenting to secondary care in acute respiratory distress over winter is critical. Taking account of the normal winter pressures exacerbated by the impact of COVID 19, there is a risk that predicted demand may exceed critical care capacity within days to weeks depending on the rapidity of rise of patients. Our Level 3 Critical Care Escalation Plan, submitted to the Scottish Government, outlines how we can increase our capacity by 4 times the number of Level 3 beds that we provide in the region under business as usual service conditions. Our plan for intensive care is to maintain a separate COVID ICU over the winter period. Following assessment of the hospital footprint to take account of critical infrastructure requirements to support assisted mechanical ventilation, we have dedicated our Theatre Admission Suite footprint for this purpose.

However, workforce remains a critical risk for all escalation plans and it is recognised that care of a critically ill patient requires specific expertise, knowledge and skills within the critical care environment. Our continued challenge remains the number and competency of the medical (junior and senior), nursing and Allied Health Professions staff to provide safe care for high numbers of critically ill patients. The last wave showed the very high ICU mortality and prolonged length of ICU stay of those who survived to ICU discharge.

Plans are in place to supplement the ICU Nurse Workforce primarily by the release of Theatre Nursing Staff including Anaesthetic Assistants, Recovery Nurses and Scrub Nurses. The guidance within the Joint Statement on developing immediate critical care nursing capacity has been used to support the development of this plan and critical care nurses will provide supervision and expertise in delivery of critical care, forming small teams with the redeployed workforce. Critical care nurses will be required to take a team working approach

rather than a ratio approach to patient care in order to deal with a surge in patients requiring critical care support. The planning assumption is based on the release of one theatre team per increase in 1 ICU bed, thus elective activity will be detrimentally affected by 10 sessions per week per ICU bed increase.

Plans are in place to supplement the Allied Health Professions critical care workforce. In Physiotherapy, this supplementation will come primarily from staff experienced in respiratory care and on-call who work from other areas of the service. The planning assumption is one Physiotherapist per 4 additional critical care beds. Occupational therapy, Dietetics and Speech and Language therapy are undertaking modelling and workforce planning to support clinical need and increased demand. The deficits created by this deployment of staff will be minimised and mitigated where possible through implementation of the pan-Tayside AHP contingency planning model and mutual support but it is recognised that it may detrimentally affect other elements of service delivery.

We have a deficit of registered nurses to scale up to a total of 44 ICU beds, therefore beyond 22 ICU patients capacity we would be looking to invoke our "mutual aid" protocols from other adjacent health boards.

5.1.9 Frailty

NHS Tayside will continue to take forward the national initiatives to deliver older people's standards in the community and through improving the management of frail patients when they present to hospital. This will be part of the Frailty at the Front Door Project which is key in supporting the Tayside Winter Plan.

In addition, enhancing the care for surgical and orthopaedic frailty assessment and management is a key focus for the Unscheduled Care Board, supported by the Winter Plan, to work towards a reduced length of stay and rapid rehabilitation where required in a setting closer to home.

This integrated model with care as close to the patient as possible with rapid access to specialty advice is central to the vision for service delivery and local mobilisation plans. This will be underpinned by technology to enable virtual review and consultation across the Tayside geography.

Community based facilities for services such as routine phlebotomy are being considered for mainstreaming and pilots of new chronic disease management models will continue throughout the next phase of mobilisation ensuring that the most effective elements of the initial response to the pandemic can be made sustainable and spread, where appropriate to support winter demands.

5.2 System Wide Planning

Digital and Remote Consultations

The Digital Directorate has committed to a range of system upgrades and interface developments that will support the requirements of the winter planning groups. Point of Care testing will be enhanced by the implementation of an interface from TrakCare (Patient Administration System) to provide patient location information at the point of testing, along with upgrade and additional interfacing to the patient infection control system ICNet. These developments will ensure more robust support, safety and efficiency to the testing and infection control methods in time for the winter period. This will be beneficial to the safety of patients and staff.

Remote Consultations and the continued development and use of IT is agreed as a key area for Unscheduled Care, with further growth and spread in the use of Near Me in particular as well as Referral Guidance Help, Consultant Connect systems and the continued promotion of telephone consultations. The “Digital by default” approach is a priority area of development for unscheduled care and will be a critical consideration of winter plans.

5.2.1 Transport

Sustaining and continued support to the long term establishment of the Transport Hub is central to supporting unscheduled patient care and transportation requirements. This includes hospital site transfers, hospital admissions from community to acute, as well as patient stepdown and discharge.

5.2.2 Delayed Discharges

To prevent and manage delayed discharges, NHS Tayside constantly benchmark using national data, working as a team with our social care partners to minimise delays through daily dialogue and action via the Safety and Flow Framework and Flow Hub. This will continue through the winter period, involving senior managerial colleagues when required.

The use of a data driven “threat level” for winter will allow unambiguous communication of capacity and drive specific actions. We recognise that our delayed discharges are lower that other areas but recognise that these are patients who should be cared for in other areas, most commonly at home or a more homely setting. We continue to improve our response to delayed discharges as we recognise the effect of delays on patients as well as flow though our system.

In consideration of the priority areas for winter planning 2020/21 there are specific actions described from an Acute and Partnership perspective aimed at reducing the level of delayed discharges. These in addition to all the improvement and redesign work which is being progressed via the Unscheduled Care Programme.

During the winter period, Tayside aim to maintain delayed discharges within agreed levels:.

Inter-hospital delays

No more than 2 delays for hospital transfer in:
Dundee
Angus Community Hospitals/Psychiatry of Old Age (POA)
Perth Community Hospitals and Tay Ward
Fife
Hosted services (Palliative care and the Centre for Brain Injury Rehabilitation)

TOTAL of 10

Acute delayed discharge

Angus 3
Perth 4
Dundee 5
Fife 3

TOTAL 15

Acute hospital RAG status, based on this is:
Green 25 or less
Amber 26-35
Red more than 35

These delayed discharge levels are monitored daily within the Flow Hub as a key component of the Safety and Flow Framework.

5.2.3 Workforce Planning

Workforce planning is a critical consideration for all acute and community services. This will be a key consideration in Unscheduled Care and throughout winter aiming to develop an agile and flexible workforce to meet the needs of uncertain and changing demand. Planning will be required to consider a workforce which is mobile, available over 7 days working across service boundaries, where required.

The aim is to have the appropriate levels of staffing and resilience in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods. As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

- Additional senior decision makers in place over the public holiday/festive period particular to the high demand specialties of Gastroenterology and Respiratory
- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy: Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- Consideration will be given to skills and education requirements for staff being moved or deployed to new areas. As far as possible, this will be agreed before winter and if possible, align individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Within surgery there is a twice weekly senior charge nurse (SCN) staffing huddle to review next 72 hour period and identify concerns which may be mitigated through an internal plan
- Additional medical staff (including junior doctors) resource
- Seven day working over winter period across NHS Tayside and partner organisations i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

6. Integration of key partners/ Services

The Winter Plan from NHS Tayside encompasses all our partner organisations, including the relevant HSCPs, who have been integral in the development of this year's plan. A brief summary of their involvement and contribution to enhanced care this winter follows.

There is ongoing engagement from the Scottish ambulance Service and HSCPs in the weekly multi agency winter planning meeting and threat level determination discussion.

6.1 Angus Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Angus Health and Social Care Partnership include:

- Development of the Angus Care Model continues, incorporating a full review and utilisation of community hospitals including a review and redesign of the Psychiatry of Old Age (POA) discharge pathway. Angus Care Model work to develop joint working opportunities and improve communication between AHP's/Enablement Response. Team (ERT) and work to further develop Enhanced Community Support (ECS)/ERT
- Discharge checklist established for patients being discharged to Care Homes from Community Hospitals.
- The range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision) acknowledging the access to respite is dependent on the COVID-19 situation and restrictions.
- Anticipatory Care Planning (ACPs) all reviewed as part of COVID-19 response and this will continue and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs from a clinical, personal and legal perspective
- Enhanced Community Support (ECS) continues to work effectively. An action plan is currently being developed to enhance and focus the rehab/enablement ethos of ECS, particularly the AHP and ERT interfaces. Further review of the MDT meeting that is core to ECS is due to commence shortly, including the availability of adequate IT facilities to enable effective remote MDT meetings.
- Senior Nurse for Unscheduled Primary Care has been appointed and recruitment to a Senior Nurse Primary Care post is currently underway to support both scheduled and unscheduled pathways.
- Palliative and End of Life Care (PEOLC) Improvement Plan has been established - this work includes:
    - robust identification of carers support needs
    - ongoing educational support for Care Homes, Care at Home and Community Nursing teams
    - supporting families to administer as required sub-cut medicines
    - promoting use of Near Me technology as a means of reviewing patients
- Enablement and Response Team continues to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This has been reviewed and additional capacity is required.
- Personal Care Services operate 7 days/week and we are attempting to strengthen co-ordination/matching processes.
- Help to Live at Home is in its concluding stages. Resource Allocation Meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity.
- Continue to promote the National Power of Attorney Campaign across Angus.
- Providers are supportive of 7 day discharges; however, discharge planning from Acute Hospital requires review. ERT operate 7 days per week to support 7 day discharge.
- Support care homes and ensure safe transfer of patients.
- Scoping underway to move towards six/seven day services for AHP. Limited workforce capacity to undertake this on a voluntary basis at present. Test of change

with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells.

- Tests of Change continue within Surgical and Orthogeriatrics units at Ninewells with a view to developing an Integrated Discharge hub.
- Weekly Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff and rota developed for weekly attendance at the winter planning huddles.
- Joint working with discharge hub at Ninewells to improve pathway from acute to community.
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination.
- Reinforce the priority of staff testing in the community.
- Review the option for the Monday PH of the Christmas and New Year weeks be considered as an opportunity to therefore reducing long weekends to three days.
- AHSCP website to be updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIIU opening times and arrangements for community pharmacies, dentists etc.
- Successful funding through the Community Trust for 14 KOMP technology units to support falls prevention.
- The Integrated Overnight Service in Angus (IONA), where MIIU staff and the out of hours GPs provide a multi-disciplinary approach to overnight care and offer a more flexible service by seeing patients at home, will continue.
- CARES (Covid-related Advice on Rehabilitation, Enablement and Support) is a new service developed in Dundee but for all the Tayside population. The advice line is staffed by Physiotherapy and Occupational Therapy and they have links to local services across Tayside that they can refer callers to, as required. Since the service began in July of this year, 20 Angus callers have accessed the service. Patients have been referred to Speech and Language therapy, Nutrition and Dietetics, Community Listening Service as well as local PT and OT services.
- Support a co-ordinated public messaging communication campaign.
- Support staff to work flexibly through the use of technology.
- Complete readiness assessment for the combined impacts of COVID-19 second wave, winter and BREXIT.

6.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership include:

- Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.
- Building on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.
- Expansion of the existing social care/community nursing assessment service developed in response to the Covid Hub model to support community triage.
- Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS H@H trial.
- Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.
- Strengthening of 3rd Sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.
- Development of a 7 day model of working across Partnership services.

- Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.
- Development of intermediate care provision for older people with mental health problems.
- Remodelling of Integrated Discharge Hub to support improved patient flow.
- Ongoing home care and deteriorating improvement work in the community.
- Additional investment in the falls and community rehabilitation pathways through Remobilisation monies.
- Continued development of an amputee pathway to improve patient flow.
- Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.
- Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.
- Implementation of a flu campaign which covers patients over 55, vulnerable groups and staff.
- Development of community diagnostic services - initially phlebotomy.
- Further investment in social care to support early discharge over winter.
- Refinement of stroke pathway to improve patient experience.
- Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.

6.3 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources. This year's planning is more challenging than previous years as we are not only preparing for winter but also a potential resurgence of COVID-19, therefore this year's plan will be underpinned by P&K HSCP remobilisation plan.

The key developments are;

- Review and update Business Continuity Plans, Festive Directory, and Winter Action Cards.
- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults in localities.
- Work in partnership with General Practice to deliver the seasonal flu vaccination programme.
- All health, social care and care home staff will be encouraged to accept the flu vaccination.
- Enhance capacity at PRI Front Door to rapidly assess and turn around patients, where appropriate to be managed at home.
- Test an integrated evening and overnight service aligned to the Locality Integrated Care Service (LInCS) to provide rapid triage, assessment and support for deteriorating patients to prevent admissions and support discharge.
- Enhance the Hospital Discharge Social Work Team to support the flow through hospital for those with more complex assessment needs and statutory support such as Adults with Incapacity Act (AWIA).
- Promote and expand the Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Extended AHP Weekend Working for OT and PT staff within acute services to facilitate assessment and discharge.

- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings.
- Integrate the Discharge Hub and Hospital Discharge Team and put in place a rota for weekend / public holiday cover.
- Collaborate with Third Sector for additional volunteer drivers as and when required.
- Review of Care Home liaison staff to support complex discharges to Care Homes from hospital settings.
- Recruit to additional district nursing resource to enhance the support provided to care homes. This is in line with Scottish Government's National Guidance to NHS Boards and HSCP's to ensure appropriate clinical and care professionals take direct responsibility for the professional support required for each care home in each area.
- Develop and implement a Specialist Community Respiratory Service across Perth & Kinross.
- Enhance the LInCS and MFE model with additional Advanced Nurse Practitioners.
- Develop Clinical Fellow MFE model into community hospitals to support capacity and flow.

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6.4 Fife Health and Social Care Partnership

North East Fife is a key area for NHS Tayside. Their Acute and Community plan for winter preparedness will be submitted as the NHS Fife Winter plan; however we recognise the need to work with our partners in Fife and will continue to develop links to ensure continuity of services.

Current improvement work as part of the Unscheduled Care and Transforming Tayside Programmes include collaborations across Tayside and Fife Health and Social Care Partnerships to reduce delayed discharges. The work involving discharge teams across all localities is aimed at supporting an effective, timely, person-centred discharge process with the development of a fully integrated acute hospital discharge service, working 7 days per week and functioning via the same agreed planned date discharge pathway across the localities.

6.5 Primary Care

Primary care will continue to work across partnerships and interfaces to maximise efficiency and effectiveness of community care. This will be led by a strong collaboration both at partnership level and across primary care at the Primary Care CCT.

We will collaborate across partnerships and with public health to deliver the expanded influenza vaccination programme noting that this will be the largest ever influenza vaccination programme ever delivered.

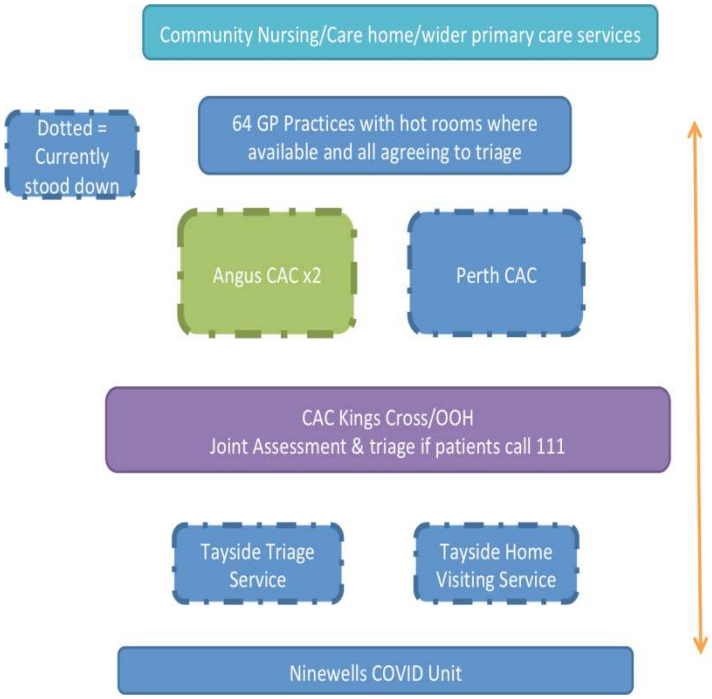
We will continue to work both in hours and out of hours to champion and excel in community-based care wherever this is the safest and most appropriate care option for patients in multidisciplinary teams.

Primary Care will continue to provide a dynamic and responsive model for management of COVID-19 and patients with symptoms of COVID-like illness as set out in our escalation plan. We will utilise the expertise of the patient's own GP where this is most suitable but retaining the utility of the CAC for patients who require an assessment in person.

If a Flow Hub is created, patients can continue interact with primary care and community services as always. Patients can still call their own GP practice for urgent care too and are supported to get the right care, in the right place.

Paediatrics and General Practice continue to work together in developing their successful models of unscheduled care including use of technology such as near me, combined working within covid assessment centres, developing educational opportunities and close professional to professional support.

A proposed escalation plan for COVID assessment centres across Dundee, Perth and Angus is set out below.



- Stage minus 1 – very low prevalence/demand
  - CAC Fall back from Kings Cross to Ninewells
  - Advantages: no requirement for as much GP/nursing/practice input; rapid COVID POC test
  - Disadvantages: Less GP input and less broad expertise in assessment. Risks on capacity at Ninewells
- Stage 0 – low prevalence/demand
  - Stable CAC Kings Cross salaried input with regular HCSW/ANP support
  - GP practice hot rooms, CAC where needed, GP practice triage
  - Advantages: Sustainable, less requirement for ad hoc input
  - Disadvantages: Limited capacity
- Stage 1 – increasing prevalence/demand
  - Maintained CAC with salaried GP, extra ad hoc GP/supporting HCSW
  - GP practice hot rooms, CAC where needed, GP practice triage
  - Escalation 'into' practices if required from salaried GPs
    - Advantages: sustainable potentially, best person triages, keeps CAC requirements lowest, least likely to overwhelm systems
    - Risks: increase pressure on practices potentially
- Stage 2 – moderate prevalence/demand
  - Increase use of CAC; cluster hubs/PRI as needed and redirecting ?COVID triage to 111 where required.
  - Increase workforce to support CAC structure including GPs, paediatrics and other secondary care input
    - Advantages: Maintains practice/main CAC structure
    - Risks: CAC/Cluster might not be able to cope without more resource; like stand down some primary care services
- Stage 3 – high prevalence/demand
  - Escalate back up local CACs and full redeployment from practices back to CAC Kings Cross, Angus and P&K.
    - Advantages: Provides logistical structure beyond practices
    - Risks: Must stand down other primary care services to provide workforce

Summary of Key Actions for this Sections 5 & 6

Acute Sector

- Workforce Planning/Flexible Staffing plans
- 7 Day working across multiprofessions and partner services i.e. SAS, Pharmacy and AHP
- Acute Frailty Pathway
- 7 Day and extended hours in Ambulatory Care
- Enhanced Respiratory and Critical Pathways
- Theatre Scheduling
- Planned escalation in response to identified triggers
- Agreed clinically prioritised service delivery model

Health and Social Care Partnerships

- Enhanced Community Support Services
- Anticipatory Care Planning/ Planned End Of Life Care in Care Homes
- Discharge Hubs supporting discharge planning
- Workforce Planning
- Enhanced support to Care Homes
- Further development of acute frailty models
- Promotion of Flu vaccinations across community HSCP workforce
- Development of Community Diagnostics Service

Primary Care

- Cross Partnership collaborations and working
- Use of IT technology – digital consultations
- A proposed escalation plan for COVID assessment centres across Dundee, Perth and Angus

7. Out of Hours (OOH) Preparedness

It is anticipated that the winter period will be much busier this year due to an expected increase in COVID and COVID type presentations in addition to the anticipated increase in demand for unscheduled care. In order to continue to provide safe, effective care, Tayside OOH plan to increase capacity across the three main areas of:

- Telephone consultation and advice
- Face to face assessment
- Home visiting.

The OOH service will increase the number of clinical shifts that are available, throughout the winter months (November to February) by offering additional evening shifts in Dundee and Perth and for the busiest times of the weekends.

The following specific challenges and solutions have been identified:

- There is a risk that not all shifts will be filled due to known workforce challenges. Escalation is an important aspect of our winter planning along with identifying early problem areas and having agreed contingency processes in place.
- OOH is operationally responsible for the CAC, currently operating on a regional basis 24/7. Tracking activity and having the appropriate trigger mechanisms in place in

order to move to the next phase of escalation and adapting the delivery model accordingly is being articulated both in our local plans and in conjunction with secondary care colleagues on a system wide basis. OOH is represented in all the major groups and forums.

- This year there is a 4 day Public Holiday General Practice shut down for both Christmas and New Year. We await a decision as to whether Practices may be asked to open on some of these days.
- Usage of Near Me/Attend Anywhere will be increased
- In anticipation of paediatric contacts increasing this year, there is a plan to implement a model that has dedicated GP(s) working weekends collaboratively with colleagues from Paediatrics. Again by utilising technology we hope to prevent unnecessary admissions and keep appropriate cases in the community.
- The 'flu vaccination campaign will be supported both by offering peer vaccinations and undertaking opportunistically where this is appropriate
- OOH has well developed staffing contingency in place and robust procedures for dealing with inclement weather.

Summary of Key Actions for Out of Hours

- Resource availability over the winter season including arrangements for dealing with influenza and Covid-19
- Resource availability over the Festive period
- Demand management - resources targeted around priorities across Tayside
- OOH Escalation Process in place - agreed with key stakeholders
- Additional Triage/ Professional Advice to support whole system working
- Enhanced collaborations/consultations with Acute and Paediatric Colleagues
- Increased use of digital technology to support digital consultations

8. Mental Health and Learning Disability

Access to Mental Health & Learning Disability Services is both a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are as unscheduled care and, as such, we continue to include this as one of our key priorities for winter and recognise that this must continue beyond winter.

Winter plans for mental health services will adopt a multi-disciplinary and person-centred approach to that of unscheduled acute care to improve patient safety and flow and performance through:

- Ensuring patient safety, flow and sustainable performance against the 4 hour emergency wait standard (this will include patients arriving at the emergency department and those presenting for Crisis Care assessment).
- Developing rapid review system for any patient breach of 4 hour standard.
- Ensuring winter preparedness and response in a COVID-19 endemic time period maintaining and building upon our COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment.
- Proactively working to manage demand for inpatient admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care.
- Enhanced implementation of safe and timely discharge of patient from hospital.

- Effective inter-agency planning between inpatient service and community mental health teams.
- Proactively building and deploying partnership working to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model with the capacity to engage with community based mental health services and discharge HUBs.
- Participation in the staff vaccination programme with targets set to increase the numbers of staff uptake.
- Reduce footfall in all departments using flexible working, home working and digital technology wherever practicable.
- Reduce cross service re-deployment of staff to safeguard mental health and learning disability services.
- Work towards the establishment of a real-time capacity and flow dashboard, linked to the Tayside Command Centre using key metrics to monitor crisis referrals, liaison referrals, inpatient occupancy, inpatient admissions, inpatient discharges and home treatment caseloads.
- Work with the Scottish Ambulance Service to establish direct referral pathways to crisis care with connections to the Flow Navigation Centre.
- Monitoring and refreshing Winter Action Cards to respond reflexively to developments throughout the winter months.
- Implementing measures to enable staff to support reach others wellbeing.
- Maintaining Business Continuity Plans and Hospital Evacuation Plans.
- Undertake a programme of COVID-19 Infection Prevention and Control Audits to strengthen preparedness.
- Optimising inter-services opportunities to avoid admissions and access alternative resolutions to known bed management challenges that arise over the winter period, to improve patient experience of mental health treatment and manage unscheduled care demands.
- Contributing to the corporate risk management of EU Exit arrangements and proactive service management of related risks in regard to unscheduled care demand.

Mental Health & Learning Disability inpatient services will continue to use the National Unscheduled Care Six Essential Actions, Building of Firm Foundations Programme as a framework to underpin and continuously improve their approach to safe and effective patient flow.

Summary of Key Actions for Mental Health

- Winter preparedness and response in a COVID-19 endemic time period maintaining and building upon our COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment
- The avoidance of admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care
- Building partnerships to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model.

9. Communication Strategy

The NHS Tayside Communications Team has communication plans in place specific to the winter period including vaccination strategy, adverse weather, and seasonal illness including COVID-19, Influenza, and Norovirus. The NHS Tayside communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike.

As in previous years, the Communications Team support the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the NHS Tayside website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website.

The Communications Team will continue with a media campaign around access to healthcare when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10. Paediatrics

The Paediatric Winter Plan for NHS Tayside very much builds on the key concepts of the Tayside Winter Plan. Paediatrics is a seasonal specialty with children and young people < 16 years old accounting for 25% of the population and at least 25% of unscheduled health contacts over winter, effectively managing the flow of unwell children is key to supporting the winter plan.

The key concepts and actions for this winter are:

Illness prevention (patient)

- Ensuring safe treatment and escalation plans are in place for clinically vulnerable children
- Promoting and supporting influenza vaccination for this group
- Asymptomatic staff testing for those working with vulnerable groups as defined by Scottish Government

Illness prevention (staff) and promoting attendance

- Promoting Influenza vaccination in staff
- Ensuring adequate supplies of PPE
- Managing all patients with respiratory illness in FFP3 even when Covid negative (HPS guidance)
- Ensuring a supportive environment for staff to support resilience by embedding reflective practice sessions into clinical team regular meetings, continuing with learning from excellence, supporting leave requests
- Ensuring adequate staffing to account for anticipated absence with test and protect and isolation

Staying informed

- Access and contribution to the Command Centre Dashboard

- Contributing to safety huddle

Unscheduled care - supporting flow

Admission avoidance
75% of patients referred to the Paediatric Assessment Unit (PAU) are discharged within 2 hours of arrival independent of source of referral or time of day. The Paediatric Assessment Unit does provide a vital service for short term observation and investigation but previous attempts at joint working with referrers has changed referral practice and over the last 2 years referrals to PAU have decreased by 19%. Conversely attendance for primary care assessment, NHS 111, SAS contacts and ED attendances have all significantly increased. We will continue to support this with enhanced joint working:

- Adjusted referral pathways direct to specialty ie Dermatology and Orthopaedics rather than referral via Paediatrics
- Use of Consultant Connect
- Supporting a cohort of GPs to develop a Paediatric interest and work jointly with Paediatrics and Primary Care OOH
- Utilise Near-me for joint assessment with Primary Care
- ED support to SAS and NHS 111 via navigation flow hub call line
- Providing increased Paediatric support to a medically unwell child assessment stream in ED

Appropriate utilisation of isolation rooms and cohort areas
- Covid triage questions applied to both patient and carer
- Appropriate room prioritisation plan in place
- Supported by rapid or point of care testing when available

Enhanced level 2 and 3 support
- Room adaptation to provide safe AGP environment in ward 29
- Agreed national retrieval pathways in the context of Covid
- Agreed NHST pathways for managing Level 3 Paediatric care should transfer to national service be delayed/ capacity exceeded

Supported discharge
- Early morning discharge round between 7-8 am
- Nurse led discharge criteria for common conditions particularly respiratory
- Access to “take home medications” for common discharge prescriptions
- 7/7 access to AHP support
- Link with transport hub for patients with no means of transport home 24/7
- Enhanced Paediatric Community Nursing team support on discharge

Scheduled Care – maintaining services

- **Outpatients.** > 50% of Paediatric outpatient space has been converted into PAU space. To maintain service the majority of consultations are on Near-me. Paediatric procedures clinics have been set up closer to home for patients. There are adequate facilities for patients who require face to face consultation.
- **Day Case Medical Admissions –** Clinical Investigation Unit space enhanced to free inpatient bed spaces. Capacity and prioritisation may alter if local Covid prevalence increases significantly.

- **Elective Surgery.** Will be preserved as much as possible however Paediatric Level 2 care capacity may limit some major surgery. Should local Covid prevalence increase significantly capacity and prioritisation may need altered accordingly.

Staffing

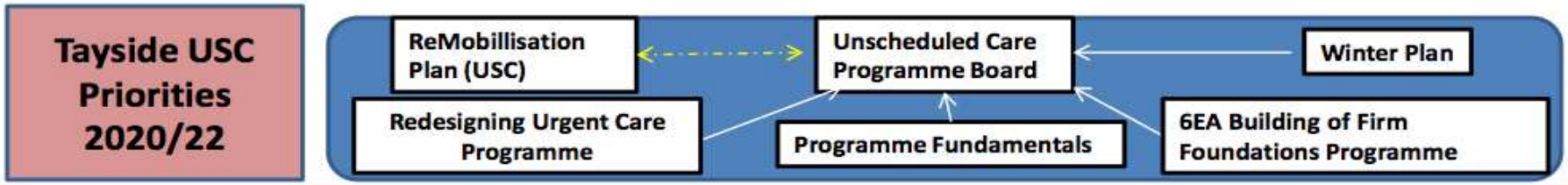
To support anticipated increase in admission numbers and complexity of managing high volumes of patients in a high risk Covid pathway

- all part time nursing and medical staff have been offered additional hours
- additional shifts have been supported in GP OOH by primary care medical team and in ED by paediatric senior medical team
- enhanced domestic services provision has been requested for “hot cleans”

Appendix 1 Winter Preparedness Funding Summary

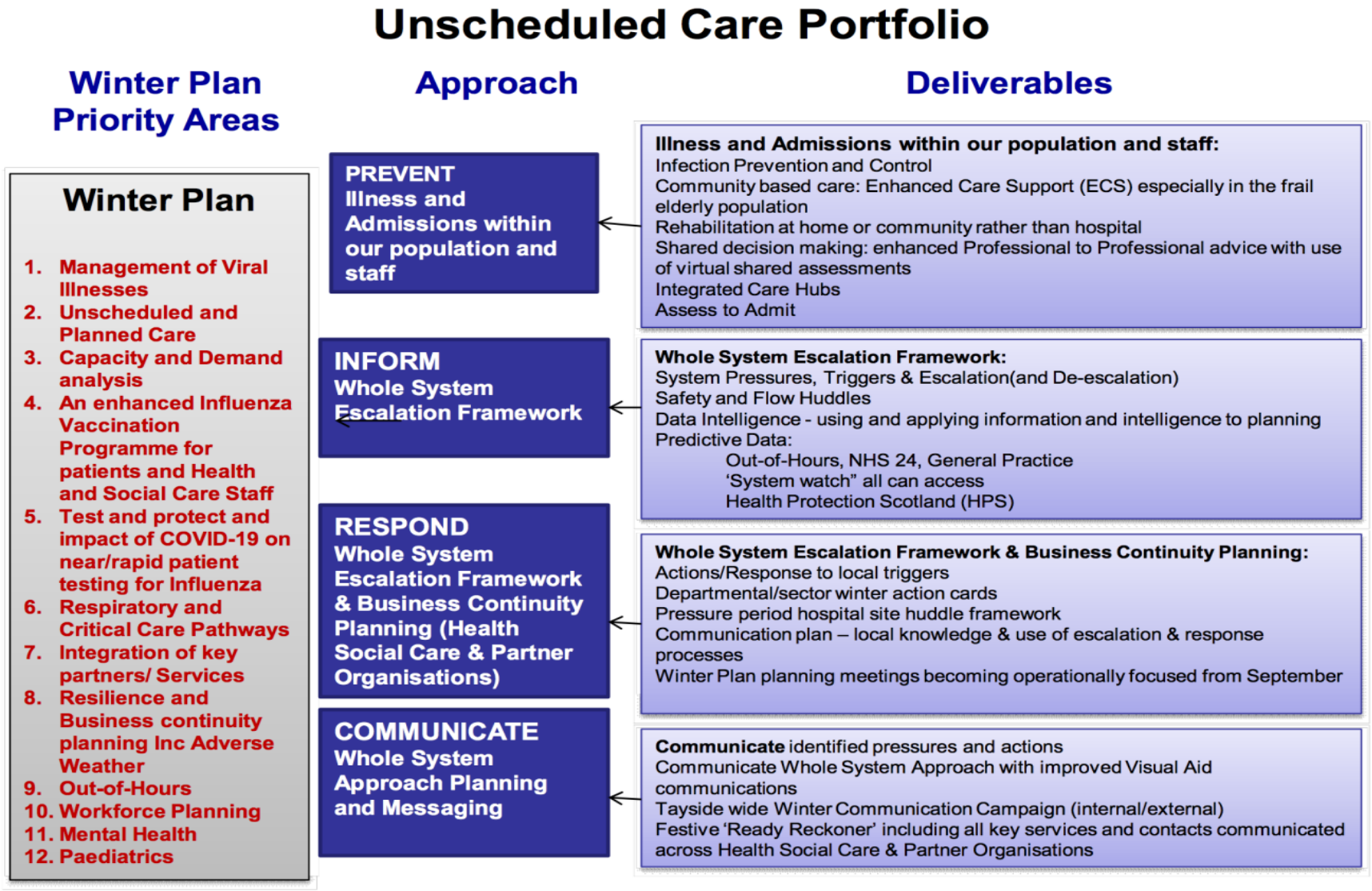
Funding	**Description**		
NHS Tayside/Scottish Government		**1,500,000**	
Commitment against Priority:			
PREVENT	**Initiatives to support unscheduled care, optimising care closer to home preventing admissions**	**USC & Winter**	**£**
	Funding across all three Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges: Out of Hours additional funding	**Perth & KInross**	**265,000**
		Angus	**200,000**
		Dundee	**263,000**
		OOH/Primary Care	**100,000**
ASSURANCE & BUSINESS AS USUAL	**Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow**		
	Workforce Planning for winter demands inc Medical and Nursing Surgery/Orthopaedics/Specialist Surgery Medicine/Medicine for the Elderly Emergency Medicine Front Door Support Labs/Rapid Testing Respiratory Cardiology Theatres Transport Palliative Care Mental Health	**Acute**	**534,000**
		Tayside Wide	**78,000**
		Mental Health	**60,000**
TOTAL OF BIDS			**£1,500,000**

Appendix 2 Unscheduled Care Programme Portfolio 2020



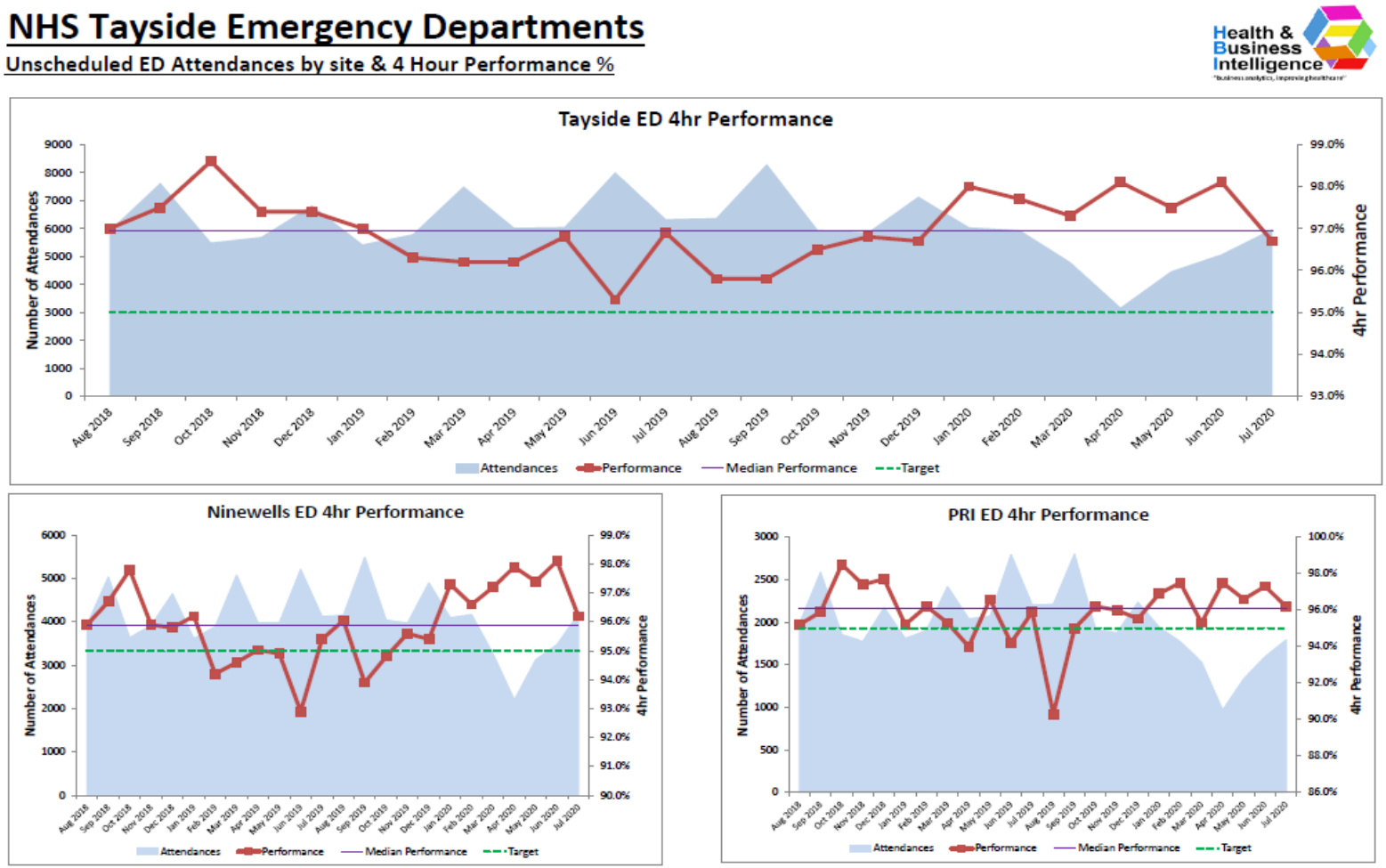
National Priorities			
Redesigning Urgent Care Programme	**Fundamentals**	**Winter Planning**	**6EA Building of Firm Foundations Programme**
Workstreams			
Single Point of Access	**Data & Monitoring**	•**Management of Viral Illnesses:** COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease, and the potential impact of Norovirus •**Unscheduled & Planned Care** •**Respiratory & Critical Care Pathways** •**Test & Protect – Rapid Testing** •**Enhanced Influenza Vaccination Programme** •**Integration of key partners/ Services** •**Resilience & Continuity Plans inc Adverse Weather** •**OOH** •**Workforce planning** including festive Rotas across Acute & Primary Care •**Mental Health** •**Paediatrics**	**Optimising Care Closer To Home**
Local Flow Centres Urgent Care Hubs	**National Messaging**		**Developing Clinical Pathways across Whole System** supporting care at the right time
Virtual Health/ Digital Technologies.	**Workforce**		**Focus on Same Day Emergency Care** and rapid assessment to manage at home
Scheduling Attendance – wherever possible	**Population Health/ User Insights/ Co-production**		**Enhance Discharge Processes** *to avoid delays in transfer of care*
TRANSPORT			
DELIVER TIMELY DIAGNOSTICS			

Appendix 3 Winter Plan Framework



Appendix 4 Unscheduled Care Pack Snapshot of Measures

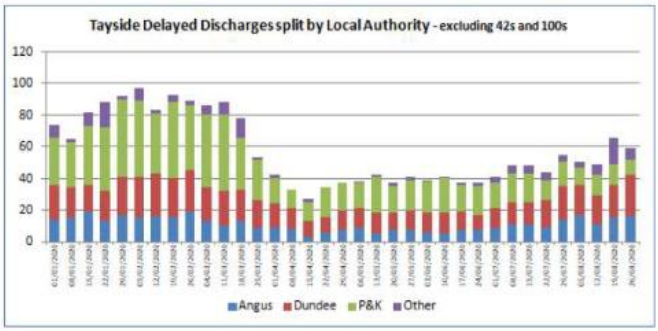
ED Performance



Delayed Discharge Snapshot

Delayed Discharges

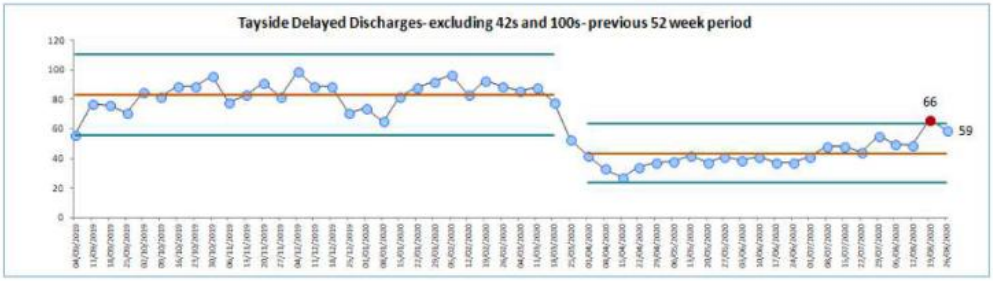
NHS Tayside Delayed Discharge Weekly Snapshot Position



Delayed Discharge weekly snapshot from 12 Jan 2020:

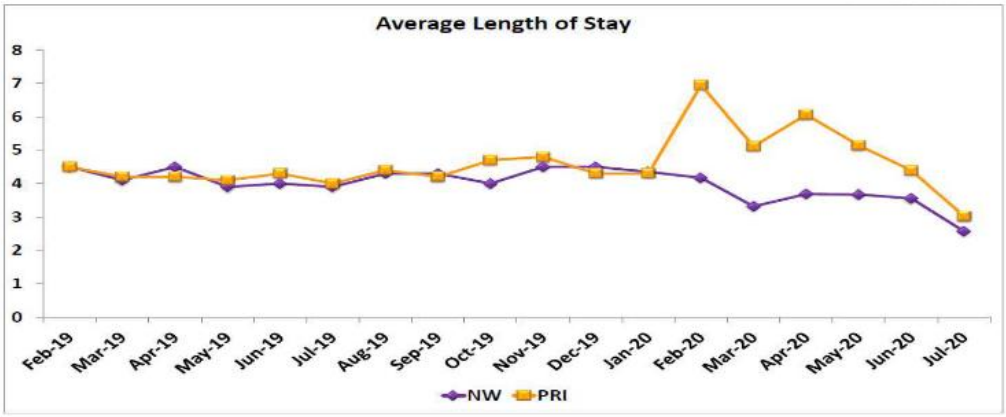
Delayed Discharges reduced from **66** to **59** this week. A breakdown by local authority is provided below:

	19-Aug	26-Aug	Shift wk-on-wk
Angus	15	16	1
Dundee	21	26	5
P&K	13	10	-3
Other	17	7	-10
Total	66	59	-7



Average Length of Stay

Average Length of Stay



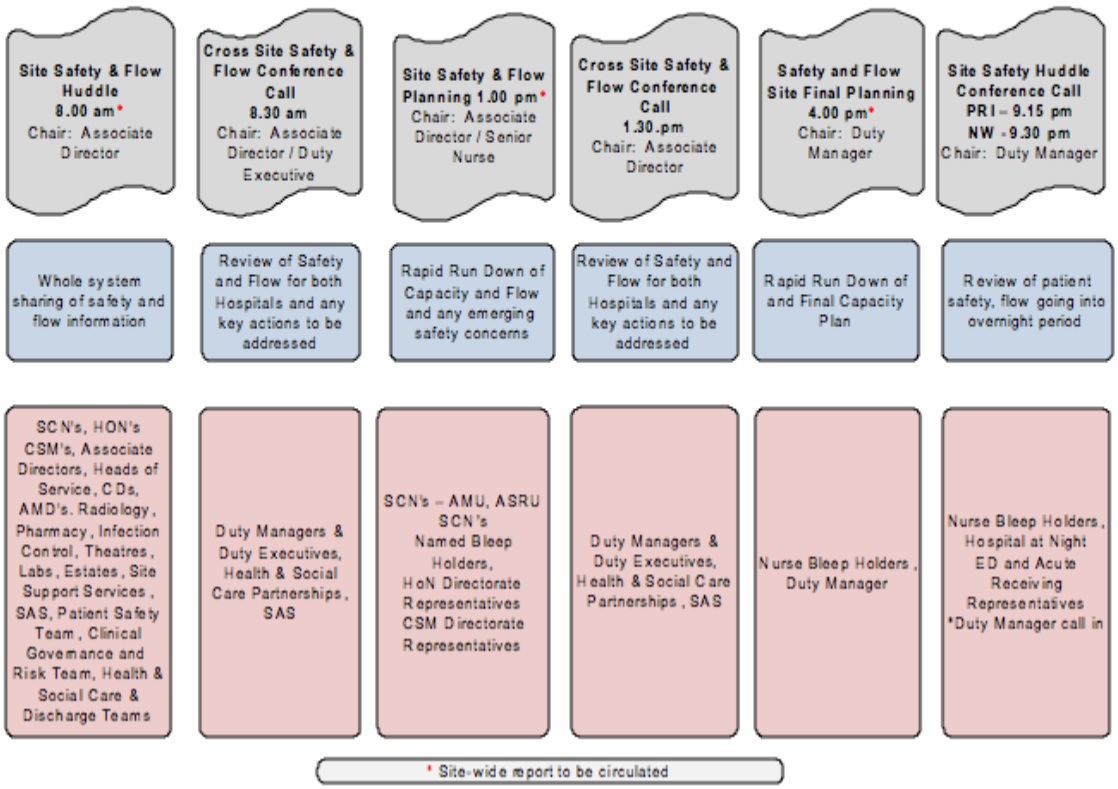
Appendix 5 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

Safety & Flow Framework for Business as Usual, Weekend and Public Holiday Working

Figure 1: Monday to Friday Huddle Arrangements

NHS TAYSIDE SAFETY& FLOW FRAMEWORK
Monday to Friday (non public holidays)



Appendix 6 Winter Action Card Template

WINTER ACTION CARD

DEPARTMENT:
LOCATION: (e.g. Ninewells, PRI)

YEAR ROUND PLANNING – BUSINESS AS USUAL (Summary of Activity)

Example:
Workforce Planning and development, Staff duty rotas
Support Services – equipment, stores and transport
Information Technology
Risk of patient becoming delayed on their pathway is minimised

WINTER PREPAREDNESS – PLANNING AHEAD

Develop activity plans for winter: Festive shutdown, elective and urgent care
Ensure timely and continuous access to local infrastructure services including:
Workforce Capacity Plans, Staff duty rotas
Sufficient levels and numbers of senior decision makers from all sectors are duty rostered at all times
Support Services - equipment, stores and Transport(SAS), Information Technology

Data Intelligence to inform planning, monitoring and action for winter capacity, activity, pressures and performance

Instigate discharge planning at weekends & before pressure periods/public holidays

Communication internal/external

ALERT/TRIGGERS

Consider triggers: seasonal illness, adverse weather, effects on staffing, service pressures:
Pressures on timely and continuous access to local infrastructure services including:
Workforce capacity – staff duty rotas
Support Services - equipment, stores and transport, Information Technology

Use of predictive data from partner agencies to inform alerts/triggers and actions to be taken
Communication of Demand Capacity pressures via Hospital site huddle Framework

Communication internal/external

ESCALATION – Action & Response

What do we need to know?

Staffing levels
Local Priorities
Roles/responsibilities
Demand capacity data from hospital site huddles/partner agencies
Communications internal/external

Consider:
7 day working
Duty rota cover
Flexible ways of working

DE-ESCALATION - Stepdown

How will we know we can step down?

Workforce capacity levels
Demand Capacity levels etc

Appendix 7 Resilience Useful Websites

RESILIENCE PLANNING – WINTER PREPAREDNESS – USEFUL WEBSITES

Resilience>Winter Preparedness

- **Preparing Scotland: Scottish Guidance on Resilience**
  http://www.scotland.gov.uk/Publications/2012/03/2940
  "Core" guidance on resilience, covering resilience philosophy, principles, structures and regulatory duties

- **Ready Scotland**
  http://www.readyscotland.org/
  Is a site to assist with preparing for and dealing with emergencies with dedicated severe weather pages, themed to the main weather risks
    - Cold, snow and ice
    - Storms and strong winds
    - Rain and flooding

- **Traffic Scotland**
  http://trafficscotland.org/
  Real time and future traffic information for Scotland

- **Dundee City Council**
  Dundee City Council webpage which provides further links and information you may need during adverse weather conditions.
  http://www.dundeecity.gov.uk/winterweather/

- **Perth and Kinross Council**
  http://www.pkc.gov.uk/

- **Angus Council**
  Website relating to business continuity and emergency planning issues.
  http://www.angus.gov.uk/emergencyplanning/

- **Fife Council**
  Homepage of Fife Council
  http://www.fifedirect.org.uk/

- **Met Office**
  http://www.metoffice.gov.uk/
  As the UK's official weather service the Met Office plays a vital role in helping the country to be aware of and cope during times of extreme weather. The Met Office can help you plan your day-to-day activities by providing accurate and reliable weather forecasts on TV and radio, in print, and online.

- **Scottish Environment Protection Agency (SEPA)**
  http://www.sepa.org.uk/
  SEPA's main role is to protect the environment and human health.
  SEPA is also responsible for delivering Scotland's flood warning system.
  http://floodline.sepa.org.uk/floodupdates/

- **Keep in Touch via Social Media**
  Facebook and Twitter – NHS Tayside, Police Scotland, Tayside Division and the Local Authorities all regularly update their social media accounts with relevant information, especially over the winter.

Appendix 8


NHS
Tayside
Flu
IS SERIOUS
Staff flu vaccination
How are we doing?
100%
75%
50%
25%
Ward/Department
Total number of staff
See Staffnet, Staff Brief and Vital Signs for details of how to get your free flu vaccination


Flu
IS SERIOUS
With COVID-19 around, it's more important than ever to get your free flu vaccine.
Help protect yourself, others and the NHS.
Your local peer vaccinator is:
Name:
Call/Email: