



PERTH & KINROSS INTEGRATION JOINT BOARD

5 JUNE 2024

PROGRESS REPORT ON MENTAL HEALTH & LEARNING DISABILITIES WHOLE SYSTEM CHANGE PROGRAMME

Report by Chief Officer
(Report No. G/24/73)

PURPOSE OF REPORT

The purpose of this report is to provide Perth and Kinross Integration Joint Board with a progress update in relation to the Mental Health and Learning Disability Whole System Change Programme and to recap on the work achieved since the programme was approved in June 2023.

1. RECOMMENDATION(S)

It is recommended that the Integration Joint Board (IJB):

- i. Notes the contents of this report;
- ii. Authorises the Perth & Kinross IJB Chief Officer to work together with the Interim Deputy Chief Executive as NHST Executive Lead for Mental Health Services and the Tayside IJB Chief Officers to ensure that there is whole system leadership and continued delivery of the change programme at pace;
- iii. Authorises the Perth & Kinross IJB Chief Officer to work with NHST Director of Finance and the three IJB Chief Finance Officers, Interim Deputy Chief Executive as NHST Executive Lead for Mental Health Services, and the Tayside IJB Chief Officers to deliver a financial framework to support the delivery of the Model of Care and to shift the balance of care from inpatient to community; and
- iv. Notes the intention of the Integration Joint Boards to develop and approve a commissioning framework for mental health services by March 2025 to enable them to commission an appropriate level of inpatient services for their populations in the financial year 2025-26.

2. SITUATION/BACKGROUND/MAIN ISSUES

- 2.1 The vision for the mental health and learning disability whole system change programme is in three parts reflecting different parts of the system and includes:

- providing excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with strong evidence base;
- a co-produced model of care ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness; and
- in partnership with commissioned providers, deliver Coming Home ambitions so that people with a learning disability receive the right support at home/community to maintain their health and wellbeing and minimise the likelihood of hospital admission.

2.2 There has been considerable progress in creating the conditions for whole system collaborative leadership and decision-making, improvements in the reporting of progress across partners, and better involvement and participation of people with lived experience across the programme. This is resulting in an integrated whole system change programme which replaces the previous actions following the Trust and Respect Report (2018) and Independent Oversight and Assurance Group report (January 2023) creating a cohesive change programme with connected leadership, stakeholder engagement and improved decision making. The work to date has created the platform to focus on transformation through new models of care and a move away from action planning for improvement.

2.3 Since May 2022, the following improvements have been made:

- Clarified responsibilities (operational and strategic planning for mental health services) which are plainly set out in the revised Integration Schemes approved in June 2022;
- Clarified decision-making, use of Directions by Integration Joint Boards and the role of the Lead Partner in coordinating strategic planning.
- Held a joint development session for IJB Chairs & Vice Chairs in January 2023 with a focus on putting the responsibilities set out in the Integration Schemes into practice.
- Resourced support by appointing a permanent programme team funded jointly by partners.
- Introduced regular reporting on progress across all boards after a hiatus in 2020/21.
- Refined the priorities previously set out in Listen Learn Change (49 recommendations set out in Trust & Respect report 2018) and Living Life Well strategy (31 workstreams) into a whole system change programme with a smaller number of priorities (5 areas of redesign, 4 enablers and 4 areas of improvement).
- Established new arrangements for collaborative leadership through the Executive Leadership Group and a revised Programme Board to provide support & challenge for the successful delivery of the Mental Health & Learning Disabilities Whole System Change Programme.
- Enabled and resourced meaningful engagement & co-production with people with lived experience and widening voices through advocacy organisations.
- In partnership with the V&A Dundee, engaged in two design think accelerators to support cultural change and enabling people with lived

experience and their families, managers, and staff to work together to co-create ideas for change and to develop new skills in service design; and

- Progressed a whole system financial framework to shift balance of care from acute to community and to assist the IJBs to move towards a commissioning model.

2.4 May 2022

The Executive Leadership Group (ELG) for Tayside Mental Health Services was established comprising the three Chief Officers for Angus, Dundee and Perth and Kinross IJBs; the Medical Director, Director of Finance and Executive Lead for Mental Health Services for NHS Tayside. The group was set up to provide collective leadership to ensure the right support, resource, data, information, and expertise to take forward the strategic planning coordination and financial framework to support delivery. In view of the importance of workforce, communications and property/facilities, membership of the ELG was later expanded to include Director of Finance for NHS Tayside, Director of Public Health, Director of Communications, Operational Medical Director for Mental Health Services, Nurse Director (Mental Health), Depute Director for HR, Director of Facilities and the Employee Director. The ELG has continued to meet monthly.

2.5 June 2022

The Integration Schemes for Angus, Dundee and Perth & Kinross were revised by a joint short life working group and approved by the three Councils and NHS Tayside Board and provided to Scottish Government for Ministerial approval.

An integrated Tayside-wide Project Group was established in June 2021 and the group led revisions to each of the three Integration Schemes, with the aim of achieving similar Integration Schemes across Tayside and take account of the recommendations of the Ministerial Strategic Group and resolved the arrangements for mental health services which has been criticised in the Trust and Respect and IOAG interim reports.

The revisions aimed to improve clarity of responsibility and accountability for delegated functions and integrated services. This was achieved by setting out the operational responsibility for inpatient services and the role of the Lead Partner on behalf of the IJBs. The revised Integration Schemes clarify that operational management responsibilities for mental health and learning disability inpatient services rests with NHS Tayside and the executive lead with responsibility. The revised schemes were submitted to Scottish Government for approval by Scottish Ministers. Approval was confirmed in November 2022 with no significant changes.

2.6 August 2022

The governance structures for Listen Learn Change and Living Life Well, were revised taking account of the updated Integration Schemes approved in June 2022. The terms of reference of the Mental Health and Wellbeing Programme

Board were reviewed, and the P&K Chief Officer as Lead Partner held one to one discussion with workstream leads and led a re-evaluation and re-prioritisation of the current workstreams reporting to the Board.

The Executive Leadership Group and the Programme Board agreed revised Terms of Reference and together provide the collaborative leadership for the delivery of the Mental Health & Learning Disabilities Whole System Change Programme. This is providing leadership and challenge to deliver on the strategic direction for a whole system model of care and importance to the promotion of an energized culture focused on transformation and whole-system collaborative working. It is also providing formal engagement of a wide range of stakeholders including people with lived experience as members of the Board and within the workstreams.

The governance and reporting arrangements were strengthened with systematic and public reporting through NHS Tayside Care Governance Committee and as a standing item for the IJBs after a gap in reporting since 2020. The three IJBs receive the same reports which are also provided to NHS Tayside Board for awareness from 31 August 2022.

2.7 October 2022

Following a review of the requirements for programme management support, a joint decision was made to establish a permanent team to support the delivery of the transformation programme. A permanent programme team was recruited funded by the three HSCPs and NHS Tayside. There is currently recurring funding for programme met by the three Health and Social Care Partnerships and NHS Tayside (£215k pa).

A programme team consisting of a Programme Manager and two project support officers were recruited and managed within NHS Tayside's Improvement Academy by the Associate Director – Improvement. The team quickly engaged in work to reach agreement on a refined set of immediate priorities and workstreams.

Capacity and resources were devoted to the engagement and involvement of people with lived experience of mental health services across the programme.

A workshop took place for members of the Mental Health and Wellbeing Programme Board to consider the mechanism for transitioning the outstanding or ongoing actions from Listen Learn Change and Living Life Well into the strategic programme of work.

A series of risk workshops to ensure that the arrangements for the management of strategic risks for mental health services are in line with the responsibilities set out in the Integration Schemes were held on August - October 2022.

A Short-Life Working Group with representation of the 3 IJBs and NHS Tayside prepared a revised governance, reporting and decision-making structure for services coordinated by a Lead Partner. This was an important step to enable the Perth and Kinross IJB Chief Officer to lead the coordination

of strategic planning of mental health services with the confidence of the three IJBs including the use of Directions.

A final update was provided by Tayside partners to the Independent Oversight & Assurance Group on 7 October 2022 in a template which set out the understanding of each of the 49 recommendations, the partners' response, outcomes achieved, the actions required and milestones for success. This was accompanied by an assessment of progress using a RAG status to end of September 2022.

The Oversight Group indicated that they would also provide an assessment of the commitment and capacity for change and continuous improvement within Tayside and a commentary on the leadership of the transition from Listen Learn Change to Living Life Well.

2.8 November 2022 – January 2023

A Short-Life Working Group with representation from the 3 Health and Social Care Partnerships and NHS Tayside Board Secretary considered a policy and decision-making route for delegated services coordinated by a Lead Partner. This was to enable the IJBs to lead the strategy for the transformation of mental health services with confidence including the use of Directions. This resulted in a joint development session in January 2023 for IJB Chairs, IJB Vice Chairs, Chief Officers, Chief Finance Officers, along with clinical and professional leads for each HSCP which covered:

- Responsibility (i.e. delegated authority, strategy and finance)
- Roles of the Chief Officer of the IJB/HSCP
- Tayside shared services with Lead Partner arrangements
- Decision making
- Directions
- Performance management
- Clinical care and professional governance – assurance
- Hospital services not managed by HSCP Chief Officers

This, alongside the clarity of roles and responsibilities set out in the revised Integration Schemes, provided a platform for cooperation across the IJBs and for integration to succeed and new mechanisms for working together on shared aspirations for these services.

A values-based leadership experience supported by Norman Drummond and Columba 1400 was held to assist in the delivery of a successful transformation programme for mental health services. This built on the successful Families and Children Leadership Academies commissioned by Tayside Executive Partners. The experience involved senior officers with members of the Stakeholder Participation Group. The first of a series of relationship-building experiences involving senior managers and people with lived experience of mental health services and their carers took place on 30 November 2022. This was attended by 10 people and supported by Norman Drummond and Calum MacSween of Columba 1400 who gave their time and experience voluntarily. The Gannochy Trust also provided a neutral venue

free of charge. The experience was entitled *Leading Through Relationships* and was extremely successful in building positive relationships, shared purpose, and values. This was followed by a second event on 12 December 2022. Participants felt listened to, safe and respected. This successful approach has been considered by the Programme Board and viewed as a productive way to build relationships, involve people with lived experience, and to move from engagement to co-production.

2.9 January 2023

The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside's Mental Health Services was published on 11 January 2023. (The IOAG was established by the Minister for Mental Wellbeing and Social Care in October 2021 to provide advice and support to the Tayside Executive Partnership to lead change for Tayside's mental health services). The Tayside Executive Partners (TEP) provided a collective assessment of their delivery of their leadership promise set out in *Living Life Well* and a 135-page report with RAG rated progress against the 49 recommendations for Tayside set out in the Trust and Respect Report. This was provided on 7 October 2022, as a slight extension had been provided as a result of demands associated with Operation Unicorn.

The IOAG considered progress against five themes linked to the 49 recommendations in Trust and Respect, the independent review of services in Tayside, the Trust and Respect report published in 2018. The themes were:

- Integration
- Patient Safety
- Engagement and Culture
- Workforce
- Governance

The Independent Oversight and Assurance Group carried out substantial engagement with leaders, staff, patients, communities and visits to various establishments and services across Tayside. They remarked very positively upon the services provided within the HSCPs and considered some to be of national importance in the way in which support, and care is provided, and the outcomes achieved. This included the development of community crisis support centres (Perth & Kinross and planned in Dundee) and the single referral hub in Angus.

2.10 A final meeting between the TEP and members of the IOAG took place on 30 November 2022. There continued to be discrepancies in the RAG rating provided by TEP and the final report. In total, Tayside Executive Partners reported 33 Green, and 16 Amber. The final assessment by the IOAG rated 20 Green, 29 Amber and 2 Red. The IOAG rated the two Scottish Government recommendations as Amber.

The two areas assessed as red were:

1. Recommendation 14
Consider developing a model of integrated substance use and mental health services.
2. Recommendation 35
Ensure the creation of the Neurodevelopmental Hub includes a clear pathway for treatment with the co-working of staff from across the various disciplines not obfuscating the patient journey. The interdisciplinary nature of the Hub may give rise to confused reporting lines line management structures/governance issues. A whole system approach must be clarified from the outset.

The report urged Tayside partners to “move beyond” the 51 recommendations made in the Trust and Respect report and to ensure that there is a clear prioritised plan for delivery supported by a robust financial and resourcing framework. The report goes on to set out 6 key priority areas:

1. Progressing the decision about single site provision in Tayside for inpatient mental health care; the physical environment in Strathmartine; and addressing significant delayed discharges.
2. Streamline and prioritise the change programme in support of Living Life Well
3. Making integration work
4. Engaging the workforce
5. Engaging with patients, families, partners and communities
6. Continued focus on patient safety

2.11 February - March 2023

The IJBs and NHS Tayside Board were provided with copies of the IOAG final report in February 2023 along with a report which sought approval for the development of an improvement plan for submission to Scottish Government by end of March 2023. This improvement plan incorporated those areas rag rated as red in the IOAG final report. The IJBs and NHS Tayside Board approved the Mental Health and Learning Disability Services Improvement Plan and agreed to submit this along with an accompanying letter which summarised the key comments raised at each of the IJB/NHST Board meetings. The revised governance arrangements for the Tayside Mental Health and Learning Disability Whole System Change Programme were also noted. The Chief Officer/Lead Partner was requested to bring forward a further iteration of the Mental Health and Learning Disability Services Improvement Plan for approval by end of June 2023.

2.12 April 2023

The three IJBs approved their Directions policies by April 2023 recognising the level of coordination required for issuing directions for their populations in relation to lead partner services.

A workshop with a focus on developing our culture in mental health services was held on 21 April 2023. A helpful case study of organisations which have successfully developed a values-based behaviour framework led by staff will be used to generate ideas and our own approach to this. In addition, a

partnership arrangement with the V&A had begun with an offer to work together on supporting meaningful activity to support alignment and the culture and behaviours required to ensure true co-production. The V&A Design for Business Strategic Lead offered to support the Mental Health and Whole System Change Programme through tried and tested activity, and we have agreed to work up a programme for all participants in the service redesign workstreams. This would focus on:

- **Creating a Design Culture**

Workshops in which participants will develop behaviours they will use while collaborating. This involves multiple stakeholders including those who do not usually work together and focuses on the development of a healthy culture for co-designing effectively.

- **Quarterly Design Thinking Accelerators aligned to the change programme**

A 3-day programme for participants to work through the design process together in a safe and structured environment.

2.13 June 2023

The Mental Health and Learning Disabilities Whole System Change Programme was approved by the three Tayside Integration Joint Boards and NHS Tayside Board at the end of June 2023. This expanded on the Improvement Plan submitted to the Scottish Government in March 2023 and included four additional areas for service redesign. There was considerable engagement on the development of the programme and an assessment of the additional requirements to resource and provide the required capacity to deliver. The Angus, Dundee and Perth & Kinross IJBs approved the Mental Health and Learning Disabilities Whole System Change Programme at their meetings to be held in June 2023 and a comprehensive EQIA was carried out at this point for the programme.

The Mental Health and Learning Disabilities Change Whole System Programme plan was set in the context of a revised governance structure and refined the priorities set out in the Living Life Well Strategy. This remains the single change programme we continue to work on. The Executive Leadership Group has met monthly and the Programme Board bi-monthly providing leadership and challenge to deliver on the strategic direction for a whole system model of care. It is also providing formal engagement of a wide range of stakeholders including people with lived experience as members of the Board and within the workstreams.

The Minister for Social Care, Wellbeing and Sport, Ms Maree Todd met with members of the Tayside Executive Partners on 24 July 2023. The meeting was positive, and the Minister acknowledged the pressure that has been placed on Tayside as a result of continued scrutiny, emphasising the system should be self-scrutinising and focused on continual improvement.

The Mental Health and Learning Disabilities Whole System Change Programme covers 12 areas/workstreams and was designed to the focus of transformational change over 2-3 years. Its development was underpinned by a series of engagements and opportunities to comment and influence. This

has ensured that the entire change programme was prepared in the spirit of openness, transparency and with appropriate engagement on content.

There was concern that the programme was overly ambitious and that this will lead to an ongoing pattern of lack of progress and inactivity. The programme contains 12 workstreams of which five are identified as transformational or redesign. The remaining seven are identified as enablers or areas for improvement which should become business as usual and part of the continuous improvement cycle.

The 12 areas/workstreams are a combination of enablers, process/system improvement and service redesign which together set out an ambitious programme to deliver improvements so that people in Tayside receive the best possible care and treatment. These are summarised below in Table 1.

Table 1.

	Workstream	Category
1	Adult Inpatient Redesign Phase 1	Improvement
	Adult Inpatient Redesign Phase 2	Service Redesign
2	Strathmartine Physical Environment	Improvement
3	Address Significant Delayed Discharges	Improvement
3	Streamline and Prioritise Change Programme	Enabler
5	Make Integration Work	Enabler
6	Engage the Workforce	Enabler
7	Engage with patients, families, partners, and communities	Enabler
8	Continue to Focus on Patient Safety	Improvement
9	Integrated Mental Health and Substance Misuse Services	Service Redesign
10	Whole System Redesign of Learning Disability Services	Service Redesign
11	Crisis and urgent Care	Service Redesign
12	Specialist Community Mental Health Service Redesign	Service Redesign

2.14 August-October 2023

The interdependencies across three workstreams were highlighted for Adult Inpatient Redesign, Specialist Community Mental Health Services Redesign and Urgent and Crisis Care. A number of executive sponsors and workstream leads engaged in positive discussions with Scottish Government and national professional advisers to draw down support and expertise for the workstreams. As a result, the first Design Thinking Accelerator workshop held in October 2023 was organised to bring together three interdependent workstreams (Priority 1, 11 and 12: Adult Inpatient Redesign, Crisis and Urgent Care and Specialist Community Mental Health Services Redesign) and to generate a focus on developing a **single model of care** across the continuum of need using design methodology. It was recognised that there needed to be a clear, concrete, and compelling vision for a single model of care to provide a consistent focus and move services forward. It was anticipated that the outputs would visualise a whole system model of care for people who experience mental ill-health from in-patients through to community care and treatment.

There were four design ideas generated at the workshop and two have gone on to become essential components of the whole system change programme. These relate to the model of care and Care and Share Together which is a mechanism to engage staff and people with lived experience and their advocates in continual feedback and sharing new ideas and good practice.

A workshop took place for members of NHS Tayside Board and the three Integration Joint Boards on 31 October 2023 providing an opportunity to consider whole-system wide data and to hear progress in relation to key areas of redesign (Inpatient and Specialist Community). The workshop also provided an opportunity for members to comment on the proposed method for reporting progress on the programme to all Boards from October onwards ensuring that our public reporting on progress is concurrent and sufficient.

Work advanced in developing a strategic risk profile for the Mental Health and Learning Disability Whole System Change Programme. It was agreed initially that the strategic risk related to the delivery of the change programme would be replicated in the risk registers for all partners, including the Perth and Kinross IJB as this is a whole system programme of change requiring collective leadership, ownership and management of risk and mitigations. An initial workshop identified the key risks across the Programme with controls, mitigating actions, improvement actions, risk scores and level of appetite drafted for consideration by the Programme Board at its meeting on 26 September 2023. The Programme Board considers risks associated with the delivery of the programme at each of its meetings. The approach to identifying strategic risks associated with the programme is now undertaken by each of the partners individually in recognition of the variation in impact and mitigations in each context.

3. DEVELOPMENTS SINCE NOVEMBER 2023

3.1 Model of Care

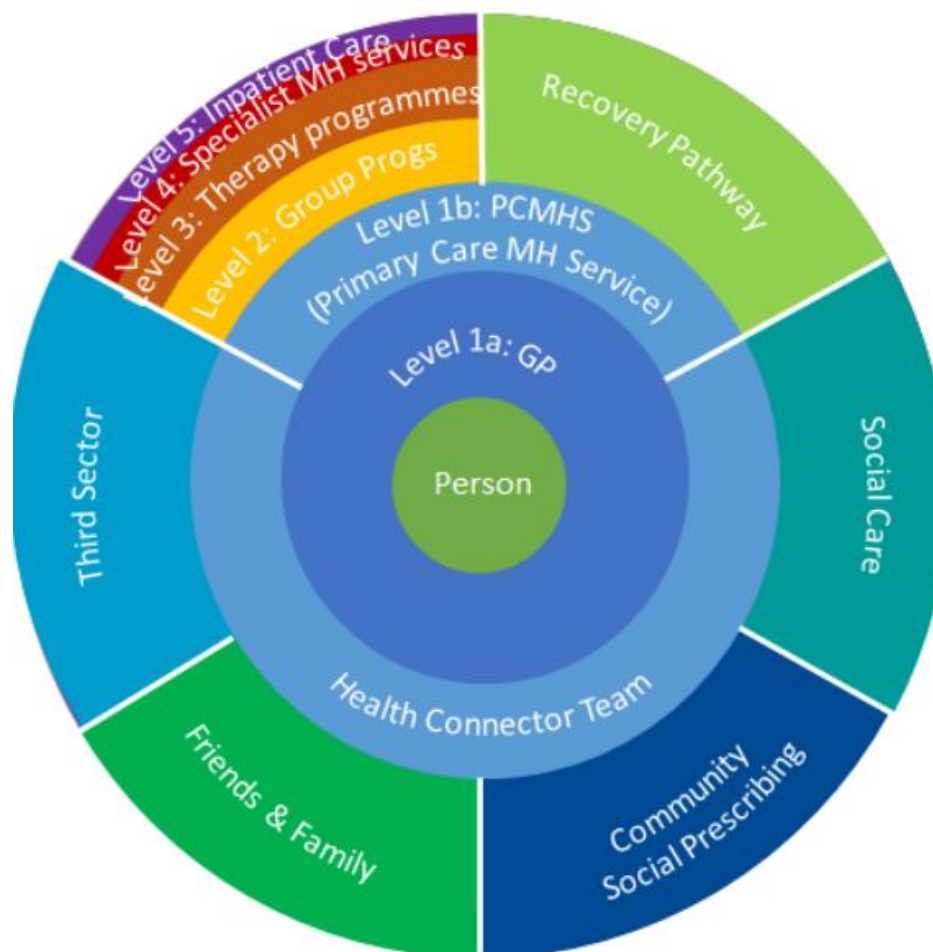
A draft Model of Care was developed by Dr Peter Le Fevre, Operational Medical Director, building on the experience of the Design Accelerator workshop. A detailed presentation and discussion on the draft Model of Care for mental health was the substantive item for the Programme Board in November 2023. It was agreed that there would be a Steering Group established to lead the work going forward across the whole system and that a detailed engagement plan would be developed to ensure that the draft model is shaped by as wide a range of stakeholders as possible. The steering group will ensure stakeholder representation and ensure a co-production approach is taken forward to finalising the model of care. Engagement with each of the three Integration Joint Board's Strategic Planning Groups will also be carried out.

The model of care being developed has an ambition to deliver a community mental health framework that sets a vision for delivering integrated models of secondary, primary and community mental health. With commonality around condition specific pathways, mental health standards, assessment and care plans, and the individuality required to deliver place-based services within an active multidisciplinary team.

A newly established Model of Care (MoC) Steering Group has commenced from April 2024 and sits within the Mental Health and Learning Disabilities Whole System Change Programme, accountable to the Programme Board. The purpose of the MoC Steering Group is to oversee the development of the overarching MoC in two phases: discover and define phase which will involve multiple, fairly intense events to ensure progress and momentum. This phase will take approximately 4 months (April – July 2024). It involves a work programme, to include: standards, care planning, outcome measures and key condition pathways, both generic and specific. The model bridges primary/specialist and tertiary services and cross multidisciplinary, whilst also being key to outpatient/workforce re-design.

The framework for the model and key conditions are being worked through, to provide a frame in which we can bring pace and codesign around the key workstreams of community mental health, in-patient redesign, condition specific pathways and an integrated, locality or place-based approach. This builds on best practice across the UK, including learning from early implementer sites across England.

Diagram: A model of care which delivers better care for people through closer working between mental health services, primary care, local authority and third sector community planned services.



4. COMMUNITY MENTAL HEALTH & WELLBEING STRATEGIES

The Scottish Government's National Mental Health and Wellbeing Strategy has a strong focus on prevention and person-centred, non-stigmatised services in the community in the new national strategy aligns well with the direction of travel across the Programme and the new Model of Care under development. The following examples demonstrate the extensive developments that are taking place within the HSCPs along with partners to address mental health and wellbeing needs at community level.

4.1 *Angus Mental Health Enhanced Community (ECS) Hubs*

The ECS Hub is an enhanced community support referral screening hub which is delivered by Community Mental Health Teams, Angus Integrated Drug and Alcohol Recovery Service, Angus Psychological Therapy Service and Mental Health and Wellbeing Support (Third Sector). Commenced in North-East Angus as a test of change and rolled out in North-West Angus in February 2023 and South Angus from March 2024. A multi-disciplinary team meets daily, and self-referrals are encouraged. All referrals are dealt with by the Hub doing away with the need for multiple referrals and promotes wider access to resources across all sectors.

The Hub provides quicker access to support, better information to people seeking a service and one clear care and treatment plan. There is one referral route, joint working is promoted, and care pathways are streamlined. There has been a shift in the number of self-referrals which mean less people are coming via their GP. Waiting lists are reduced and admission rates and readmission rates for Angus patients are reducing over the last two years.

4.2 *Perth & Kinross Mental Health & Wellbeing Strategy*

The Perth & Kinross Mental Health & Wellbeing Strategy is supported by a strategic delivery plan and a multi-agency/multi-stakeholder Steering Group. Annual updates are provided to the Perth & Kinross IJB annually. Key achievements to date include

- Integrated 'Mental Health Family' Management Structure
- Moveahead Service and Health Hub
- Established 'The Neuk' – third sector Crisis and Distress Hub.
- Significant reduction in P&K Delayed Hospital Discharges
- Primary Care mental Health Transformation
- Integrated Substance Use Service and delivery of MAT Standards.
- Learning Disability Physical Health Monitoring
- MH Clinical Care Governance Forum and Key Performance Indicators
- Development of Suicide Action Plan.
- Workforce Development
- Developing Neuro-Developmental service and pathway
- Inaugural MH & Wellbeing Conference in March 2024 with 235 delegates

The opportunities that are arising locally in Perth & Kinross include a transformation programme (enhancing dementia services & primary mental health care); partnership with Gannochy Trust and helping to focus funding strategy in P&K for the AK Bell legacy; strong engagement in the community

planning refresh which will have a focus on Tackling Poverty, Employability, skills and learning and mental wellbeing providing excellent scope for place based mental health model commencing in Perth City.

5. PARTICIPATION & ENGAGEMENT

The Programme Board agreed to take forward the 'Care and Share Together' proposal developed at the V&A session to implement an approach which will ensure sustainable and meaningful engagement. P&K HSCP has supplied additional support from an experienced Team Leader with skills in design thinking and co-design. In addition, Healthcare Improvement Scotland's Community Engagement team have agreed to assist with this work and to help us build a best practice model for engagement. Care & Share Together project team has been meeting since March 2024 and now looking to build wider network.

The Programme Board also agreed to establish a co-production working group to prepare a framework for co-production based on the [ladder of co-production](#) and set out what this means (language and definitions) in Tayside and the expectations of those who work in these services along with the entitlements of those who use the services. It is proposed that this will set out evidence and tools to ensure that the approach can be used across all settings and develop set of principles for Tayside (continuous, every level, outcome measures, identify barriers and how to overcome them).

6. NOTABLE AND GOOD PRACTICE AND PROGRESS WITHIN THE PROGRAMME

Early intervention in Psychosis

NHS Tayside is one of two national pathfinder sites for Early Intervention in Psychosis (EIP) Services as part of the Healthcare Improvement Scotland (HIS) Early Intervention in Psychosis Programme and has been involved with the pilot since 2021. As part of the EIP national programme, Scottish Government has funded a test phase of EIP services in the Scottish context. HIS has been working with NHS Tayside to initially a design and test a 'hub and spoke' model for Tayside with the 'hub' based in Dundee. NHS Dumfries & Galloway as the other pathfinder site and has focussed on the development of a 'bespoke' EIP model designed to meet the needs of more remote and rural communities and there will be helpful learning for Perth & Kinross and Angus from this work.

A key feature has been the partnership approach with HIS, the access to a learning system and coaching to enable the pilot sites to develop models with good fidelity to the EIP model and evidence base and access to support from the National Clinical Lead for EIP in Scotland. Through this approach the team has been able to work collaboratively, learn, develop, and evidence the quality of care being delivered though the testing and reporting against key quality indicators. HIS has also supported the delivery of training and helped facilitate the development of a Tayside EIP expert by experience group that have had a key role in the development of the pilot.

Connect the EIP Team is currently hosted by Dundee Health and Social Care Partnership. The team started to accept referrals in July 2022. Summary of impact to date:

- The majority of service users across both pathfinders have not experienced an inpatient re-admission.
- Only 3/15 (**20%**) service users who had been previously admitted had been re-admitted during their time with the EIP. These were all people accepted into the EIP service in the initial weeks of accepting referrals.
- NHS Tayside has 9 service users with a previous admission to an inpatient ward. Of these, 7 had not had a re-admission; 1 had a lengthy admission due to waiting for accommodation (149 days); 1 had a number of admissions pre (25 days) and during (91 days) EIP treatment.

The evidence base for EIP Services highlights the personal, family, social and economic benefits the model can deliver for people. A key outcome for people is the reduction in the duration of untreated psychosis which can impact negatively on longer term outcomes for people, families, support networks and wider society. It can reduce the need for in-patient admission by providing tailored, individualised, and intensive support in the community and support people back into meaningful education and employment further improving outcomes and life chances. It is already apparent from the outcome measures such as the referral to treatment time of 4 days, the 100% engagement with the service and the reduction in readmissions that these outcomes are not easily replicable within a Community Mental Health Team. A primary reason for this being that the Team have good fidelity to the EIP evidence base and model, have a clear role, purpose, and an MDT approach to care delivery.

7. MENTAL HEALTH & LEARNING DISABILITY WHOLE SYSTEM CHANGE PROGRAMME PROGRESS UPDATE JUNE 2024

A high-level progress update on the programme is set out below with a detailed position against all agreed milestones reproduced in Appendix 4. This was presented to and approved by the Programme Board on 8 May 2024.

Tayside Mental Health and Learning Disability Whole System Change Programme June 2024		
Priority	Description	Update
Priority 1 Adult Inpatient Redesign	Redesign Links to priorities 3,11,12	Phase 1 reported to Programme Board with recommendations to focus on whole system model. Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care. Early draft <i>model of care</i> shared with the Programme Board on 15

Tayside Mental Health and Learning Disability Whole System Change Programme June 2024		
		<p>November 2023. Initial whole system feedback received and a plan for development through co-production agreed – completion September 2024.</p> <p>Priorities 1, 11 & 12 are to be consolidated.</p> <p>A new Model of Care Steering Group was established in April 2024 (see Appendix 2) with Tayside MH Advocacy organisations and lived experienced representatives included within membership.</p> <p>Place-based models of MH support under consideration in P&K to form the basis of the next iteration of the community MH & WB strategy from 2024/25. This accords very well with the new direction of the P&K CPP.</p> <p>Phase 2 commenced. Public health support for demand analysis for Perth & Kinross will underpin a more detailed financial framework & commissioning model – proposed that this will be considered by the P&K IJB in Dec/Jan 2024/25.</p> <p>Mostly on track with two milestone date revisions to ensure community data and population needs are fully considered.</p>
<p>Priority 2 Strathmartine Physical Environment</p>	Improvement	<p>Analysis of current environment completed & programme of environmental improvements commenced. Re-evaluation involving views of residents/patients underway.</p> <p>The Executive Lead for MH Services will lead a review of this site.</p>
<p>Priority 3 Addressing Significant Delayed discharges</p>	<p>Improvement</p> <p>Links to 1,11 &12</p>	<p>Mental health delays are monitored weekly within HSCPs and improving steadily NHS Tayside Executive Leadership Team. Each HSCP has completed the Dynamic Support Register relating to the aims of the Coming Home Report.</p> <p>February 2024: Significant improvement in delays within GAP and 60% reduction April 2023-Dec</p>

Tayside Mental Health and Learning Disability Whole System Change Programme June 2024		
		<p>2024 across Tayside. For Perth & Kinross this was an 80% reduction in the same period. As at end of January 2024 there were 0 P&K delayed discharges within GAP.</p> <p>June 2024: The improved position in relation to the reduction in delayed discharges has been sustained across Tayside,</p> <p>GAP Delayed Discharges: reduced by 77% between April 2023 and March 2024.</p> <p>GAP Bed Occupancy: has reduced from 102% to 96% in the last quarter of 2023/24 and looks set to be sustained with the removal of surge beds and a return to therapeutic areas within the wards.</p> <p>Number of long stay LD patients who have returned to the Community /Independent Living: HSCP's now measuring via Dynamic Support Registers.</p> <p>See Appendix 3: improvements in reducing delay days and bed occupancy in GAP</p>
<p>Priority 9 Integrated Substance Use and Mental Health</p>	<p>Redesign</p>	<p>CORRA funding has been continued.</p> <p>In P&K the IDART will relocate to a purpose-built centre in Murray Royal Hospital in June 2024 providing a much-improved environment for drug & alcohol services and a mental health nurse has been deployed into the team.</p> <p>New workstream lead identified. Local HSCPs are making positive progress in achieving MAT standards reporting to the relevant IJB.</p> <p>Mostly on track with two milestone date revisions due to partial completion.</p>
<p>Priority 10 Whole System Redesign of Learning Disabilities Services</p>	<p>Redesign</p>	<p>This will be the focus of the second of four design thinking workshops facilitated by the V&A.</p> <p>Dates in first quarter of the year being arranged. Membership of the workstream being revisited.</p>

Tayside Mental Health and Learning Disability Whole System Change Programme June 2024		
		<p>June 2024</p> <p>The V&A workshops concluded on 30 April with 4 ideas being brought forward to inform the whole system redesign. These relate to</p> <ol style="list-style-type: none"> 1. Crisis support to maintain people within their own homes/families/care service. 2. Excellent care to enhance good lives- redesign of commissioning budgets around individuals. 3. A Tayside Alliance Commissioning Model for LD 4. Improving the voice of people with LD into action. <p>These design ideas and further definition of a model of excellence for learning disabilities services will continue in June 2024.</p> <p>Requires revision of milestones and new workstream leads.</p>
<p>Priority 11 Crisis and Urgent Care</p>	<p>Redesign Links to Priorities 1,3, & 12</p>	<p>Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care.</p> <p>An early draft of a single model of care will be shared with the Programme Board on 15 November 2023.</p> <p>See Priority 1.</p> <p>Some completed milestones. Several milestone date revisions requested.</p>
<p>Priority 12 Specialist Community Mental Health Services</p>	<p>Redesign Links to priorities 1,3, & 11</p>	<p>Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care.</p> <p>An early draft of a single model of care will be shared with the Programme Board on 15 November 2023.</p> <p>See Priority 1.</p> <p>Milestone date revision requested.</p>

8. FINANCIAL IMPLICATIONS

The development of a financial recovery plan for Inpatient Mental Health Services and a strategic finance and resource framework was delayed however, the three IJB Chief Finance Officers and the Director of Finance for NHS Tayside will be agreed to work collaboratively on a financial framework which will deliver on the new model of care across the continuum of need. This work picked up pace over March & April 2024 and a collaborative approach to achieving financial sustainability in the financial year 2023/24 was agreed in February 2024 with approval across the three IJBs and NHS Tayside Board.

This funding will support the financial stabilisation of the service in 2023/24 as work progresses to develop a deliverable recovery plan and future financial framework over 2024/25 and beyond, reflecting a shift in the balance of care from inpatient services to community-based provision.

The next steps are to agree a Financial Framework to support the delivery of Whole System Mental Health & Learning Disability Change Programme and which Can support a commissioning model whereby inpatient services are commissioned by the IJBs via IJB Strategic Commissioning Plans.

Finance officers worked together to identify the total funding envelope for mental health and learning disability services. The following scope for the financial envelope was agreed as:

- Inpatient Mental Health Services – GAP, LD, Substance Use
- Community Mental Health (GAP) including social care
- Community LD including social care
- Community Substance Use including social care
- Psychological Therapies, Psychotherapy, PNIMT

(Excluded: Psychiatry of Old Age, Forensics, CAMHS)

Table 2 shows the total financial envelope for services in scope in 2023/24 with a £6m overspend.

Table 2

Area of service	2023/24 Budget £m	2023/24 Expenditure £m	(Over) / Underspend £m
GAP	49.9	53.8	(3.9)
LD	92.0	94.2	(2.2)
Substance Use	13.9	14.0	(0.2)
Psychology etc	8.4	8.2	0.3
TOTAL	164.2	170.2	(5.9)

The finance working group went on to identify the current levels of spend within a 'pyramid' or level of need and the tables below set this out for Inpatient General Adult Psychiatry and Community Mental Health specialist support (Table 3) and for Inpatient Learning Disability Services and Community Learning Disability Services (Table 4). Notably there is no funded service provision to prevent crisis admission to inpatient learning disability services. This was an area identified within the second V&A Design Accelerator workshop as a potential new area required in community learning disability services to support the whole system redesign.

Table 3

GAP – 2023/24 Expenditure

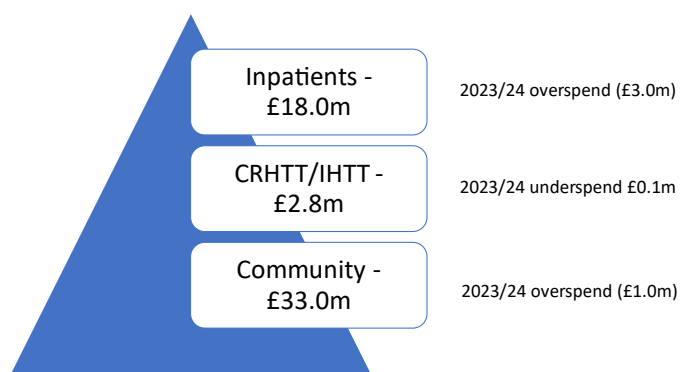


Table 4

LD – 2023/24 Expenditure

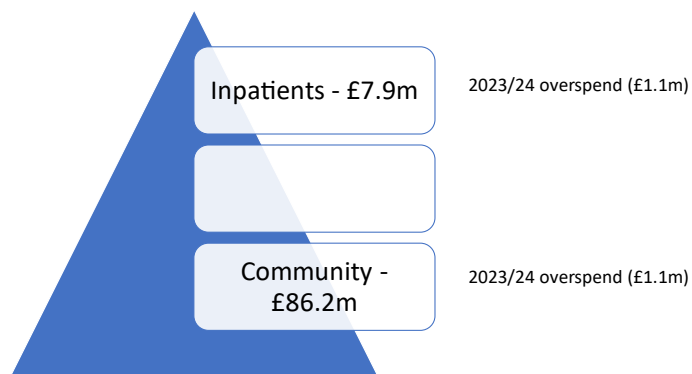
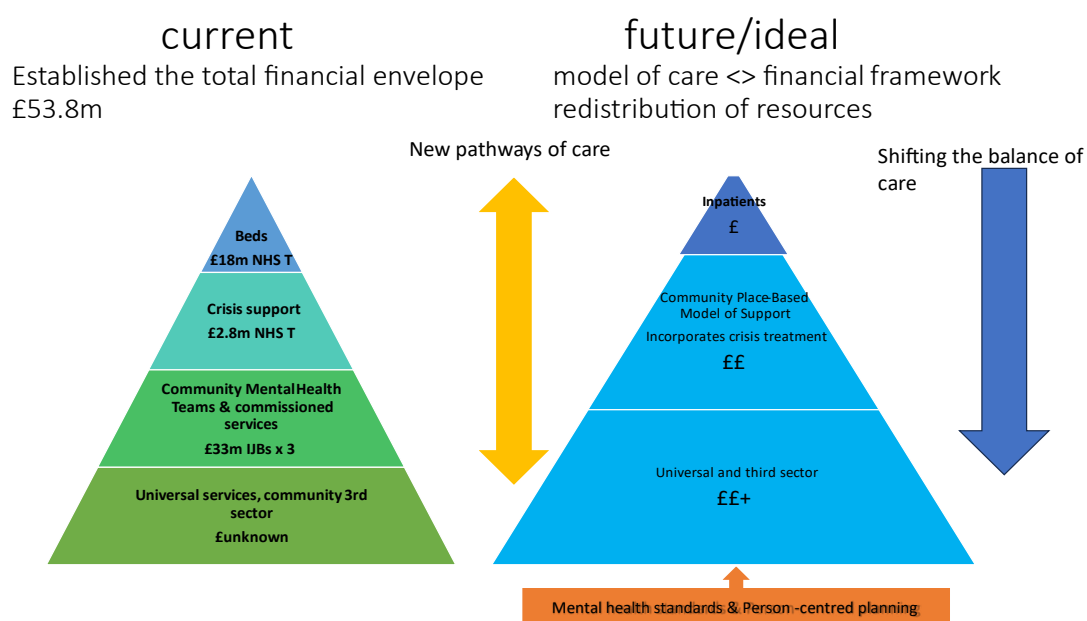


Table 5 below is the first iteration of describing a financial framework required to support the new model of care described previously. This will see a greater allocation of resource towards community or locality place-based models of support providing non-stigmatised care and treatment at a community level and shifting the balance of care. The actual proportion of funding will be

determined once the model of care is finalised and the epidemiological research covering population requirements for both inpatient and community-based care is completed. The IJB Chief Officers will continue to work with NHST Director of Finance and the IJB Chief Finance Officers to deliver a financial framework to support the delivery of the Model of Care and to shift the balance of care from inpatient to community. Thereafter, it is proposed that a commissioning framework for mental health services is developed by March 2025 to enable the IJBs to commission an appropriate level of inpatient services for their populations in the financial year 2025-26.

Table 5



9. DIRECTIONS

Direction Required to Perth & Kinross Council, NHS Tayside or Both	Direction to:
No Direction Required	✓
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	

10. CONCLUSION

This report provides the Perth and Kinross Integration Joint Board with a progress update in relation to the Mental Health and Learning Disability Whole System Change Programme. It recaps on the work achieved since the programme was approved in June 2023 and provides detail on the work achieved since the last report in February 2024 to firm up on the Model of Care and the supporting Financial Framework. Whole system collaborative working is underpinning evidence-based improvements and there are encouraging examples of looking across the UK to understand and learn from good practice. There is very positive evidence of a stabilising position with

GAP inpatient services as delayed discharges have decreased substantially over 2023/24 and occupancy rates are trending downwards.

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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.

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	Yes / None
HSCP Strategic Commissioning Plan	None
Transformation Programme	None
Resource Implications	
Financial	Yes
Workforce	Yes
Assessments	
Equality Impact Assessment	Yes
Risk	Yes
Other assessments (enter here from para 3.3)	None
Consultation	
External	Yes
Internal	Yes
Legal & Governance	
Legal	None
Clinical/Care/Professional Governance	None
Corporate Governance	None
Directions	None
Communication	
Communications Plan	Yes

1. Strategic Implications

Strategic Commissioning Plan

1.1 *n/a*

2. Resource Implications

Financial

2.1 The overspends associated with inpatient services have been addressed non-recurringly in 2023/24 and there is ongoing work to develop a whole system financial framework to support redesigned models of care.

Workforce

2.2 Staff and partnership are represented across the programme.

3. Assessments

Equality Impact Assessment

3.1 An impact assessment has been completed in June 2023 and will be updated when service changes are proposed and implemented.

Risk

- 3.2 The programme risks are managed within the governance structure and reported to the Programme Board.

Other assessments

- 3.3 The Best Value Characteristics are evidenced in this report:

- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Equality
- Sustainability

4. Consultation – Patient/Service User first priority

External

- 4.1 A wide range of stakeholders are involved within the programme and consulted in its development.

Internal

- 4.2 The Executive Leadership Group has been consulted in the preparation of this report.

Impact of Recommendation

- 4.3 N/A

5. Legal and Governance

N/A

6. Directions

N/A

7. Communication

NHS Tayside Communications team are supporting a communications plan associated with the programme

2. Background Papers/References

3. APPENDICES

Appendix 1: Summary of work to refine focus and streamline activity 2020-24

Appendix 2: Continuing to refine the governance for the programme

Appendix 3: Key performance improvements in 2023/2024

Appendix 4: Workstream Progress Reports April 2024