



## PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building  
2 High Street  
Perth  
PH1 5PH

31/05/2024

Attached is a supplementary agenda for the hybrid meeting of the **Perth and Kinross Integration Joint Board** will be held in the **Council Chambers (Hybrid)** on **Wednesday, 05 June 2024 at 13:00**.

If you have any queries please contact Committee Services - [Committee@pkc.gov.uk](mailto:Committee@pkc.gov.uk).

**Jacquie Pepper**  
**Chief Officer – Health and Social Care Partnership**

***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 Michelle Frampton, Perth and Kinross Council  
Councillor David Illingworth, Perth and Kinross Council  
Councillor Sheila McCole, Perth and Kinross Council  
Councillor Colin Stewart, Perth and Kinross Council (Chair)  
Martin Black, Tayside NHS Board  
Heather Dunk, Tayside NHS Board  
Beth Hamilton, Tayside NHS Board (Vice-Chair)  
Vacancy, Tayside NHS Board

### **Non-Voting Members**

Jacquie Pepper, Chief Officer- Health and Social Care Partnership  
Donna Mitchell, Chief Financial Officer/Head of Governance and Performance, Perth and Kinross Integration Joint Board  
Arun Singh, Chief Social Work Officer, Perth and Kinross Council  
Dr Emma Fletcher, NHS Tayside  
Suzie Flower, NHS Tayside  
Dr Sally Peterson, NHS Tayside  
Dr Monica Doyle, NHS Tayside

### **Stakeholder Members**

Sandra Auld, Service User Public Partner  
Bernie Campbell, Carer Public Partner  
Dave Henderson, Scottish Care  
Stuart Hope, Staff Representative, Perth and Kinross Council  
Lyndsay Hunter, Staff Representative, NHS Tayside  
Ian McCartney, Service User Public Partner  
Maureen Summers, Carer Public Partner



**Perth and Kinross Integration Joint Board**

**Wednesday, 05 June 2024**

**AGENDA**

**6 DELIVERING ON STRATEGIC OBJECTIVES**

**6.2 PROGRESS REPORT ON MENTAL HEALTH & LEARNING DISABILITIES WHOLE SYSTEM CHANGE PROGRAMME** **5 - 66**  
Report by Chief Officer (G/24/73)

**6.3 ALCOHOL AND DRUG PARTNERSHIP (ADP) STRATEGIC DELIVERY PLAN AND ANNUAL REPORTING SURVEY** **67 - 136**  
Report by Chief Officer (copy herewith G/24/74)

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## 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.**

	<b>Workstream</b>	<b>Category</b>
1	Adult Inpatient Redesign Phase 1	Improvement
	Adult Inpatient Redesign Phase 2	<b>Service Redesign</b>
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	<b>Service Redesign</b>
10	Whole System Redesign of Learning Disability Services	<b>Service Redesign</b>
11	Crisis and urgent Care	<b>Service Redesign</b>
12	Specialist Community Mental Health Service Redesign	<b>Service Redesign</b>

## 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**

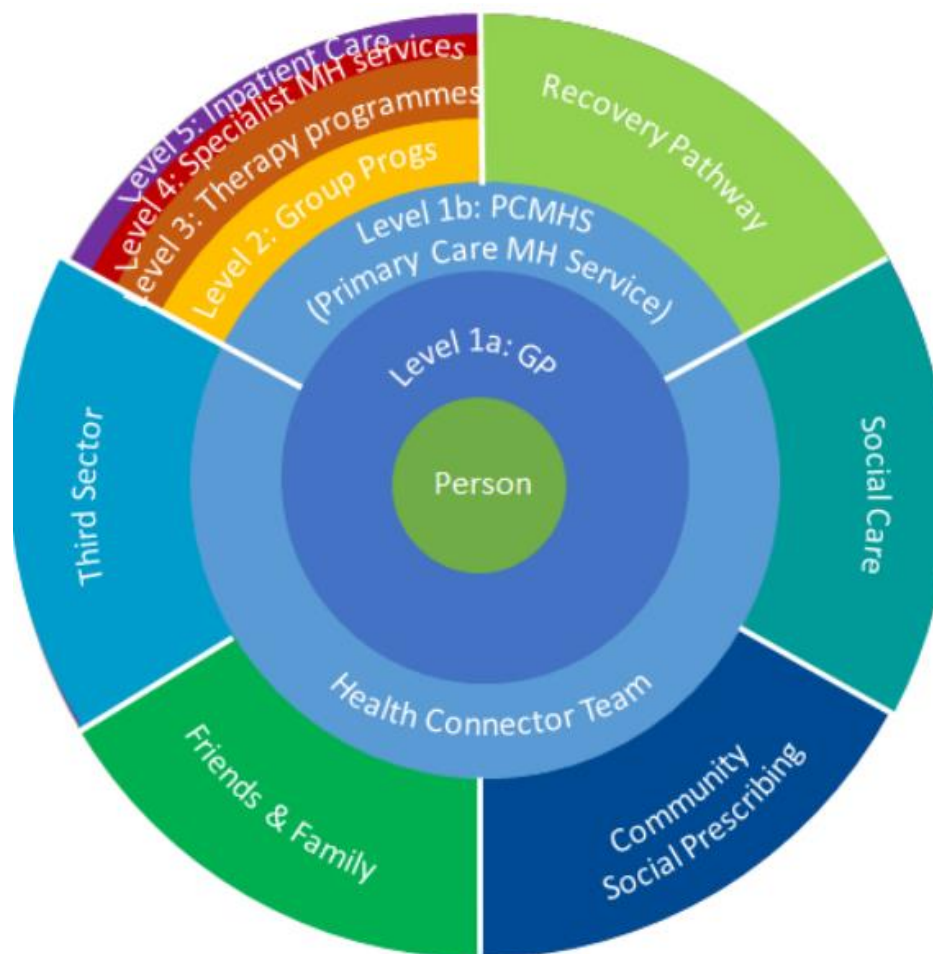
A draft Model of Care was developed by Dr Peter Le Fevre, Operational Medical Director, building on the experience of the Design Accelerator workshop. A detailed presentation and discussion on the draft Model of Care for mental health was the substantive item for the Programme Board in November 2023. 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.

<b>Tayside Mental Health and Learning Disability Whole System Change Programme June 2024</b>		
<b>Priority</b>	<b>Description</b>	<b>Update</b>
<b>Priority 1</b> 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 &amp; 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&amp;K to form the basis of the next iteration of the community MH &amp; WB strategy from 2024/25. This accords very well with the new direction of the P&amp;K CPP.</p> <p>Phase 2 commenced. Public health support for demand analysis for Perth &amp; Kinross will underpin a more detailed financial framework &amp; commissioning model – proposed that this will be considered by the P&amp;K IJB in Dec/Jan 2024/25.</p> <p><b>Mostly on track with two milestone date revisions to ensure community data and population needs are fully considered.</b></p>
<p><b>Priority 2</b> Strathmartine Physical Environment</p>	Improvement	<p>Analysis of current environment completed &amp; 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><b>Priority 3</b> Addressing Significant Delayed discharges</p>	<p>Improvement</p> <p>Links to 1,11 &amp;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 &amp; Kinross this was an 80% reduction in the same period. As at end of January 2024 there were 0 P&amp;K delayed discharges within GAP.</p> <p><b>June 2024: The improved position in relation to the reduction in delayed discharges has been sustained across Tayside,</b></p> <p><b>GAP Delayed Discharges:</b> reduced by 77% between April 2023 and March 2024.</p> <p><b>GAP Bed Occupancy:</b> 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><b>Number of long stay LD patients who have returned to the Community /Independent Living:</b> HSCP's now measuring via Dynamic Support Registers.</p> <p><b>See Appendix 3: improvements in reducing delay days and bed occupancy in GAP</b></p>
<p><b>Priority 9</b> Integrated Substance Use and Mental Health</p>	<p>Redesign</p>	<p>CORRA funding has been continued.</p> <p>In P&amp;K the IDART will relocate to a purpose-built centre in Murray Royal Hospital in June 2024 providing a much-improved environment for drug &amp; alcohol services and a mental health nurse has been deployed into the team.</p> <p><b>New workstream lead identified. Local HSCPs are making positive progress in achieving MAT standards reporting to the relevant IJB.</b></p> <p><b>Mostly on track with two milestone date revisions due to partial completion.</b></p>
<p><b>Priority 10</b> 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&amp;A.</p> <p>Dates in first quarter of the year being arranged. Membership of the workstream being revisited.</p>

<b>Tayside Mental Health and Learning Disability Whole System Change Programme June 2024</b>		
		<p><b>June 2024</b>  The V&amp;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"> <li>1. Crisis support to maintain people within their own homes/families/care service.</li> <li>2. Excellent care to enhance good lives- redesign of commissioning budgets around individuals.</li> <li>3. A Tayside Alliance Commissioning Model for LD</li> <li>4. Improving the voice of people with LD into action.</li> </ol> <p>These design ideas and further definition of a model of excellence for learning disabilities services will continue in June 2024.  <b>Requires revision of milestones and new workstream leads.</b></p>
<b>Priority 11</b> Crisis and Urgent Care	Redesign Links to Priorities 1,3, & 12	<p>Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care.  An early draft of a single model of care will be shared with the Programme Board on 15 November 2023.  See Priority 1.  <b>Some completed milestones. Several milestone date revisions requested.</b></p>
<b>Priority 12</b> Specialist Community Mental Health Services	Redesign Links to priorities 1,3, & 11	<p>Presentation to Joint Board Workshop 31 October 2023 completed outlining the interdependencies with community mental health services and crisis care.  An early draft of a single model of care will be shared with the Programme Board on 15 November 2023.  See Priority 1.  <b>Milestone date revision requested.</b></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.

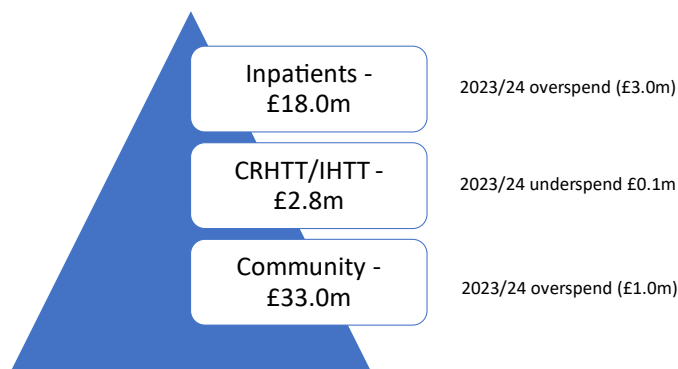
**Table 2**

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
<b>TOTAL</b>	<b>164.2</b>	<b>170.2</b>	<b>(5.9)</b>

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

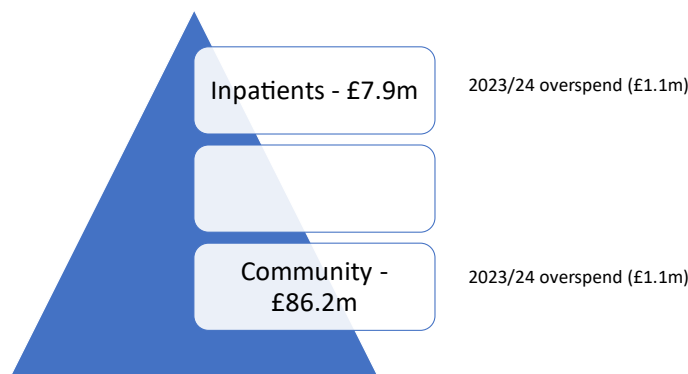
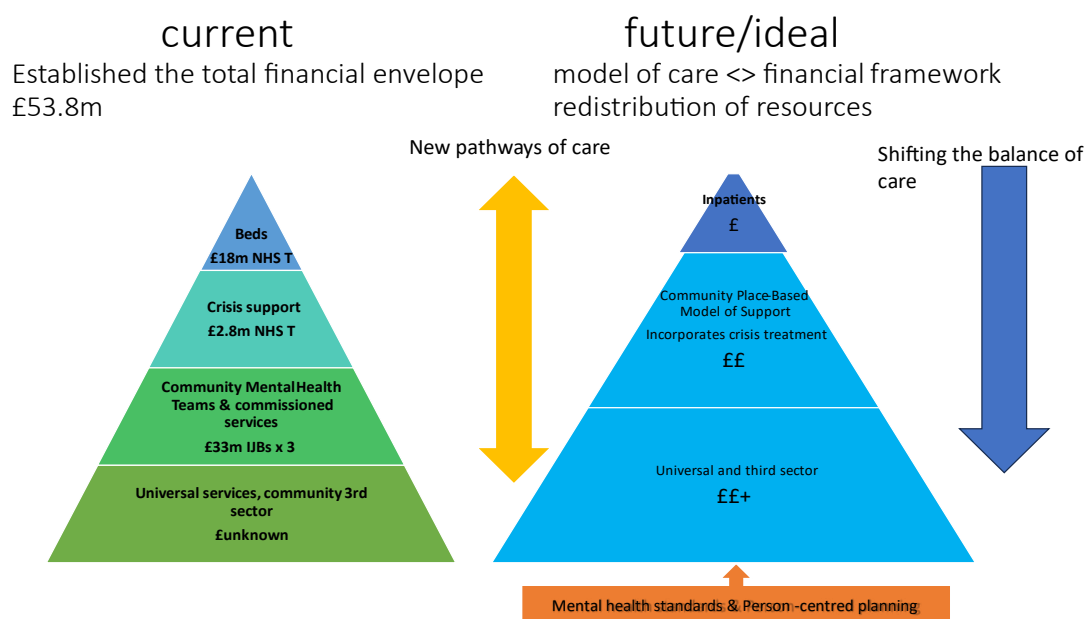


Table 5 below is the first iteration of describing a financial framework required to support the new model of care described previously. This will see a greater allocation of resource towards community or locality place-based models of support providing non-stigmatised care and treatment at a community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

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Contact Details</b>
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Jacquie Pepper	<u>Chief Officer, Perth &amp; Kinross Health &amp; Social Care Partnership</u>	

**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

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



APPENDIX 1

Summary of work to refine focus and streamline activity 2020 – 2024.



**Listen Learn Change**  
*July 2020*  
 action plan and response to **49 recommendations** for Tayside in the Trust & Respect Report.

**Living Life Well Strategy**  
*January 2021*  
**31 workstreams**

**IOAG Final Report**  
*January 2023*  
 Urged to move forward with **6 key priorities**

*February 2023*  
 3x IJB & NHST approved **new streamlined approach** in line with IOAG recommendations & revisited governance structures

**MH&LD Improvement Plan**  
*March 2023*  
 3x IJB and NHST approved a refined and revised improvement plan with a fewer number of priorities. Plan submitted to SG

**Whole System Change Programme**  
*June 2023*  
 IJB x3 & NHST approved revised programme governance model and Whole System Change Programme with **5 areas of redesign**, **4 areas of improvement**, **4 enablers**

**2023/24**  
 Regular reporting to IJBs and NHST  
 Stakeholder collaboration  
 Codesign & partnership with V&A  
 Single model of care drafted November 2023  
 Financial Framework & emerging commissioning model June 2024

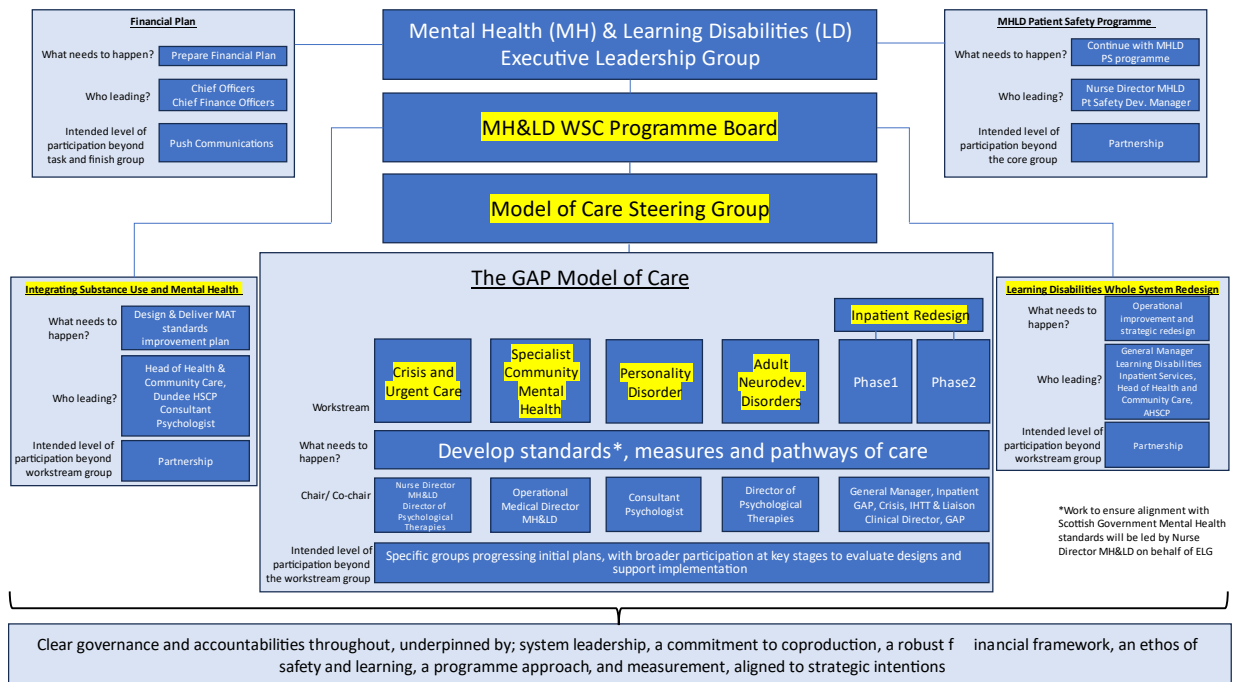


APPENDIX 2

Continuing to refine the governance for the programme

New Model of Care Steering Group established April 2024.

Highlighted are work groups with advocacy groups and representatives with lived experience engaged.

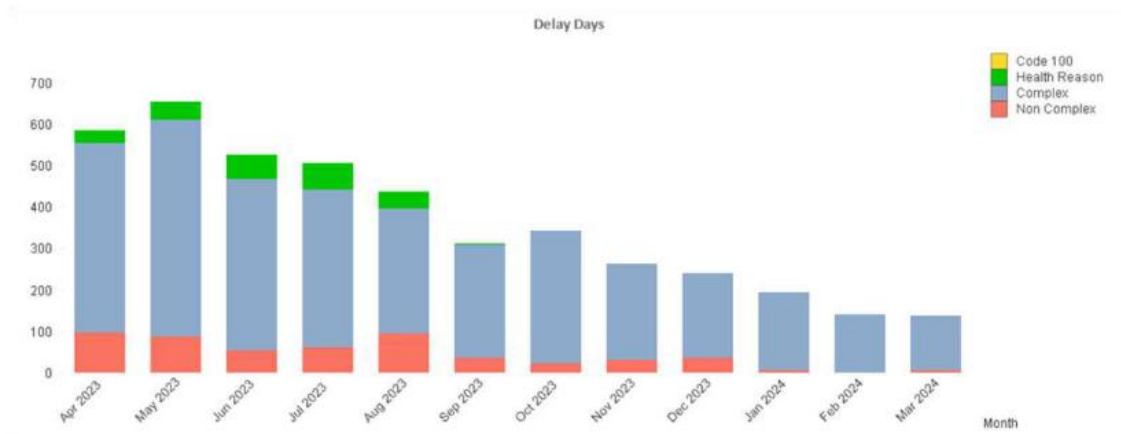




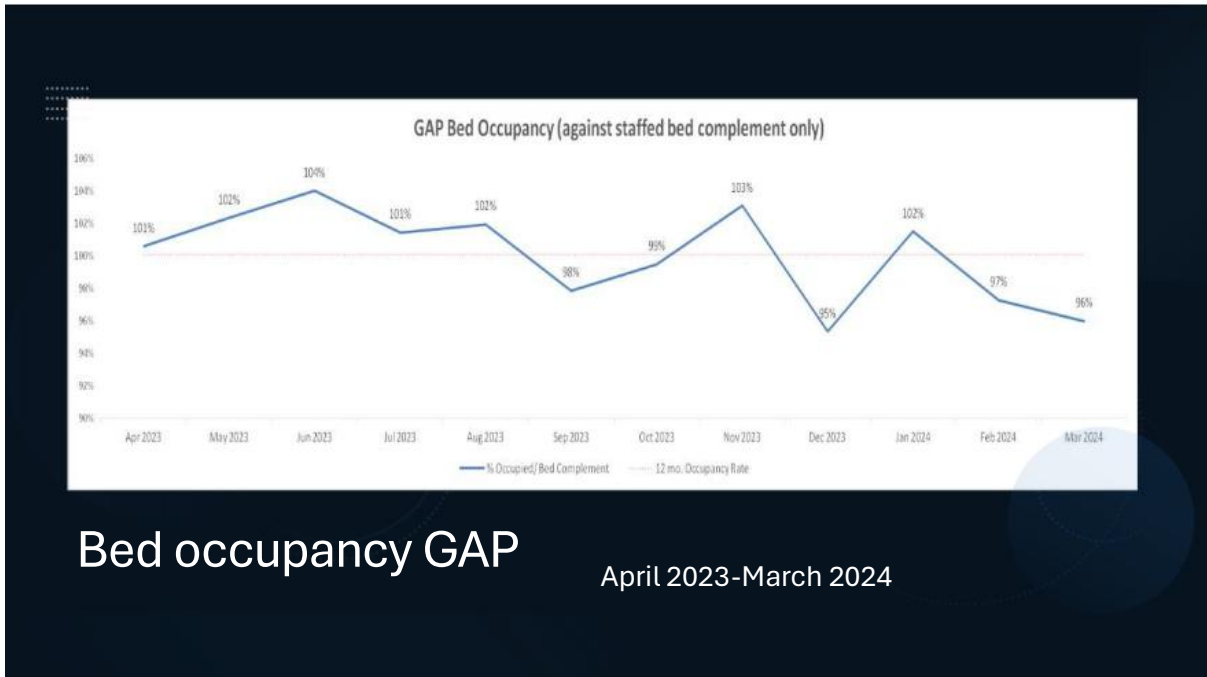


APPENDIX 3

Key performance improvements in 2023/2024.



**Reduction in delay days GAP** April 2023- March 2024



**Bed occupancy GAP** April 2023-March 2024





Tayside Mental Health & Learning Disabilities  
Whole System Change Programme  
Workstream Progress Reports  
April 2024



Slide Number	Workstream/Priority	Update Provided
2-8	Adult Inpatient Redesign (Priority 1)	Yes
9-12	Integrated Substance Use & Mental Health (Priority 9)	Yes
13-14	Whole System Redesign Learning Disabilities (Priority 10)	Yes
15-19	Crisis & Urgent Care (Priority 11)	Yes
20-23	Specialist Community Mental Health Services (Priority 12)	Yes
24-26	Adult Neurodevelopmental Disorder	No
27-29	Transitions	Yes
30-32	Personality Disorder	Yes

Tayside MHLD Whole System Change Programme  
Workstream Progress Update Reports – April 2024  
Author: Dawn Fraser, Programme Manager  
Version: 3.0

<b>Workstream:</b> Adult Inpatient Re-Design (Priority 1)	<b>Sub workstream:</b>	<b>Workstream / Sub-Workstream Lead(s):</b> Louise Ewing Dr. Gordon Cowan	<b>Report Author:</b> Louise Ewing
<b>Current project(s) and scope of work</b>	<ol style="list-style-type: none"> <li><b>Phase 1</b> – Plan to support sustainability of safe inpatient care              The aim of this phase is to understand the current pressures on the system and develop a short-term plan to support sustaining safe delivery of inpatient care</li> <li><b>Phase 2</b> - Mental Health Needs Analysis, Options Appraisal and development of an Implementation Plan with timelines              The aim of this phase is to understand the current and future mental health service needs of the population of Tayside and come to an agreed plan for redesigning MH services to best meet that need, both now and for the next 20 years</li> </ol>	<b>Overall Status of Current Projects</b> <ul style="list-style-type: none"> <li>- <i>Planned</i></li> <li>- <i>In progress</i></li> <li>- <i>Complete</i></li> <li>- <i>Not yet commenced</i></li> </ul>	<ol style="list-style-type: none"> <li>Complete</li> <li>Commenced</li> </ol>



**Tayside Mental Health & Learning Disabilities Whole System Change Programme**  
**Workstream Progress Report - Adult Inpatient Redesign (Priority 1)**

**Date: April 2024**



<b>Workstream:</b> <b>Adult Inpatient Re-Design</b> <b>(Priority 1)</b>	<b>Sub workstream:</b>	<b>Workstream /</b> <b>Sub-Workstream Lead(s):</b> Louise Ewing Dr. Gordon Cowan	<b>Report Author:</b>  Louise Ewing
<b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims	CMHT epi analysis progressing Primary Care epi analysis in discussion Clinical teams have completed the self assessment against RCOP Standards The Workforce sub group have been provided with the detail of data set requirements which will support a future presentation and will link to other workstreams		
<b>Key activities planned for next reporting period</b>	Preparation of report to meet milestone 9 of phase 2 Preparation of workforce dataset to support future presentation		

<b>Risks/Barriers to Progress and Mitigations</b> Consider: •Is the pace of delivery right? •Is it sustainable? •Is it evidenced? •Have you engaged the workforce and service users?			
	RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION
	1	Capacity for staff to lead and participate in work required to progress change Programme at pace.	<ul style="list-style-type: none"> <li>Additional capacity requirements have been identified and presented.</li> <li>Milestones revisited to ensure pace is achievable.</li> </ul>
	2	Not able to share the nursing workforce information due to permissions out with Board To develop a Workforce and Recruitment Report, HR require specifics to seek information	<ul style="list-style-type: none"> <li>Explore potential for the nursing workforce information to be shared</li> <li>HR arranging a meeting of key stakeholders to determine the specific requirements</li> </ul>
3	There is a risk that pace of project not in keeping with NHST financial framework requirements	<ul style="list-style-type: none"> <li>Alignment of milestones to meet requirements of financial framework</li> </ul>	

### Key Workstream Milestones – Phase 1

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track / Timeline requires revision	Revised date requested	Rationale for revision
1. Analysis of immediate pressures completed and shared with stakeholders which assists in decision-making about what actions may be required to maintain stable service in short term.	31 Mar 2023	Complete - Aug 2023		
2. Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity.	30 Apr 2023	No longer applicable		
3. Equality Impact Assessment to be undertaken to assess the impact of all options. Approval of a plan for rapid whole-system engagement on short-term stability and continuity options. Communication and engagement with wider group of internal and external stakeholders, prior to submitting a plan for a rapid short-term contingency for approval by NHS Tayside.	31 May 2023	No longer applicable		
4. Options paper presented to NHS Tayside and IJB's which aligns with progress of other work streams to support change.	30 Jun 2023	31 Oct 2023- complete		Paper presented by Dr. Cowan at Joint IJB / NHST development session on 31 <sup>st</sup> Oct. 23.
5. Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service.	31 Jul 2023	No longer applicable		

### Key Workstream Milestones – Phase 2

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revised date requested	Rationale for revision
6. Epidemiological analysis and prepare data plan in order to describe the mental health needs of people in Tayside, to inform future service provision and planning.	31 Mar 2024	Requires revision	31 July 2024	In patient information and dashboard now available; however, revision date requires review to ensure capture of CMHT and Primary Care data. FL to confirm
7. Implement data plan	30 Sep 2024	On Track		As above
8. Workforce and recruitment analysis completed	30 Nov 2024	On Track		
9. Review of existing service (Inpatients, Outpatients, Emergency Dept, community including crisis hub, primary care i.e. all MH services) is completed. This will include an equality impact assessment.	31 Jan 2024	Requires revision	31 June 2024	Inpatient teams have now concluded the work required around Standards and GC will now prepare the report. EQIA clarification required.
10. Comparative analysis completed – review of best practice models via literature search and also by learning from and about Mental Health services in other Health Boards and other parts of the UK. This may include a site visit and time with service leads. This would then allow a gap analysis to be undertaken – identifying areas where NHS Tayside could learn from/improve.	30 Jul 2024	On Track		Work underway as part of CRHTT and IHTT redesign



### Key Workstream Milestones – Phase 2

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revised date requested	Rationale for revision
11. Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal	31 Jan 2025	On Track		
12. Modelling of options incorporating cost analysis, with forecasted projections by working with Whole System Modelling Team. Model existing service using historical trends and then use Scottish Burden of Disease analysis and epidemiological analysis of service pressures to both assess existing pressures and project forwards to assess what impact that will have on the service. Future projections can then be translated across to other scenarios (as identified from the options appraisal to assess impact of different service models. Incorporate an economic analysis and generate a modelled costed options appraisal alongside the rest of the Needs Analysis.	31 Mar 2025	On Track		This will be dependent on financial resourcing
13. Option appraisal development - Pull together all the information gathered to develop a fully costed options appraisal. This would include equality impact assessments of each option.	30 Jun 2025	On Track		
14. Consultation with our communities on the results of the option appraisal	31 Dec 2025	On Track		

**Key Workstream Milestones – Phase 2**

<b>Workstream Milestones</b> List milestones and completion dates for this workstream	<b>Planned Completion Date</b>	<b>On Track / Timeline requires revision</b>	<b>Revised date requested</b>	<b>Rationale for revision</b>
15. The 3 x IJBs and NHS Tayside Board will consider the Options Appraisal and will make a decision about which option to pursue, including agreement on the resourcing for the preferred option and considering both service needs now and potential service needs over the next 20 years	31 March 2026	On Track		
16. Agree a detailed implementation plan, governance, evaluation plan and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate.	30 Jun 2026	On Track		
17. Implementation - preferred option is fully enacted and evaluated using performance, safety, financial and health intelligence data.	July 2026 onwards	On Track		



# Tayside Mental Health & Learning Disabilities Whole System Change Programme

## Workstream Progress Report – Integrated Substance Use and Mental Health (Priority 9)

Date: April 2024



<b>Workstream:</b> Integrated Substance Use and Mental Health (Priority 9)	<b>Sub workstream:</b>	<b>Workstream / Sub-Workstream Lead(s):</b> Diane McCulloch Jennifer Breen	<b>Report Author:</b> Jen Breen
<b>Current project(s) and scope of work</b>	1. Integrated Substance Use and Mental Health	<b>Overall Status of Current Projects</b> - <i>Planned</i> - <i>In progress</i> - <i>Complete</i> - <i>Not yet commenced</i>	1. In progress
<b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims	<p>Tayside MHSU Operational Group 10/04/24 - reflections and way forward – creating a protocol.</p> <p>Dundee MHSU Operational group to continue</p> <p>Dundee MACH SOP finalised and submitted to MIST Team/Scot Gov – Agreed to keep SOP as a live document to continue to updated during Toc.</p> <p>MHSU screening tools agreed and in use</p> <p>MACH Patient info leaflet reviewed by lived experience and amendments made, now in final draft</p> <p>Angus – ESC SOP completed and submitted to MIST/Scot Gov</p> <p>P&amp;K SOP completed and sent to MIST/Scot Gov</p> <p>Comms plan agreed.</p> <p>Multi Agency Test of Change Launched – 18/04/24 at Wedderburn House – 13 reps ( all core members in attendance)</p> <p>Tayside MHSU SLWG for Integrated training -Draft workforce development plan out for consultation to stakeholders.</p> <p>Current training audited against SU staff levels.</p> <p>Lived Experience Focus Group –engagement needs assessment completed by HIS and NHS Tayside.</p>		

<p><b>Key activities planned for next reporting period</b></p>	<p>Agreed communication plan outlining recent MHSU progress to be designed using SWAY and distributed across partner agency mailing lists.          Further develop a MHSU protocol that includes workforce development plans          MACH Patient info leaflet reviewed to be published          Continue to review Multi Agency Test of Change and collect data using - MACH Data form          Evaluate number of declined referrals pre/post MACH outcomes          Tayside MHSU SLWG for Integrated training –Finalise workforce development plan.          Lived Experience Focus Group –increase LE engagement and action recommendation of creating a ‘welcome pack’.          Explore further workshops to increase engagement of primary care and MH crisis response pathways</p>		
<p><b>Risks/Barriers to Progress and Mitigations</b>          Consider:          •Is the pace of delivery right?          •Is it sustainable?          •Is it evidenced?          •Have you engaged the workforce and service users?</p>	<p><b>RISK NO.</b></p>	<p><b>RISK / BARRIER TO PROGRESS</b></p>	<p><b>MITIGATION</b></p>
	<p>1</p>	<p>Poor engagement with meetings and workshops</p>	<p>Meeting dates will continue until March 2025          Engagement workshop now being reviewed to explore increasing engagement of primary care and Crisis response pathways.          Explore attendance to relevant meeting that are already in existence.          Agenda, minutes including aims and outcomes will be circulated 4 weeks in advance and will specify information needed.          Engagement in Angus good          Engagement in Dundee improved          Engagement in PK good          Improved Communication plan to wider teams so that staff are aware of work underway, may trigger further staff engagement – improved.</p>

Date: April 2024

**Key Workstream Milestones**

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
1. a)Development of Operational Group b)Develop the action plan and sign off.	31 May 2023	1a) complete 1b) complete		
2. There will be procedures in place to ensure that staff in Mental Health and Substance Use Services are up-to-date with local treatment pathways and referral criteria for NHS primary care, secondary care services, social care and third sector agencies.	30 Nov 2023	Complete		
3. Mechanisms are in place to enable staff in Mental Health and Substance Use Services to report concerns and advocate on behalf of patients at risk of falling between services.	31 Oct 2023	Complete		
4. There will be agreed referral pathways across the local ROSC, to support anyone identified with substance use or mental health difficulties.	31 Dec 2023	Complete		
5. At the point of referral, there will be a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person(s).	31 Oct 2023	Complete		
6. Development of training and workforce development plans to ensure staff are trained and supported to: a) Carry out assessment of substance use and dependence; b) Recognise acute crises such as overdose, withdrawal or physical health consequences; c) Provide accurate and evidence-based harm reduction information and support to people with non-dependent substance use; d) Provide motivational interviewing where appropriate.	31 Dec 2023	Requires revision	31 July 2024	Achieved in part. Workforce development plans in draft and to be agreed. Requires further work to fully embed.

Date: April 2024

### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
7. Development of a training and workforce development plan to ensure staff are trained and supported to: a) Have the knowledge and skills to recognise acute mental health crises, suicidality/ psychosis and respond appropriately; b) Know about availability, and make use of skilled diagnosis and treatment within substance use teams if not available through mental health assessment services; c) Make use of local protocols around severity and complexity of mental health disorder for treatment in substance use, primary care or mental health teams.	31 Dec 2023	Achieved in part	31 July 2024	Achieved in part. Workforce development plans in draft and to be agreed. Requires further work to fully embed.
8. Protocols in place for effective communication and information sharing between Mental Health and Substance Use services.	31 Mar2024	Complete		
9. Clear governance structures are in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use.	31 Oct 2023	complete		
10. Agreed care pathways are in place to support any identified mental health care needs and clear governance structures, to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use	31 Mar2024	Complete		
11. Assessment for protocols are in place, which include enquiry about mental health and or substance use through appropriate screening tools	31 Mar2024	Complete		



**Tayside Mental Health & Learning Disabilities Whole System Change Programme  
Workstream Progress Report – Whole System Redesign of Learning Disabilities (Priority 10)**

**Date: April 2024**



<p><b>Workstream:</b> Whole System Redesign of Learning Disabilities (Priority 10)</p>	<p><b>Sub workstream:</b></p> <ol style="list-style-type: none"> <li>1. Pathways &amp; Processes</li> <li>2. Workforce for the Future</li> <li>3. Commissioning /Resource Needs</li> </ol>	<p><b>Workstream / Sub-Workstream Lead(s):</b></p> <p>Lindsey Bailie &amp; Eunice McLennan</p>	<p><b>Report Author:</b></p> <p>Lindsey Bailie &amp; Eunice McLennan</p>									
<p><b>Current project(s) and scope of work</b></p>	<ol style="list-style-type: none"> <li>1. Overarching Steering Group</li> <li>2. Pathways &amp; Processes</li> <li>3. Workforce for the Future</li> <li>4. Commissioning/Resource Needs</li> </ol>	<p><b>Overall Status of Current Projects</b></p> <ul style="list-style-type: none"> <li>- <i>Planned</i></li> <li>- <i>In progress</i></li> <li>- <i>Complete</i></li> <li>- <i>Not yet commenced</i></li> </ul>	<ol style="list-style-type: none"> <li>1. In Progress</li> <li>2. In Progress</li> <li>3. In Progress</li> <li>4. Planned to commence Autumn 2023</li> </ol>									
<p><b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims</p>												
<p><b>Key activities planned for next reporting period</b></p>												
<p><b>Risks/Barriers to Progress and Mitigations</b> Consider: •Is the pace of delivery right? •Is it sustainable? •Is it evidenced? •Have you engaged the workforce and service users?</p>	<table border="1"> <thead> <tr> <th>RISK NO.</th> <th>RISK / BARRIER TO PROGRESS</th> <th>MITIGATION</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Limited capacity around data collection and analysis</td> <td>Resource needs identified, awaiting confirmation as to whether these can be met.</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>			RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION	1	Limited capacity around data collection and analysis	Resource needs identified, awaiting confirmation as to whether these can be met.	2		
RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION										
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2												



## Tayside Mental Health & Learning Disabilities Whole System Change Programme

### Workstream Progress Report - Whole System Redesign of Learning Disabilities (Priority 10)

Date: April 2024

#### Key Workstream Milestones

<b>Workstream Milestones</b> List milestones and completion dates for this workstream	<b>Planned Completion Date</b>	<b>On Track/ Timeline requires revision</b>	<b>Revision date requested</b>	<b>Rationale for revision</b>
1 Robust planning for repatriation and rehabilitation of long hospital stay patients to ensure person centred planning meaning no long stay patients, in line with the Coming Home Implementation Plan	TBC			Coming Home Implementation Plan and introduction of the dynamic risk register
2. HSCP working together to identify opportunities, plan and commission services if there is no local solutions	TBC			Commissioning to realise Coming Home Implementation Plan and reduce delays in hospital
3. A redesigned inpatient service for people with complex learning disability and mental ill health in line with best practice including appropriate environments	TBC			Ensure appropriate In-patient care delivery in line with good practice.
4. Mechanisms for prevention and early intervention to ensure people remain at home or in homely settings	TBC			Reduce admission to hospital





**Tayside Mental Health & Learning Disabilities Whole System Change Programme**  
**Workstream Progress Report - Crisis and Urgent Care (Priority 11)**



**Date April 2024**

<b>Workstream:</b> <b>Crisis and Urgent Care (Priority 11)</b>	<b>Sub workstream:</b>	<b>Workstream / Sub-Workstream Lead(s):</b> Keith Russell & Linda Graham	<b>Report Author:</b> Keith Russell
<b>Current project(s) and scope of work</b>	1. Urgent Referral 2/3. Intensive Home Treatment/Mental Health Assessment (Combined) 4. Community Wellbeing Centre 5. Evaluation	<b>Overall Status of Current Projects</b> - <i>Planned</i> - <i>In progress</i> - <i>Complete</i> - <i>Not yet commenced</i>	1. Managed through Operational line 2/3. In progress 4. In progress 5. In progress
<b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims			
<b>Key activities planned for next reporting period</b>			

Date: April 2024

<b>Workstream:</b> Crisis and Urgent Care (Priority 11)	<b>Sub workstream:</b>	<b>Workstream / Sub-Workstream Lead(s):</b> Keith Russell and Linda Graham	<b>Report Author:</b> Keith Russell and Linda Graham									
<b>Risks/Barriers to Progress and Mitigations</b> Consider: <ul style="list-style-type: none"> <li>•Is the pace of delivery right?</li> <li>•Is it sustainable?</li> <li>•Is it evidenced?</li> <li>•Have you engaged the workforce and service users?</li> </ul>	<table border="1"> <thead> <tr> <th data-bbox="712 611 840 655">RISK NO.</th> <th data-bbox="840 611 1391 655">RISK / BARRIER TO PROGRESS</th> <th data-bbox="1391 611 1995 655">MITIGATION / ACTION</th> </tr> </thead> <tbody> <tr> <td data-bbox="712 655 840 735">1</td> <td data-bbox="840 655 1391 735">Capacity for staff to lead /participate in work required for sub workstream 2 and 3</td> <td data-bbox="1391 655 1995 735">Additional capacity requirements identified. Milestones revisited to ensure pace is achievable</td> </tr> <tr> <td data-bbox="712 735 840 810">2</td> <td data-bbox="840 735 1391 810">Availability/Suitability of available estate to support redesign</td> <td data-bbox="1391 735 1995 810">Limited mitigation due to availability of estate options</td> </tr> </tbody> </table>			RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION / ACTION	1	Capacity for staff to lead /participate in work required for sub workstream 2 and 3	Additional capacity requirements identified. Milestones revisited to ensure pace is achievable	2	Availability/Suitability of available estate to support redesign	Limited mitigation due to availability of estate options
RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION / ACTION										
1	Capacity for staff to lead /participate in work required for sub workstream 2 and 3	Additional capacity requirements identified. Milestones revisited to ensure pace is achievable										
2	Availability/Suitability of available estate to support redesign	Limited mitigation due to availability of estate options										

#### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
1. Liaison with, and visit to, Lothian Mental Health sites to enable learning on live implementation of Standard Operating Procedure, which will inform re-designed framework in NHS Tayside	31 May 2023	Complete		
2. Carry out self-assessment of current system and map against the National Roadmap, identifying gaps and areas requiring review	30 Jun 2023	Complete		
3. Revisit and review the self-assessment against Best Practice Guidance for Home Treatment	30 Jun 2023	Requires revision	Feb 2024	Awaiting outcome from Angus self assessment
4. Training Needs Analysis Carried out across IHTT and Crisis Assessment Function	30 Jun 2023	Complete		
5. Review existing data sets and agree a revised data set which would include demographics, patient journey and patient outcomes	31 Jul 2023	Requires revision	April 2024	Monthly collection of team data in place, further work ongoing to develop data set.
6. Implementation of Trakcare across Crisis and IHTT	31/07/2023	requires revision	ongoing	



## Tayside Mental Health & Learning Disabilities Whole System Change Programme

### Workstream Progress Report - Crisis and Urgent Care (Priority 11)

Date: April 2024

#### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
7. Workforce training plan to be developed across IHTT and Crisis	31 Jul 2023	Requires revision	Ongoing	Training now being delivered in line with training priorities. Focus on Suicide Prevention and Safety Planning in line with new NHST Safety Planning Standards. Other priorities bookable via the Quality Improvement/Practice Development Team.
8. Prioritise which routes of referral require review and mapping	31 Jul 2023	Requires revision	Ongoing	Gatekeeping and referral into service identified as priority pathway and test of change developed. DBI pathway now available to CRHTT implementation of pathway to be planned with DBI provider .



## Tayside Mental Health & Learning Disabilities Whole System Change Programme

### Workstream Progress Report - Crisis and Urgent Care (Priority 11)

Date: April 2024

#### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/Timeline requires revision	Revision date requested	Rationale for revision
9. Appraise the Carseview site to assess current estate and optimum environment required for delivery of the Crisis Assessment Function	31 Jul 2023	Complete		
10. Complete and evaluate the test of change in relation to Early Supported Discharge	31 Aug 2023	Requires revision	Ongoing	Test of change slow to establish subsequent increased levels of engagement
11. Complete and evaluate the test of change in relation to the gatekeeping role	31 Aug 2023	Requires Revision	31 May 2024	Gatekeeping test of change now planned
12. Workforce planning across IHTT and Crisis Assessment Function, with production of indicative workforce model	31 Aug 2023	Milestones to be reviewed by combined workstream 2 & 3 to establish if priority areas of focus.		
13. Review and agree referral routes and pathways, aligned to the National Roadmap for Urgent Care and the revised IHTT clinical model	31 Oct 2023			
14. Implement a mechanism for feedback from people who use and need the service Review and develop Crisis and IHTT packs for patients and carers	30 Nov 2023			
15. Finalise and establish new Standard Operating Procedure for re-designed service linked to National Redesign of Urgent Care workstream.	31 Dec 2023			



**Tayside Mental Health & Learning Disabilities Whole System Change Programme  
Workstream Progress Report - Specialist Community Mental Health Service (Priority 12)**

**Date: April 2024**



Workstream: Specialist Community Mental Health Service (Priority 12)	Sub Workstream:	Workstream Lead(s): Dr Peter Le Fevre	Report Author:
<b>Current Project(s) and Scope of Work:</b> Redesign and implementation of a co-produced model of care for the Tayside Specialist Community Mental Health Service for people living in the community with complex and severe mental illness.	Workstreams to be developed through MoC Steering group	<b>Overall Status of Current Projects</b> - <i>Planned</i> - <i>In progress</i> - <i>Complete</i> - <i>Not yet commenced</i>	
<b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims	The MoC has agreed core ToR and has scheduled in 2 half day workshops for May/Jun		
<b>Key activities planned for next reporting period</b>	Develop further the MoC with specific tasks/workgroups developed for documentation/MORSE design, pathways, generic and condition specific and others to be agreed at workshop		

Risks/Barriers to Progress and Mitigations	RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION
Consider: •Is the pace of delivery right? •Is it sustainable? •Is it evidenced? •Have you engaged the workforce and service users?	1	Scale of the CMHS Redesign Workstream is considerable.	Prioritisation of initial sub workstreams, use of whole system change tools to identify and implement key priorities and outcomes, exploration of additional resource to support implementation.
	2	Capacity of leadership resource	Initial additional capacity requirements has been identified. Prioritise key work programme with timescale by MoC Steering Group
	3	Lack of Co-chair to co-lead workstream	Develop work programme in tandem and in conjunction with the MoC Steering Group leadership team.

### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
1. Define key performance indicators, care standards, measures and audit mechanisms (including service user and carer measures).	31 <sup>st</sup> Oct 2023	Requires Revision		To be revised in line with the milestones for the development of the Model of Care Revision requested for October 2024
2. Review and redesign the clinical model for Community Mental Health.	31 <sup>st</sup> Oct 2023	Requires Revision		
3. Create a learning network for the Community Mental Health Service.	31 <sup>st</sup> Oct 2023	Complete		
4. Revised Demand, Capacity, Activity and Queue data readily available and evidenced to be used by Community Mental Health Team's across Tayside.	31 <sup>st</sup> Dec 2023	On Track	TBC	A test of change is under development in Dundee (East) to standardise use of TRAK data enabling accurate reporting across all CMHT's. The expected outcome would be an agreed SOP detailing expected use of TRAK and subsequent accurate reporting for clinical governance purposes across all HSCP areas



#### Key Workstream Milestones

<p>Workstream Milestones</p> <p>List milestones and completion dates for this workstream</p>	<p>Planned Completion Date</p>	<p>On Track/ Timeline requires revision</p>	<p>Revision date requested</p>	<p>Rationale for revision</p>
<p>5.Complete a review of current planned care pathways within Community Mental Health Teams to ensure people are accessing the appropriate care and support.</p>	<p>31<sup>st</sup> Dec 2023</p>	<p>Revision Requested</p>		<p>To be revised in line with the milestones for the development of the Model of Care</p>
<p>6.Assess and target improvements in compliance by the Community Mental Health Teams with key performance indicators, care standards and measures (including service user and carer measures).</p>	<p>31<sup>st</sup> Mar 2024</p>	<p>Revision Requested</p>		<p>To be revised in line with the milestones for the development of the Model of Care</p>
<p>7.Review the workforce required within the Tayside Community Mental Health Service to deliver the new models of care.</p>	<p>30<sup>th</sup> Apr 2024</p>	<p>On Track</p>		

<b>Workstream:</b> <b>Neurodevelopmental Disorders (In adults)</b>	<b>Sub-Workstreams:</b> <ol style="list-style-type: none"> <li>1. Prevalence of NDD s</li> <li>2. What does good (assessment) look like?</li> <li>3. Maximising third sector &amp; peer support involvement</li> </ol>	<b>Workstream / Sub-Workstream Lead(s):</b> Linda Graham <ol style="list-style-type: none"> <li>1) Eilidh Gordon &amp; Paul White</li> <li>2) <i>Linda Graham &amp; Alison Gibson</i></li> <li>3) <i>Mary Sneddon &amp; Gillian Parks-Wilson</i></li> </ol>	<b>Report Author:</b> Linda Graham
<b>Current project(s) and scope of work:</b> <b>Neurodevelopmental Disorder (In adults)</b>	<ol style="list-style-type: none"> <li>1. Prevalence of NDD s</li> <li>2. What does good (assessment) look like?</li> <li>3. Maximising third sector &amp; peer support involvement</li> </ol>	<b>Overall Status of Current Projects</b>	<ol style="list-style-type: none"> <li>1. In progress</li> <li>2. In progress</li> <li>3. In progress</li> </ol>
<b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims			
<b>Key activities planned for next reporting period</b>			

Risks/Barriers to Progress and Mitigations		
RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION
1	Limited capacity of workstream leads The cochair for sub workstream 2 is leaving the organisation and an alternative will need to be identified.	Work will be advanced with smaller numbers in each sub workstream. Expert by experience involvement will be preserved.
2	Capacity of workforce to be released to participate	Chair will contact operations leads should this arise
3	Few direct service-users involved in work to date	Dual role participants are involved & NDD specific partner organisations involved new involvement of person with ADHD The appointment of a new consultant Clinical Psychologist within TAACT will create further opportunities to identify interested service users.

### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
1. Meeting of overarching group to ensure new model is endorsed	May 2023	Complete		
2. Recommence work of three initial sub-workstreams	Oct 2023	Requires Revision	May 2024	Co-Chairs have been unable to attend over-arching group which means the interdependencies are not clearly understood
3. Fully define next phase of sub-workstreams (for example, NDD in people with learning disabilities; workforce)	Aug 2023	Requires Revision	April 2024	Having to revise the model of care there was a delay in sub-workstream 3 beginning. This work is now well under way.
4. Complete remaining sub-workstreams	Mar 2024	Requires Revision	August 2024	
5. Fully described model agreed: clear articulation of services that need to be Commissioned and those delivered by direct health & social care staff	Dec 2024	On Track		Revision not replaced here as discussions around model and developments can be advanced over the year
6. Financial model costed and apportioned	Dec 2024	On Track		
7. Operationalisation of new models of care	Dec 2024	On Track		



**Tayside Mental Health & Learning Disabilities Whole System Change Programme**  
**Workstream Progress Report - Transitions**

**Date: April 2024**



<b>Workstream:</b> <b>Transitions</b>	<b>Sub workstream:</b>	<b>Workstream / Sub-Workstream Lead(s):</b> Dr. Lee Robertson Diane Caldwell	<b>Report Author:</b> Dr. Lee Robertson & Diane Caldwell
<b>Current project(s) and scope of work</b> The purpose of the Transitions Short Life Working Group is to review transitions and ensure patients of all ages and between a range of services experience strong clear seamless pathways that allow no person to fall between the gaps in service	<ol style="list-style-type: none"> <li>1. Pathways</li> <li>2. Data collection and analysis and outcomes (how do we measure impact?)</li> <li>3. Documentation</li> <li>4. Consultation and engagement</li> </ol>	<b>Overall Status of Current Projects</b> - <i>Planned</i> - <i>In progress</i> - <i>In Progress</i> - <i>Not yet commenced</i>	<i>CAMHS in progress</i> <ol style="list-style-type: none"> <li>1. In progress</li> <li>2. In progress</li> <li>3. In progress</li> </ol>
<b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims			
<b>Key activities planned for next reporting period</b>			

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<p><b>Risks/Barriers to Progress and Mitigations</b></p> <p>Consider:</p> <ul style="list-style-type: none"> <li>•Is the pace of delivery right?</li> <li>•Is it sustainable?</li> <li>•Is it evidenced?</li> <li>•Have you engaged the workforce and service users?</li> </ul>	RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION
	1	Capacity and availability of required stakeholders and service staff to engage and participate in the workstreams may be restricted by operational requirements, competing priorities and capacity for change.	Several representatives from each specialty have been identified so that the work can be shared. The group now has a rep from LD services. Terms of reference will indicate that a deputy should attend from each service area.
	2	The availability of funding to implement changes as required	
	3	Due to several other pressures, we are finding it difficult to get a response from GAP colleagues to enable works to progress further and enables services to come together	Highlighting the gaps in the transition group to Mental Health Medical Director. Although GAP colleagues are struggling to prioritise attendance at meetings , some are responsive to email communication

### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
1. Approval and implementation of CAMHS-GAP/LD transitions guidance and documentation	01 Apr 23	Requires revision	31 May 2024	It has been agreed that communication regarding the pathway and engagement with community teams is an operational issue for GAP, rather than work for the Transitions SLWG. Document was shared with ILG members with minor revisions requested. This will be taken back to local meeting for agreement.
2. Update of GAP/LD-POA transitions guidance and documentation with development of patient information leaflets (PILs)	01 Oct 23	Requires revision	30 June 2024	New draft guidance has been developed and this is due to be piloted in one area. This will allow the pilot to run
3. Overarching principles of transition between mental health subspecialties agreed and shared for application to other transitions	01 Oct 23	Complete	Complete	
4. Uploading of guidance to appropriate websites and drives such that they are widely accessible	31 Dec 23	Requires revision	30 June 2024	This will be delayed until the pilot has taken place
5. Arrangements for administration and printing of PILs and care plans in place	31 Dec 23	Requires Revision	30 June 2024	This will be delayed until the pilot has taken place

Workstream: Personality Disorder	Sub workstream:	Workstream / Sub-Workstream Lead(s):	Report Author:  Dr Kirsty Gillings
<b>Current project(s) and scope of work</b> Whole system redesign of responses for people who have been given a diagnosis of Personality Disorder.	Workstreams not yet developed/established	<b>Overall Status of Current Projects</b> - <i>Planned</i> - <i>In progress</i> - <i>In Progress</i> - <i>Not yet commenced</i>	1. In progress 2. In progress 3. In progress
<b>Key activities and achievements in this reporting period</b> Provide key updates in meeting project aims	Experts by Occupation (EBO) consultation continues to progress (approximately 150 individuals have participated to date) Thematic analysis of EBO responses has begun Contact established with SUN service in Surrey and SCM service in Dumfries and Galloway with a view to arranging visits as areas of good practice in a) peer support for PD and b) structured clinical care Collaboration with DVVA and Penumbra Mental Health Carers support service established for Experts by Experience and Carers (EBEC) consultation Approach made to Perth and Angus peer and carer support third sector agencies to instigate same Contact made with Neighbourhood Services for Dundee HSCP to establish further reach into communities for EBEC consultation Experience shift undertaken with A&E Link established with NHST QIPD team to 1) consider staff training needs and 2) contribute to development of SOP for management of head-banging		
<b>Key activities planned for next reporting period</b>	Completion of EBO consultation phase Completion of EBO thematic analysis and report for Programme Board Experience shifts with Ambulance Car service and Out of Hours GP service Meetings arranged with Angus Voice and Angus Carers to discuss collaboration on Experts by Experience and Carers (EBEC) consultations Agree methodologies for EBEC consultation with third sector partners Consult NHST and Dundee City Council Comms Depts regarding communication strategy for EBEC consultation Pilot initial carers focus group in collaboration with Penumbra		



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RISKS/BARRIERS TO PROGRESS AND MITIGATIONS	RISK NO.	RISK / BARRIER TO PROGRESS	MITIGATION
<p><b>Risks/Barriers to Progress and Mitigations</b></p> <p>Consider:</p> <ul style="list-style-type: none"> <li>•Is the pace of delivery right?</li> <li>•Is it sustainable?</li> <li>•Is it evidenced?</li> <li>•Have you engaged the workforce and service users?</li> </ul>	1	There has been either no response or refusal to initial requests for collaboration in the EBEC consultation from peer and carer support agencies in Perth. The risk is that service users and carers from P&K will not be adequately represented in the consultation	Make a further approach, request distribution of information on EBEC events through their networks if collaboration is not possible, explore other mechanisms for accessing peer and carer networks with Perth HSCP
	2		
	3		
	4		

### Key Workstream Milestones

Workstream Milestones List milestones and completion dates for this workstream	Planned Completion Date	On Track/ Timeline requires revision	Revision date requested	Rationale for revision
Completion of Experts by Occupation (EBO) stakeholder consultation	5th June 2024	On Track		
Completion of thematic analysis of EBO responses	28th June 2024	On Track		
Submission of report on EBO stakeholder consultation to July 2024 Programme Board with recommendations	5th July 2024	On Track		
Plan and run EBEC consultation events across Tayside with learning from pilot with Penumbra	30th August 2024	On Track		



## PERTH AND KINROSS INTEGRATION JOINT BOARD

5 JUNE 2024

### ALCOHOL AND DRUG PARTNERSHIP (ADP) STRATEGIC DELIVERY PLAN AND ANNUAL REPORTING SURVEY

Report by Chief Officer  
(Report No. G/24/74)

#### PURPOSE OF REPORT

The purpose of this report is two-fold. Firstly, it is to present the new Alcohol and Drug Partnership (ADP) Strategic Delivery Plan 2024-27 to the Integrated Joint Board (IJB). The new Strategic Delivery Plan (SDP) outlines the ADPs aims and vision and discusses the priorities that will provide the focus of its work over the next three years.

Secondly, the report presents the completed ADP Annual Reporting Survey 2023-24. The survey reports on a range of aspects relating to local delivery of the Scottish Government's National Mission on drugs.

#### 1. RECOMMENDATION(S)

It is recommended the IJB:

- i. Approves the ADP Strategic Delivery Plan 2024-27 as set out in Appendix 1 of this report, for services delegated to the HSCP.
- ii. Approves the ADP Annual Reporting Survey 2023-24 as set out in Appendix 2 of this report, for services delegated to the HSCP.
- iii. Directs Perth and Kinross Council and NHS Tayside to deliver delegated drug and alcohol services in a manner which supports the delivery of the key outcomes contained in the ADP Strategic Delivery Plan as set out at Appendix 3.

#### 2. SITUATION/BACKGROUND / MAIN ISSUES

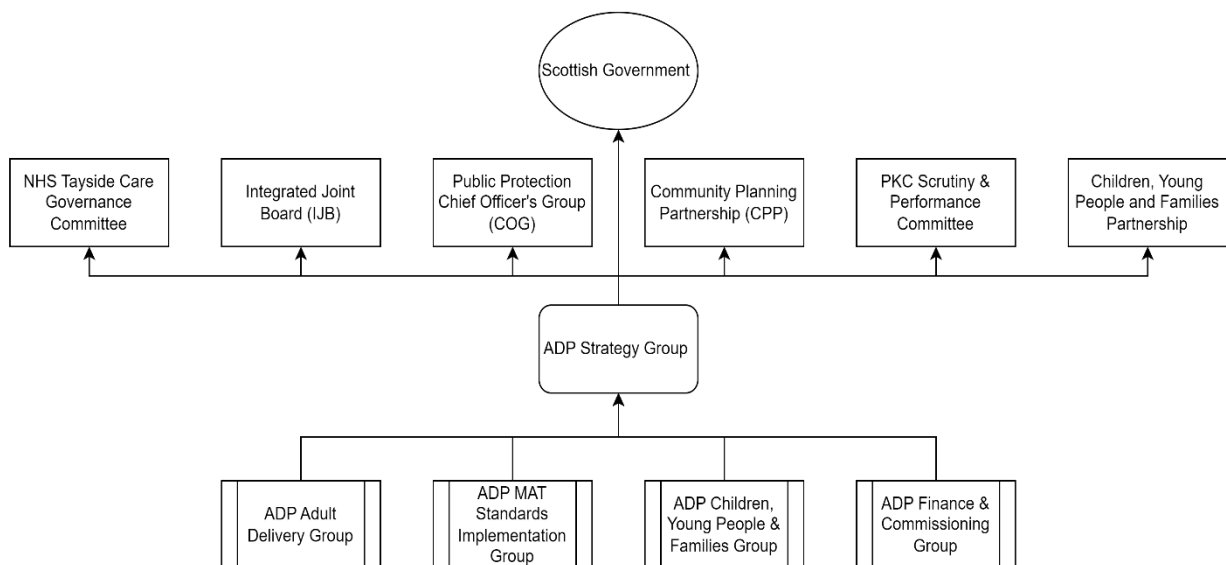
##### 2.1 ADP Governance

- 2.1.1 The Integration Joint Board (IJB) is the legal entity responsible for the strategic planning and commissioning of integrated community health and care services including drug and alcohol services. The Health and Social Care Partnership (HSCP) has responsibility for the operational delivery of

these services and is the lead partner for the ADP and will report at least annually to the IJB on performance and progress.

- 2.1.2 Perth and Kinross Alcohol and Drug Partnership (ADP) provides strategic leadership across Perth and Kinross for all agencies working within the alcohol and drugs field and other agencies with a significant role to play such as housing and education. As the success of this work requires the collaboration and efforts of a wide range of partners across the public, independent and voluntary sectors the work of the Alcohol and Drug Partnership provides reports to the IJB, COG, Community Planning Partnership, Children, Young People and Families Partnership, as well as to the Executive Leadership in NHS Tayside and Perth and Kinross Council.
- 2.1.3 The multi-agency partnership approach to reducing substance use mortality and harm is overseen by the Perth and Kinross Chief Officer’s Group for Public Protection (COG), of which the Chief Officer is a member and the COG. In line with the terms of reference for the COG, the ADP Chair is in attendance and provides regular reports.
- 2.1.4 The ADP is part of the Community Planning Partnership. Through this, the ADP works with partner organisations to try and address wider issues which impact on substance use including reducing poverty and improving the mental and physical health of the population.
- 2.1.5 Perth and Kinross ADP takes a multi-agency and collaborative approach to the allocation of funding from several sources. The main sources are NHS Tayside, Perth and Kinross Council and ringfenced monies from the Scottish Government via NHS Tayside.
- 2.1.6 Figure 1 highlights the current ADP structure and reporting lines.

Figure 1.



### **3. STRATEGIC DELIVERY PLAN**

#### **3.1 Strategic Delivery Plan 2020-23**

3.1.1 The Scottish Government requires all ADPs to develop a local alcohol and drugs strategic plan to align local and national priorities, planning and investment.

3.1.2 The previous Perth and Kinross ADP Strategic Delivery Plan ran from 2020-23. The plan had four key priorities and six cross cutting priorities. The ADP made significant progress during this time in achieving these priorities. Key achievements included:

- the establishment of a multi-agency near-fatal overdose pathway;
- an increase in the number of Take-Home Naloxone (THN) kits;
- the establishment of a Living Experience Group;
- the formation of iDART (Integrated Drug and Alcohol Recovery Team);
- the establishment of a revised process to facilitate access to Residential Rehabilitation;
- the implementation of a Whole Family Approach across various projects;
- collaboration with the Community Justice Partnership to develop a new Voluntary Throughcare model for people returning to their communities from prison.

3.1.3 This work led to several key performance improvements. These included:

- A reduction in drug deaths;
- A reduction in near-fatal overdose incidents;
- An increase in the number of approved residential rehabilitation places;
- An improvement in treatment waiting times;
- An increased number of prisoners registered with a GP on release.

#### **3.2 New ADP Strategic Delivery Plan 2024-27**

3.2.1 Following the completion of the previous plan, a new three-year Strategic Delivery Plan has been created. The plan utilises the Scottish Government's National Mission on Drugs Plan 2022-26 priorities and extends this focus to include alcohol, to reflect local needs.

3.2.2 In order to develop the new plan, an extensive consultation exercise was undertaken with all ADP partners from the statutory sector, third sector and recovery community.

3.3.3 The new plan focusses on four key local priorities. These are:

- Prevention and early intervention
- Reducing the harms caused by alcohol and drugs
- Developing our Recovery Oriented System of Care (ROSC)
- Getting it right for children, young people, families and communities

3.3.4 The plan also includes six cross-cutting national priorities. These are:

- Placing living and lived experience at the heart
- Equalities and human rights
- Tackling stigma
- Surveillance and evidence
- Resilient and skilled workforce
- Psychologically informed support

3.3.5 Responsibility for implementing the actions outlined in the plan will be devolved to the various ADP Subgroups who, in turn, will report on progress to the ADP Strategy Group, which meets on a quarterly basis.

3.3.6 The ADP will continue to provide an annual update on progress in meeting the aims of the plan to the IJB.

#### **4. ADP ANNUAL REPORTING SURVEY**

4.1 The Scottish Government requires all ADPs to report on a range of aspects relating to delivery of the National Mission on drugs each year. Since 2023, this information has been collected via an annual reporting survey.

4.2 The data collected from the annual reporting survey is used by the Scottish Government to better understand the challenges and opportunities at the local level, and the findings are used to help inform the monitoring of the National Mission, the work of several groups and priority areas of work for national organisations which support local delivery.

4.3 Responses to the survey highlight the progress that has been made locally during the last 12 months in achieving the aims of the National Mission on Drugs. These include the implementation of all 10 Medication-Assisted Treatment (MAT) Standards which aim to provide accessible, consistent and high-quality drug treatment services; an expansion of our recovery work which has seen the establishment of a new Living Experience Group and an expansion of our recovery focussed groups and activities; and further work with justice colleagues to provide support for people returning to their communities after leaving prison.

#### **5. CONCLUSION**

5.1 The development of the new three-year ADP Strategic Delivery Plan marks the next phase in the work of the partnership to reduce the harms associated with alcohol and drugs and facilitate recovery opportunities for people in Perth and Kinross.

5.2 The new plan aims to build on the success of the previous three-year plan by focussing on prevention and early intervention, reducing the harms caused by alcohol and drugs, further developing the local Recovery Oriented System of Care (ROSC) and providing help and support to children, young people, families and communities throughout Perth and Kinross.

- 5.3 A delivery plan has been developed to progress the priorities outlined in the plan. To measure the impact of the plan, a new local performance framework will be created. The ADP Strategy Group will monitor the implementation of the plan, and this will be reported annually to the IJB.

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
HSCP Strategic Commissioning Plan	<b>Yes</b>
Transformation Programme	<b>No</b>
<b>Resource Implications</b>	
Financial	<b>Yes</b>
Workforce	<b>Yes</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Risk	<b>Yes</b>
Other assessments (enter here from para 3.3)	<b>Yes</b>
<b>Consultation</b>	
External	<b>Yes</b>
Internal	<b>Yes</b>
<b>Legal &amp; Governance</b>	
Legal	<b>No</b>
Clinical/Care/Professional Governance	<b>No</b>
Corporate Governance	<b>Yes</b>
<b>Directions</b>	<b>Yes</b>
<b>Communication</b>	
Communications Plan	<b>Yes</b>

### 1. Strategic Implications

#### - Strategic Commissioning Plan

1.1 The ADP Strategic Delivery Plan 2024-27 supports the delivery of the overarching priorities of the Perth and Kinross Strategic Commissioning Plan

- 1 Prevention and early intervention,
- 2 Person centred health, care and support
- 3 Work together with communities
- 4 Inequality, inequity and healthy living
- 5 Best use of facilities, people and resources

1.2 This will be achieved by focussing on four local priorities outlined in the Strategic Delivery Plan. These are:

- 1 Prevention and early intervention
- 2 Reducing the harms caused by alcohol and drugs
- 3 Developing a Recovery Oriented System of Care
- 4 Getting it right for children, young people and families



## 2. Resource Implications

### Financial

- 2.1 The ADP Strategic Delivery Plan 2024-27 provides a clearly defined Financial Framework which provides detailed information on the expected financial position of the ADP over the next three years.

### Workforce

- 2.2 The Scottish Government's Drugs and Alcohol Workforce Action Plan 2023-26 sets out the key actions that will be delivered over the next three years to address the challenges experienced by the drug and alcohol workforce. Perth and Kinross ADP will work in partnership with the Scottish Government to develop implementation plans to address the challenges experienced by the local drug and alcohol workforce.

## 3. Assessments

### Equality Impact Assessment

- 3.1 Assessed as **relevant** previously and the following positive outcomes are expected to continue following implementation taking account that there is now an obligation to have due regard to remove inequality if outcomes cause by socioeconomic disadvantage as well as to comply with other equalities' legislation. It will be identified within the development of the ADP Strategic Delivery Plan 2024-27 that there is a clear requirement to ensure services are easily accessible without barriers, irrespective of ethnicity, gender, sexual orientation, age or disability.

### Risk

- 3.2 The IJB's strategic risk register aims to identify risks that could impact on the achievement of IJB's objectives. The register includes strategic risks related to workforce, financial resources and viability of external providers for which the development and implementation of the ADP Strategic Delivery Plan 2024-27 will be a key mitigatory measure and expected to be a positive influence on the relevant risks identified in the register.

### Other assessments

- 3.3 The following headings should be included in the report where relevant:

Measures for Improvement – a list of the measures that will be monitored as part of the implementation of the ADP Strategic Delivery Plan 2024-27 are included.

Patient Experience – Regular service user feedback will be sought in relation to experience and satisfaction with services. This feedback will inform the subgroup action plans and overall performance framework.

Benefit Realisation – details of the benefits are set out in the Strategy Delivery Plan 2024-27 outcomes.

Quality – Quality improvements are highlighted in the ADP Strategic Delivery Plan 2024-27 and will be part of the Performance Monitoring.

#### 4. Consultation – Patient/Service User first priority

##### External

- 4.1 An extensive consultation exercise was carried out with all ADP stakeholders including those from the statutory sector, third sector and recovery community in to develop the plan.

##### Internal

- 4.2 In addition to the consultation exercise, drafts of the Strategic Delivery Plan have been shared with the ADP Strategy Group, all ADP subgroups, the Strategic Planning Group and the Integrated Joint Board (IJB).

##### Impact of Recommendation

- 4.3 Implementation of the new Strategic Delivery Plan will help people in Perth and Kinross live their best lives, free from the harms of alcohol and drugs, through achievement of the four local priorities highlighted in the plan.

#### 5. Legal and Governance

- 5.1 The ADP Strategic Delivery Plan 2024-27 will be governed by the ADP Strategy Group and regular updates will be provided to the P7K HSCP Clinical Care and Professional Governance Forum.

#### 6. Directions

- 6.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Perth & Kinross Council and NHS Tayside.

<b>Direction Required to Perth &amp; Kinross Council, NHS Tayside, or Both</b>	<b>Direction to:</b>
No Direction Required	
Perth & Kinross Council	
NHS Tayside	
Perth & Kinross Council and NHS Tayside	X

## **7. Communication**

- 7.1 The ADP Strategic Delivery Plan will be closely monitored and supported through the ADP Strategy Group and associated subgroups. Updates and communications will be provided to IJB accordingly.

## **2. BACKGROUND PAPERS/REFERENCES**

n/a

## **3. APPENDICES**

Appendix 1 - ADP Strategic Delivery Plan 2024-27.

Appendix 2 - ADP Annual Reporting Survey 2022-23 – Perth and Kinross.

Appendix 3 - Direction to Perth & Kinross Council and NHS Tayside.





# **Perth & Kinross Alcohol and Drug Partnership Strategic Delivery Plan 2024-27**

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# VISION

*To help people in Perth & Kinross  
live their best lives  
free from the harms of alcohol and drugs*

# INTRODUCTION

Perth and Kinross ADP (Alcohol and Drug Partnership) is a multi-agency partnership responsible for tackling alcohol and drug issues for individuals, families and communities throughout Perth and Kinross and promoting recovery.

Membership of the partnership includes Perth and Kinross Health and Social Care Partnership (HCSP), NHS Tayside, Perth and Kinross Council, Police Scotland, Scottish Prison Service (SPS), Scottish Fire and Rescue Service (SFRS), third sector organisations, living and lived experience representatives and carers' representatives.

Together, our local Recovery-Oriented System of Care (ROSC), which is a coordinated network of services, helps people to start and sustain their recovery, see diagram below.

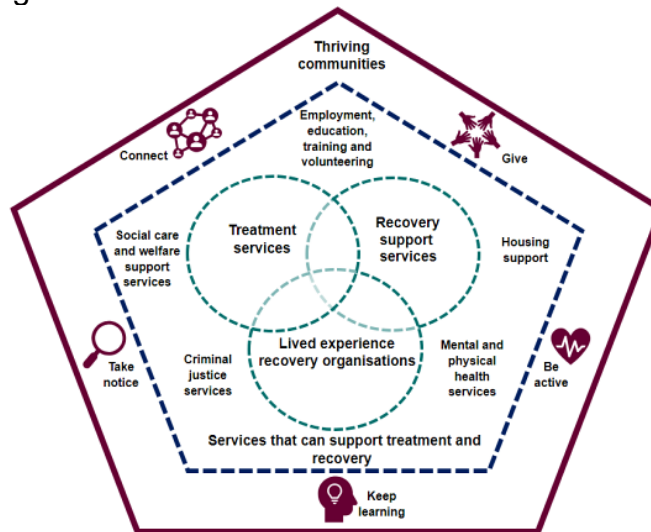


Figure 1. Example ROSC model



Perth and Kinross ADP is tasked by the Scottish Government to coordinate local alcohol and drug services through partnership working. A schematic of the ADP reporting lines can be found below.

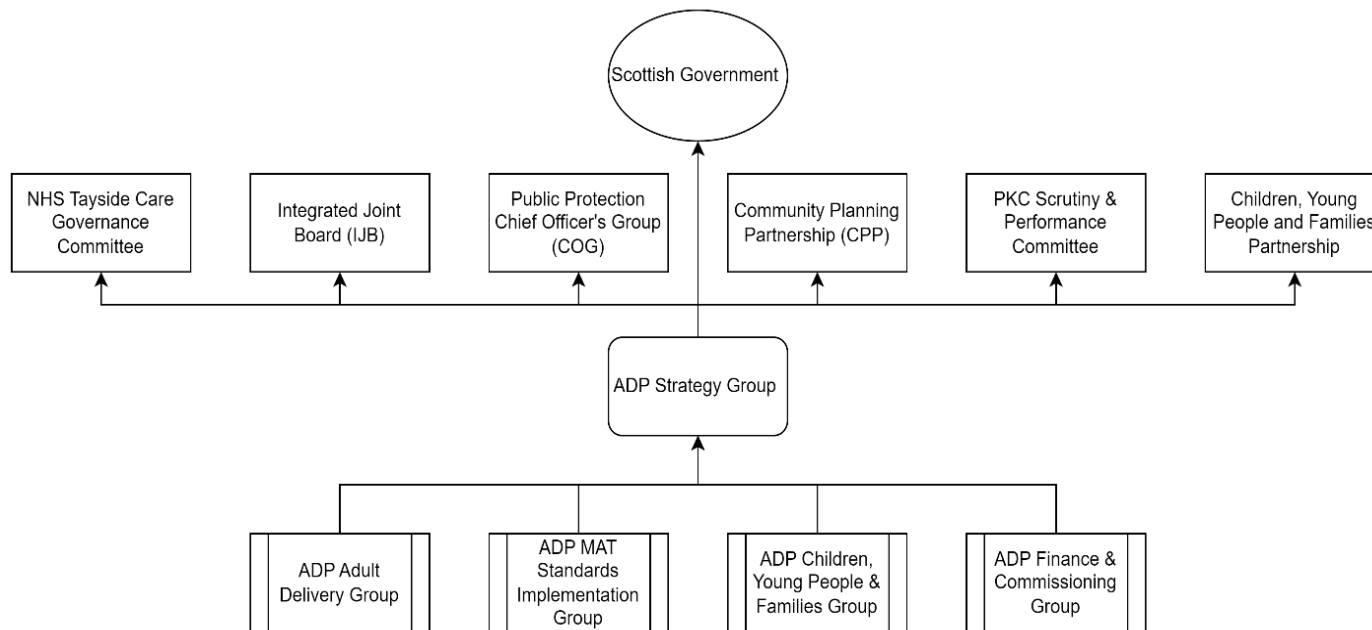
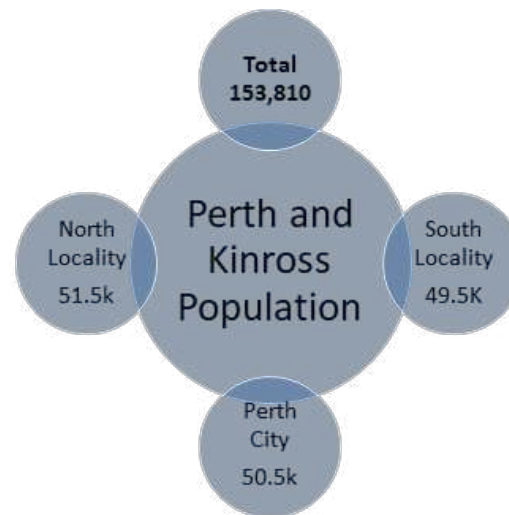


Figure 2. ADP reporting lines

## LOCAL CONTEXT - DEMOGRAPHICS

The population of Perth and Kinross is 153,810. This is divided across localities into:



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 and Kinross living within the 20% most nationally deprived areas in Scotland  
35% of households have single occupant tax discount.

(Source: NRS Mid-year estimate 2019/ NHS locality profiles)

# STRATEGIC CONTEXT

The work of the ADP is guided and shaped by both national and local strategic frameworks and service delivery plans. These include nationally:

[Rights, Respect and Recovery 2018](#)

[Alcohol Framework 2018](#)

[National Drugs Mission Plan: 2022-2026](#)

[Changing Lives - Final Report 2022](#)

[Medication Assisted Treatment \(MAT\) Standards 2021](#)

[Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice 2021](#)

[Alcohol and Drug Partnerships: delivery framework 2019](#)

[Drugs and alcohol workforce action plan 2023 to 2026](#)

And locally:

[Tayside Drug Death Review Group Annual Report 2022](#)

[Perth and Kinross HSCP Strategic Commissioning Plan 2022-25](#)

[Perth and Kinross Council Corporate Plan 2022-23 to 2027-28](#)

[Perth and Kinross Community Justice Outcomes Improvement Plan 2023-28](#)

[Perth and Kinross Community Mental Health and Wellbeing Strategy 2022-25](#)

[Tayside Plan for Infants, Children, Young People and Families 2023-26](#)

[Tayside Multiagency Suicide Review Group Annual Report 2022](#)

## PROGRESS SINCE 2020

The previous ADP Strategic Delivery Plan ran from 2020-23. This period was one of both significant challenges and developments nationally. These included the impact of the response to the COVID-19 pandemic, the publication of the Drug Death Taskforce report, the new National Mission on Drugs Death plan and the introduction of the Medication-Assisted Treatment (MAT) Standards.

Despite these challenges, the ADP has made significant progress in meeting the aims and priorities of the previous 3-year strategic delivery plan.

This is highlighted by key developments across all the priorities outlined in the plan and evidenced by relevant performance data.

**Prevention and early intervention** - Key developments have included:

- the establishment of a multi-agency Near-Fatal Overdose (NFOD) Pathway to identify and offer support to individuals who have experienced a near-fatal overdose.
- a steady increase in the number of Take Home Naloxone (THN) kits to reduce the risk of fatal overdose.
- an increase in the number of Alcohol Brief Interventions (ABI) carried out to reduce problem alcohol use.
- providing funding to support several projects addressing the impact that substance use is having on young people.

Performance data:

Number of suspected NFOD reported by Scottish Ambulance Service (SAS) – 2020/21 - 175, 2022/23 – 89.

Number of THN kits – 2020/21 - 339, 2022/23 – 658.

Number of ABIs provided in P&K – 2020/21 - 122, 2022/23 – 438.

**Recovery-Oriented System of Care (ROSC)** – Key developments have included:

- an expansion of the network of recovery cafes throughout Perth and Kinross.

- the development of several new recovery groups including fishing, cooking, walking and a women's group.
- hosting the National Recovery Walk in 2021.
- the establishment of a Living Experience Group.
- organising the first annual RecoverMay programme of events, to celebrate recovery throughout Perth and Kinross.
- the formation of the Integrated Alcohol and Drugs Recovery Team (iDART) to enhance support for people with substance use issues.
- the establishment of a revised process to facilitate access to residential rehabilitation.
- the implementation of MAT Standards 1-5 to enable the consistent delivery of safe, accessible, high-quality drug treatment services.
- dedicated funding for specialist advocacy support for people with substance use issues.

Performance data:

Percentage of people referred to community services who begin treatment within 21 days of referral is now consistently above 90%.

There have been 21 residential rehabilitation places approved.

There are now 3 types of opioid substitution therapy available with 75% being prescribed Methadone, 12.5% receiving short-acting oral Buprenorphine and 12.5 receiving injectable Buprenorphine (Buvidal).

**Getting it right for Children, Young People and Families** – Key developments have included:

- providing funding to support the Family Mentoring Service test of change which uses a Whole Family Approach and goal focussed mentoring.
- providing funding for a substance use worker to be part of the First Steps (formerly Change is a Must) multiagency partnership which offers intensive family support for families of infants affected by parental substance use, mental health issues and domestic abuse.
- providing funding for a project worker for the Families Empowering Communities project in Letham and Crieff which aims to reduce disadvantage and inequalities for families and improve outcomes.

Performance data

In 2021/22, 8.7% of S4 pupils in Perth and Kinross reported having ever taken illegal drugs. This is lower than that reported in Dundee City or the national average.

**Public Health Approach to Justice** – Key developments have included:

- working with the Community Justice and Safety Partnership (CJP) to support the development of a Custody Arrest Referral Service to support Perth and Kinross residents in police custody in Perth and Dundee.
- establishing and developing a new Voluntary Throughcare model for Perth and Kinross residents leaving HMP Perth and HMP Glenochil.
- co-funding the Complex Needs Co-ordinator test of change to provide support to the small but significant number of people who have complex needs that involve multiple services.
- co-funding the Specified Persons test of change to enhance the provision of Community Payback Orders (CPO) for people who have alcohol and/ or drug treatment requirements.

Performance data:

Drug-related crime rate in Perth and Kinross has been lower than the Tayside and national averages since 2017-18, and a lower proportion of Perth and Kinross residents perceived drug or dealing to be a problem in their neighbourhood in 2021 than in other Tayside areas.

**Enablers** - Significant progress has also been made in meeting the aims and objectives of the cross-cutting priorities identified in the previous Strategic Delivery Plan 2023-26. These include:

- the establishment of a Living Experience Group to provide the ADP with feedback about its key services from people who are currently using them.
- contributing to the National Collaborative which aims to facilitate and support change and save lives in the alcohol and drug sector.
- supporting the pan-Tayside Language Matters campaign which challenges the use of negative language towards people who use substances.
- the development of a performance framework for the MAT Standards.
- supporting the delivery of motivational interviewing training for ADP partner organisations.
- joint-working with local trauma champions to develop trauma training opportunities for all ADP partners.

# STRATEGIC DELIVERY PLAN 2024-27

To identify local priorities, ADP officers sought the views of a wide range of partners and individuals from statutory, third sector, living/ lived experience and carers groups throughout Perth and Kinross.

Their views are reflected in the actions under each Priority and Outcome in the plan.

We have adapted the Scottish Government's National Mission on Drugs Outcomes Framework to structure our Strategic Delivery Plan.

Underpinning our plan are the Quality Principles for Drug and Alcohol Services and the supporting Recovery Philosophy which were developed to ensure anyone looking to address their problem drug and/or alcohol use receives high-quality treatment and support that assists long-term, sustained recovery and keeps them safe from harm.

[The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/quality-principles-standard-expectations-of-care-and-support-in-drug-and-alcohol-services/pages/1-1.aspx)

## Priority 1 – Prevention and early intervention

### Key Outcome

Fewer people develop problem alcohol and drug use.

### Relevant data

A higher proportion of Perth and Kinross secondary school pupils reported drinking alcohol at least weekly in 2021/22 than in other areas of Tayside.

Rates of common assault and vandalism (which are associated with excessive alcohol use) have both been slowly increasing in Perth and Kinross over the past few financial years, with the 2021/22 rate of common assault the highest it has been since 2014/15.

Fifteen maternities with drug use were recorded for 2017-18 to 2019-20 financial years. This equates to a rate of 12.68 per 1,000 maternities.

## **Priority 2 – Reducing the harms caused by alcohol and drugs**

### **Key Outcomes**

Risk is reduced for people who use alcohol and drugs.  
People at most risk have access to treatment and recovery.

### **Relevant data**

- The average alcohol-specific death rate has been increasing in Perth and Kinross over recent years, with the rate amongst males twice as high as females in 2021.
- The 2021/22 alcohol hospital admission rate in Perth and Kinross was higher than any other year since 2012/13, with rates 5 times higher amongst people living in the most deprived areas, compared with the least deprived.
- The average drug related death rate in Perth and Kinross remained consistent between 2021 and 2022. However, it is still 5 times higher than that reported in 2010, with three times as many deaths amongst males than females.

## **Priority 3 – Developing a Recovery Oriented System of Care**

### **Key Outcomes**

People receive high quality treatment and recovery services.  
Quality of life is improved by addressing multiple disadvantages.

### **Relevant data**

- There were 35% more referrals to substance use services in Perth and Kinross in 2022/23 than in 2021/22.
- Over half of new referrals in 2022/23 resided in SIMD quintile 1 or 2 (equating to the 40% most deprived neighbourhood, compared with less than a quarter who reside in SIMD 4 or 5 (the least deprived 40%).



- Treatment waiting times improved within community substance use services in Perth and Kinross throughout 2022/23, exceeding the target by the end of Quarter 4. However, performance decreased within prison services over the year.

## **Priority 4 – Getting it right for children, young people, families and communities**

### **Key Outcome**

Children, families and communities affected by alcohol and drug use are supported.

### **Relevant data**

- In 2021, the rate of child protection cases in Perth and Kinross where known parental alcohol misuse was identified for children on the register was 6.89 per 10,000. The rate has remained above the national average since 2017.
- In 2021, the rate of child protection cases in Perth and Kinross where parental drug use was identified for children on the register was 8.0 per 10,000 population, which was higher than that recorded in other Tayside areas or nationally.

### **Enablers**

The following cross cutting priorities have been identified which will enable the priorities above to be addressed.

#### **a) Placing Lived and living experience at the heart**

##### **Key Outcome**

The ADP will have a visible connection to people with lived and living experience, who will play a key role in service development.

#### **b) Equalities and human rights**

##### **Key outcome**

ADP policies and practice will reflect the voices and rights of people with lived and living experience.

### **c) Tackling stigma**

#### **Key outcomes**

People with lived and living experience of alcohol and drug use in Perth and Kinross experience less stigma.

Key outcome: People working in alcohol and drug services experience less stigma.

### **d) Surveillance and evidence**

#### **Key outcome**

The work of the ADP is informed by evidence-based, robust data

### **e) Resilient and skilled workforce**

#### **Key outcome**

The Perth and Kinross alcohol and drugs workforce have the right skills and knowledge to support services users.

### **f) Psychologically informed support**

#### **Key outcome**

Alcohol and drugs services in Perth and Kinross are psychologically informed.

# FINANCIAL FRAMEWORK

## Financial Framework

The recurring budget and expenditure plan for Perth and Kinross Alcohol and Drug Services, including the Alcohol & Drug Partnership (ADP) is outlined in Table 1 below.

**Table 1**

	Funding Source	Recurring Budget £000	Recurring Expenditure £000
Alcohol and Drug Partnership	Core ADP Budget	1,457	1,457
P&K HSCP Health	Core Health Budget	897	897
P&K HSCP Social Care	Core Social Care Budget	482	482
Prison Healthcare	Core Prison Healthcare Budget	724	724
Reducing Drug Death/National Missions	Scottish Government	557	557
Programme for Government	Scottish Government	474	474
Stabilisation Fund	Scottish Government	78	78
MAT Standards	Scottish Government	248	248
Ringfenced Uplift Funding	Scottish Government	196	196
<b>Total 2024/25 Budget</b>		<b>5,113</b>	<b>5,113</b>

The Core budgets for Alcohol and Drug Services include funding, either in whole or in part, for the following services :-

- Integrated Drug and Alcohol Recovery Team (IDART)
- 3<sup>rd</sup> Sector Funding

- Change is a Must within Education & Children’s Services
- Prison Healthcare
- Public Health Support
- Psychology support.

The Reducing Drug Death/National Missions budget of £557k funds the expansion of the workforce within IDART, Education & Children Services, 3<sup>rd</sup> Sector funding and Psychology support as well as a residential rehabilitation budget which provides improved access to residential rehabilitation.

The Programme for Government allocation funds, either in whole or in part: recurring posts within IDART; 3<sup>rd</sup> Sector Funding; Prison Healthcare and Public Health Support.

The Stabilisation Fund funds the expansion of assertive outreach work and the expansion of the workforce within IDART.

The MAT Standards allocation funds the multi-disciplinary workforce within PKC, IDART and Public Health to allow implementation of the standards.

The ringfenced funding streams discussed above included back-dated uplifts during 2023/24. This funds cost of living increases for 2022/23 and 2023/24.

In addition to the recurring budget detailed above, the IJB (Integration Authority Joint Board) holds reserves on behalf of the Alcohol & Drug Partnership (ADP) as detailed in Table 2 below.

**Table 2**

	Non-Recurring Budget £000	2024/25 Planned Expenditure £000	2025/26 Planned Expenditure £000	2026/27 Planned Expenditure £000	Balance Remaining £000
Perth and Kinross ADP Ringfenced Reserves	857	517	195	145	0
<b>Totals</b>	<b>857</b>	<b>517</b>	<b>195</b>	<b>145</b>	<b>0</b>

Perth and Kinross ADP has a reserve that has accumulated, over several years, from in year underspend against core budget. This has been protected and transferred into a reserve for future expenditure. In addition, slippage accumulation on Scottish Government funding for reduction in drug deaths and to implement MAT standards remains within the reserve. Funding was allocated for a whole financial year and accumulated slippage whilst plans were developed, and recruitment progressed. The slippage in expenditure has been transferred into the reserve to support future service delivery.

The non-recurring funding is being used to meet short term needs, however there may be ongoing pressures that will need to be included in future financial planning.

## **ADP Funding Context**

Since 2018 the Scottish Government has increased the level of funding available to ADPs through several ring-fenced funds which are non-recurring (temporary) in nature. This increased the resources available for drug and alcohol services but has also created a situation of financial uncertainty where partnerships have made financial commitments but rely on an annual funding allocation process. As at May 2024 the level of funding available for 2024/25 has not yet been confirmed. The result of this is financial risk to ADPs and HSCPs, when investing the ring-fenced, non-recurring funding partnerships have had to consider the impact of potential future funding reductions. The current challenges to public sector budgets hinder the ability of HSCP partners to further invest in drug and alcohol services. Because of this it is considered likely that the ADP financial position will become more difficult in the medium term.

## ACTION PLAN

<b>Priority 1 – Prevention and Early Intervention</b> <b>Key Outcome:</b> Fewer people develop problem alcohol and drug use		
What will we do	How will we do it	Responsibilities and timescales
We will ensure people receive evidence-based, effective holistic interventions to prevent problem alcohol and drug use.	We will develop and implement a prevention plan with a focus on targeted prevention, which draws from the <a href="#">'What Works' in Drug Education and Prevention? 2016</a> Scottish Government literature review.	ADP Adult Delivery Group – March 2026
	We will develop work looking at substance use in older people to identify opportunities for prevention and intervention.	ADP Adult Delivery Group – March 2027
We will enable people to have early access to support for emerging problem drug use	We will review and improve the school substance use framework.	ADP Children. Young People and Families Group – March 2026
	We will develop the Drug Ambassador project and evaluate its impact.	ADP Children. Young People and Families Group – March 2025
	We will build universal youthwork capacity to upskill partners and volunteers in alcohol, drug and mental health training.	ADP Children. Young People and Families Group – March 2026
	We will use local evidence to design and test interventions to reduce alcohol, drug and vaping use in young people.	ADP Children. Young People and Families Group – March 2027
We will work to reduce the supply of harmful drugs.	We will deliver local policing initiatives to tackle those dealing drugs and exploiting those with vulnerabilities, making best use of legislation and enforcement to detect offenders.	Police Scotland – March 2026

	We will work with the local Suicide Prevention Steering Group and other relevant partners to offer suicide prevention training to all services and use the evidence base to inform any shared actions to address cross cutting themes.	P&K Suicide Prevention Steering Group, ADP Adult Delivery Group – March 2026
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<b>Priority 2 – Reducing the harms caused by alcohol and drugs</b>		
<b>Key Outcomes:</b>		
Risk is reduced for people who use alcohol and drugs		
People at most risk have access to treatment and recovery		
<b>What will we do</b>	<b>How will we do it</b>	<b>Responsibilities and timescales</b>
We will work to prevent overdoses from becoming fatal.	We will continue to promote the uptake of Naloxone to service users, their families and friends, people who work with service users and the public and explore options to increase its accessibility..	Hillcrest Futures, NHS Tayside Public Health – March 2027
We will ensure all people are offered evidence-based harm reduction and advice.	We will increase rates of Blood-Borne Virus testing to support elimination of Hepatitis C and new transmission of HIV.	Hillcrest Futures, NHS Tayside Public Health – March 2027
	We will develop harm reduction resources and training that cover a range of substances and make them available in a range of settings and locations throughout Perth and Kinross	Hillcrest Futures, NHS Tayside Public Health – March 2026
	We will investigate local options to introduce drug checking services	Adult Delivery Group – March 2027
We will seek to identify people at high risk and ensure they are offered support.	We will develop our approach and response to identified victims of cuckooing.	Police Scotland, PKC Safer Communities Team – March 2026
	We will action relevant recommendations from the Tayside Drug Death Review Group Annual Report.	ADP Delivery Group – March 2025
We will establish effective pathways between justice and community services.	We will establish clear pathways between inpatient and community services and between prison-based healthcare and community services.	iDART, Community Justice Partnership – March 2026
	We will support the implementation of the MAT Standards within local justice settings including police custody, court, prison and the community.	P&K Community Justice Partnership, ADP MAT

		Standards Implementation Group – March 2026
	We will evaluate the Specified Persons Test of Change in Justice Social Work and determine how best to continue to support this work.	P&K Justice Social Work/ iDART – March 2025
We will establish effective near-fatal overdose pathways.	We will continue to develop our Near-Fatal Overdose Pathway by reviewing and following up referrals.	P&K Near-Fatal Overdose Group – March 2025
We will review our use of Buprenorphine and its effectiveness.	We will review our use of Buprenorphine and its effectiveness and explore options to ensure its continued availability .	iDART – March 2025

<b>Priority 3 – Developing a Recovery Oriented System of Care</b> <b>Key Outcomes:</b> People receive high quality treatment and recovery services Quality of life is improved by addressing multiple disadvantages		
<b>What will we do</b>	<b>How will we do it</b>	<b>Responsibilities and timescales</b>
We will ensure that people access the correct pathway to support their treatment needs.	We will develop appropriate pathways and a range of services to support the needs of people who use non-opioid substances including cocaine, crack cocaine and benzodiazepines.	ADP Adult Delivery Group – March 2025
	We will develop appropriate pathways and a range of services to support the needs of people with alcohol problems, in line with forthcoming National Treatment Guidelines.	ADP Adult Delivery Group – March 2025
We will implement and embed MAT Standards 1-10 in the community	We will complete and sustain our implementation of the MAT Standards in the community.	ADP MAT Standards Implementation Group - March 2027
We will ensure access to residential rehabilitation is available to all those who will benefit.	We will work with Health Improvement Scotland (HIS) to enhance our residential rehabilitation pathway by implementing our co-produced Residential Rehabilitation Pathway Action Plan.	ADP Adult Delivery Group – March 2026
	We will explore opportunities for a local rehabilitation option.	ADP Adult Delivery Group – March 2025



We will ensure people have access to high standard, evidence based, compassionate and quality assured treatment services.	We will support iDART to implement the actions identified in their service model redesign project.	iDART – March 2025
We will ensure Perth and Kinross has a thriving recovery community offering a range of groups and activities.	We will support our recovery communities to expand the range of activities offered and identify ways to make these more accessible.	ADP Adult Delivery Group – March 2026
	We will provide support for people in recovery to take part in training, education and employment.	ADP Adult Delivery Group – March 2026
We will develop joined-up, person-centred services to address all needs.	We will design and implement a local Mental Health Substance Use Protocol for joint working.	P&K Integrated Mental Health/ Substance Use Group – March 2026
We will develop informed and compassionate services to address wider health and social care needs.	We will develop our local ROSC and use this to enhance the range and accessibility of recovery-oriented support that is available.	ADP Strategy Group – March 2026
We will ensure advocacy is available to empower individuals.	We will identify solutions to sustained funding of advocacy services.	ADP Finance and Commissioning Group – March 2025

<b>Priority 4 – Getting it right for children, young people, families and communities</b>		
<b>Key Outcome:</b>		
Children, young people, families and communities affected by alcohol and drug use are supported		
<b>What will we do</b>	<b>How will we do it</b>	<b>Responsibilities and timescales</b>
We will empower family members to support their loved one’s recovery.	We will continue to work in partnership with the Whole Family Wellbeing Programme as part of our Whole Family Approach to Substance Use.	ADP Children. Young People and Families Group/ Whole Family Wellbeing Fund Oversight Group – March 2026
We will support family members to achieve their own recovery.	We will implement the actions for ADPs as outlined in the Scottish Government’s Whole Family Approaches and Family Inclusive Practice Framework for families affected by substance use.	ADP Children. Young People and Families Group – March 2026

	We will review and update our Getting Out Priorities Right (GOPR) Guidance and ensure relevant staff receiving training in this.	ADP Children. Young People and Families Group – March 2026
	We will explore opportunities to better support women who have had their children removed from their care due to their substance use.	ADP Children. Young People and Families Group - March 2026
	We will work with partners to enhance support for fathers.	ADP Children. Young People and Families Group – March 2027
	We will explore opportunities to enhance support for carers.	ADP Children. Young People and Families Group – March 2027
We will ensure communities are resilient and supportive.	We will support families affected by substance use to access services and supports in their local communities.	ADP Children. Young People and Families Group – March 2027

**Enablers/ Cross Cutting Priorities**

Placing Lived and living experience at the heart  
 Equalities and human rights  
 Tackling stigma  
 Surveillance and evidence  
 Resilient and skilled workforce  
 Psychologically informed support

**Key Outcomes:**

The ADP will have a visible connection to people with lived and living experience, who will play a key role in service development  
 ADP policies and practice will reflect the voices and rights of people with lived and living experience  
 People with lived and living experience of alcohol and drug use in Perth and Kinross experience less stigma  
 People working in alcohol and drug services experience less stigma  
 The work of the ADP is informed by evidence-based, robust data  
 The Perth and Kinross alcohol and drugs workforce have the right skills and knowledge to support services users  
 Alcohol and drugs services in Perth and Kinross are psychologically informed

<b>What will we do</b>	<b>How will we do it</b>	<b>Responsibilities and timescales</b>
We will embed co-production with people with lived experience of substance use and recovery in evaluation, design, and delivery of services.	We will establish a Lived Experience Reference Group.	ADP Adult Delivery Group – March 2025
	We will work in partnership with people with living and lived experience to develop local approaches to gather feedback on services.	ADP Adult Delivery Group – March 2025
	We will work with partners to develop peer mentors.	ADP Adult Delivery Group – March 2025
We will effectively implement a rights-based approach to alcohol and drug service design.	We will engage with the National Collaborative to align development of our work to the Human Rights Charter and the accompanying Implementation Framework.	ADP Adult Delivery Group – March 2026

We will ensure a gendered lens is used when developing services.	We will work with woman with living and lived experience to identify opportunities for prevention activity and co-produce support services that reflect their specific needs.	ADP Children, Young People and Families Group – March 2025
We will challenge stigma and discrimination faced by service users and their families in their communities.	We will work with partners to challenge stigma and promote anti-stigma campaigns through our communication strategy.	ADP Adult Delivery Group - March 2025
We will challenge stigma experienced by the alcohol and drugs workforce.	We will work with the Scottish Government to roll out a stigma charter within each partner organisation.	ADP Adult Delivery Group, ADP Children, Young People and Families Group - March 2026
We will bring together health, local authority and third sector intelligence to develop a holistic shared picture of recovery needs for people who use drugs and/or alcohol, including physical and mental health, substance use, and social needs.	We will develop a local ADP performance framework.	ADP Strategy Group – March 2026
We will carry out focussed needs assessments, designed to identify intelligence gaps and gaps in service provision.	We will support Public Health colleagues to carry out relevant needs assessments to respond to emerging alcohol and drug trends.	ADP Adult Delivery Group. NHS Tayside Public Health – March 2026
We will develop an approach to support learning, development and wellbeing across the both the substance use and wider workforce and facilitate its delivery.	We will develop a comprehensive learning and development framework for services, promoting and utilising current training opportunities and working with partners to develop new opportunities.	ADP Strategy Group – March 2026
	We will develop local actions to implement the Scottish Government Drug and Alcohol Workforce Action Plan 23-26.	ADP Strategy Group – March 2026
We will ensure that trauma informed practice is embedded across the Recovery-Oriented System of Care (ROSC).	We will ensure that all appropriate workers are trained to deliver psychologically informed care and have access to a range of training opportunities.	NHS Tayside Drug and Alcohol Psychology Service – March 2026
	We will continue to evaluate the impact of this training through self-evaluation and feedback from service users and their families and carers.	NHS Tayside Drug and Alcohol Psychology Service – March 2026

# PERFORMANCE FRAMEWORK

To provide the necessary assurance that our actions are making the desired impact, we have developed a strategic, outcomes focussed, performance framework. This framework comprises several headline metrics which are used to measure performance nationally and which link directly to relevant outcomes within our four local priorities. The outcomes associated with the six cross cutting priorities are embedded within the local priority outcomes and metrics. These performance measures will be used, along with supporting narrative and wider contextual information, to provide the necessary assurance that appropriate progress is being made. Where this isn't the case, or isn't possible, we will set-out what further actions we seek to take.

Priority	Outcome	Headline metric
<b>Prevention and Early Intervention</b>	Fewer people will develop problem alcohol and drug use	<ul style="list-style-type: none"> <li>• Prevalence of problem alcohol/ drug use</li> <li>• % of people who have a current problem with their alcohol/ drug use</li> </ul>
<b>Reducing the harm caused by alcohol and drugs</b>	Risk is reduced for people who use alcohol and drugs	<ul style="list-style-type: none"> <li>• Number of alcohol/ drug related deaths</li> <li>• Number of ambulance service naloxone administrations</li> <li>• Rate of alcohol/drug-related hospital stays</li> </ul>
	People most at risk have access to treatment and recovery	<ul style="list-style-type: none"> <li>• Number of referrals resulting in treatment starting</li> </ul>
<b>Developing a recovery-oriented system of care</b>	People receive high quality treatment and recovery services	<ul style="list-style-type: none"> <li>• Number of people who have had an initial assessment recorded</li> <li>• Number of people prescribed Opioid substitution therapy (OST)</li> <li>• Number of approved statutory funded residential rehabilitation placements</li> </ul>
	Quality of life is improved by addressing multiple disadvantages	<ul style="list-style-type: none"> <li>• Mental wellbeing score for adults who have used alcohol/ drugs</li> <li>• Ratio of alcohol/ drug-related death rate in the most deprived areas to rate in the least deprived areas</li> <li>• % of service users who have received support for housing, welfare and income needs</li> </ul>
<b>Getting it right for children, young people, families and communities</b>	Children, young people, families and communities affected by alcohol and drug use are supported	<ul style="list-style-type: none"> <li>• % of ADP areas with agreed activities and priorities to implement the holistic Whole Family Approach Framework</li> <li>• % of people who would be comfortable (a) living near (b) working with someone receiving support for alcohol/ drug use</li> </ul>



## Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

**The deadline for returns is Friday 28 June 2024.** Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot).

## Cross-cutting priority: Surveillance and Data Informed

### Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.  
[single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- X Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP



## Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

X Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify):

## Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

## Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

IDART review alcohol and drug related deaths if the service user dies in service. IDART receive information from Public Health about deaths, and they are reported on DATIX, NHS Tayside's risk reporting system. A local adverse event review (LAER) is planned and take 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 IDART by memos to staff and discussion in team meetings. This approach can lead to a change in practice where improvement is identified. It is an opportunity for the family to receive feedback and support around the death of a loved one. The Tayside Drug Death Review Group (TDDRG) has representation from multiple agencies. Suspected drug deaths are notified to the NHS Tayside's Health

Intelligence Team. Details are collected from partner agencies, assimilated, and subsequently reviewed by the TDDRG 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 TDDRG to the service involved if appropriate. Recommendations identified by the TDDRG are incorporated into the action plans of each of the ADPs in Tayside.

Public Health currently convenes the Tayside Substance Use Needs Assessment Steering Group which has representation from public health, Police Scotland, specialist services and ADPs. The group is currently developing an alcohol needs assessment which will focus on alcohol specific deaths and service provision.

### Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.

[single option]

Yes

X No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

Although there have yet to be any official revisions to protocols, the ADP ensures that information from Scotland's drugs early warning Rapid Action Drug Alerts and Response (RADAR) system is disseminated to all relevant local services in a timely manner. In addition, the ADP receives other up-to-date local drug trends information from partners to ensure that policies and practice continue to reflect local needs.

## Cross-cutting priority: Resilient and Skilled Workforce

### Question 6

6a. What is the whole-time equivalent<sup>1</sup> staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.70
Total vacancies (whole-time equivalent)	0.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).

[open text – maximum 500 characters]

N/A

<sup>1</sup> Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

### Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).

[open text – maximum 2,000 characters]

Our statutory substance use service, iDART, has two Wellbeing Champions who promote wellbeing with the staff groups. A staff information board is used to advertise wellbeing activities and promotions and there have been a number of morning wellbeing sessions undertaken, with plans in place to deliver more of these in 2024/25.

## Cross cutting priorities: Lived and Living Experience

### Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

- X Experiential data collected as part of MAT programme
- X Feedback / complaints process
- X Lived / living experience panel, forum and / or focus group
- Questionnaire / survey
- No formal mechanism in place
- Other (please specify):

### Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff		
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

### Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

### Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.

[multiple choice]

X Prerequisite for our commissioning

X Asked about in their reporting

Mentioned in our contracts

None

Other (please specify):

## Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation<sup>2</sup> in the last financial year. Within your answer please indicate which activities have been most costly.

[open text – maximum 2,000 characters]

Perth and Kinross ADP received £13,936 for lived/ living experience participation in 2023/24. The ADP used this funding to support a variety of living and lived experience groups throughout Perth and Kinross.

During 2023/24, the ADP worked with Scottish Drugs Forum (SDF) to establish a Living Experience Group. The purpose of the group is to ensure that those who are currently accessing substance use services are able to contribute to the design and delivery of local substance use services. Participants to the group are provided with lunch and vouchers to encourage attendance and participation.

The ADP continued to provide funding to support a local carers group, Encouraging Positive Care and Support (EPICS) which meets regularly to ensure that the views and needs of the carers of people with substance use issues are recognised and reflected in local services and development plans.

The ADP also continued to fund a network of recovery cafes and associated groups and activities throughout Perth and Kinross which support people to improve their wellbeing during their recovery.

During 2023/24, the ADP has been consulting with our recovery community both on the content of our new Strategic Delivery Plan and as part of the MAT Standards experiential feedback work. As part of these consultation exercises, all our Living and Lived Experience groups provided extensive feedback on a range of issues including the key priorities and actions that should be part of the new Strategic Delivery Plan and the redesign and delivery of services as part of MAT Standards 6-10 improvement work.

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<sup>2</sup> The funding letter specified that “£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services.”

## Cross cutting priorities: Stigma Reduction

### Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.  
[multiple choice]

- ADP strategy, delivery and/or action plan
- Alcohol deaths and harms prevention action plan
- Communication strategy
- Community action plan
- Drug deaths and harms prevention action plan
- MAT standards delivery plan
- Service development, improvement and/or delivery plan
- None
- Other (please specify):

### Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.  
[open text – maximum 2,000 characters]

The current ADP Strategic Delivery plan has stigma as our 3rd Cross-cutting Priority. We aim to address stigma in our communities by working together and individually to reduce stigma across Perth and Kinross. This will result in people with lived experience of substance use experiencing less stigma, as will staff who work in substance use services.

We have identified 3 key actions to achieve these outcomes. Firstly, we will support local activity to challenge stigma. The ADP has previously supported Hillcrest Futures in the developed of its overdose campaign which was developed in partnership with people who have lived experience of substance use. The campaign has continued to raise awareness of the risk factors of drug-related overdose, provide safety advice and reduce community stigma around overdose. Posters for the campaign were distributed to hostels, GPs, pharmacies and local partner agencies.

The ADP has also supported the pan-Tayside Language Matters campaign which challenges the use of negative language towards people who use substances. This is part of wider work in response to the recommendations from the Dundee Drugs Commission.

Our second and third key actions focus on supporting the Scottish Government's work to tackle stigma via its Stigma Strategy Action Plan. This will see the development of interventions to tackle social stigma through a national programme of work and the implementation of an accreditation scheme for businesses and services which will include commitments to take defined and measurable actions to challenge and remove structural stigma.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).

[open text – maximum 500 characters]

As part of the development of our new Strategic Delivery Plan, we will also develop a new Performance Framework which we will use to measure progress in implementing the plan. As part of this performance framework will use self report measures from both service users and staff to determine their experiences of stigma. This will be collected as part of a continuation of the MAT Standards experiential feedback process that we have established.



## Fewer people develop problem substance use

### Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.  
[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)	X		X
People from minority ethnic groups	X		X
People from religious groups	X		X
People who are experiencing homelessness	X		X
People who are LGBTQI+	X		X
People who are pregnant or peri-natal	X		X
People who engage in transactional sex	X		X
People with hearing impairments and/or visual impairments	X		X
People with learning disabilities and literacy difficulties	X		X
Veterans	X		X
Women	X		X

### Question 16

Which of the following education or prevention activities were funded or supported<sup>3</sup> by the ADP? Mark all that apply with an 'x'.

[multiple choice]

	<b>0-15 years (children)</b>	<b>16-24 years (young people)</b>	<b>25 years+ (adults)</b>
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions	X	X	X
Physical health		X	X
Planet Youth			
Pregnancy & parenting		X	X
Youth activities	X	X	X
Other (please specify)			

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<sup>3</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

## Risk is reduced for people who use substances

### Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X			
Drug services (NHS, third sector, council)	X	X	X	X
Family support services				
General practices				X
Homelessness services				
Hospitals (incl. A&E, inpatient departments)				X
Justice services				
Mental health services				
Mobile/outreach services	X	X	X	X
Peer-led initiatives	X	X	X	X
Prison	X	X		
Sexual health services				
Women support services				
Young people's service	X			
None				
Other (please specify)				

### Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

Drug checking

Drug testing strips

Heroin Assisted Treatment

Safer drug consumption facility

Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

Substance use trends continue to change with the most consistent upward trend being the increase in crack cocaine amongst people who use drugs. Currently legislation does allow for pipes to be supplied however anecdotal service feedback from people accessing support suggests equipment is being bought from head shops from between £5-£8 per pipe. In order to identify and support this population legislation to support the supply of pipes would contribute to engaging with this population.

## People most at risk have access to treatment and recovery

### Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)		X
Housing services		
Mental health services		
Police Scotland	X	
Primary care		
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

### Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Further workforce training required

Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Workforce capacity

x None

Other (please specify):

## Question 21

In what ways have you worked with justice partners<sup>4</sup>? Mark all that apply with an 'x'.  
[multiple choice]

### *Strategic level*

- ADP representation on local Community Justice Partnership
- Contributed to strategic planning
- Coordinated activities between justice, health or social care partners
- Data sharing
- Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

### *Operational level*

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- Supported staff training on drug or alcohol related issues
- Other (please specify):

### *Service level*

Funded or supported:

- Navigators for people in the justice system who use drugs
- Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders institutions
- Services specifically for Drug Treatment and Testing Orders (DTTOs)
- Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

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<sup>4</sup> Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

## Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest <sup>5</sup>	In police custody <sup>6</sup>	In courts <sup>7</sup>	In prison <sup>8</sup>	Upon release <sup>9</sup>
Advocacy or navigators	X	X		X	X
Alcohol interventions	X	X		X	X
Drug and alcohol use and treatment needs screening	X	X		X	X
Harm reduction inc. naloxone	X	X		X	X
Health education & life skills	X	X		X	X
Medically supervised detoxification	X	X		X	X
Opioid Substitution Therapy	X	X		X	X
Psychosocial and mental health based interventions	X	X		X	X
Psychological and mental health screening	X	X		X	X
Recovery (e.g. café, community)	X	X		X	X
Referrals to drug and alcohol treatment services	X	X		X	X
Staff training		X		X	X
None					
Other (please specify)					

<sup>5</sup> Pre-arrest: Services for police to refer people into without making an arrest.

<sup>6</sup> In police custody: Services available in police custody suites to people who have been arrested.

<sup>7</sup> In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

<sup>8</sup> In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

<sup>9</sup> Upon release: Services aimed specifically at supporting people transitioning out of custody.

**Question 23**

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

X No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

**Question 24**

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area<sup>10</sup>? Mark with an 'x'. [single option]

X Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

If someone is given a DTTO, justice clients are regularly seen by healthcare professionals from the statutory substance use service for testing via urine sampling. In addition, we are currently undertaking a test of change for people with alcohol or drug treatment requirements of CPOs. These clients work with substance use workers from our statutory service to receive specialist substance use support. In 2023-24, electronic monitoring was introduced in Perth and Kinross for justice clients.

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<sup>10</sup> We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.



## People receive high quality treatment and recovery services

### Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Alcohol hospital liaison
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Pathways for early detection of alcohol-related liver disease
- None
- Other (please specify):

### Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Community alcohol detox (including at-home)
- In-patient alcohol detox
- Pathways into mental health treatment
- Psychosocial counselling
- Residential rehabilitation
- None
- Other (please specify):

### Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Availability of aftercare
  - Availability of detox services
  - Availability of stabilisation services
  - Current models are not working
  - Difficulty identifying all those who will benefit
  - Further workforce training required
- Insufficient funds
- Insufficient staff
  - Lack of awareness among potential clients
  - Lack of capacity
- Lack of specialist providers
  - Scope to further improve/refine your own pathways
  - Waiting times
  - None
  - Other (please specify):

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

We are working with Health Improvement Scotland (HIS) to review and enhance our current pathway. Following a self-assessment exercise, we have co-produced a multi-disciplinary action plan that highlights key areas for improvement. The action plan will help us to address issues concerning availability of aftercare and staffing challenges. In addition, we have used additional non-recurring funding to ensure that everyone who is assessed as suitable, is able to access a service.

### Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- No revisions or updates made in 2023/24
- Yes - Revised or updated in 2023/24 and this has been published
- Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

## Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area?  
Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

Alternative premises have been secured for occupation in June 2024 which will enable improved support to be available to service users. Focus is ongoing to redesign the operational practices of the team which will include the way the new premises are used and using feedback from service users, how improved support can be provided in our rural areas.

### Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionsary activities			X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services			X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities			X
School outreach	X	X	X
Support/discussion groups (including 1:1)	X	X	X
Other (please specify)			

### Question 31

Please list all recovery groups<sup>11</sup> in your ADP area that are funded or supported<sup>12</sup> by your ADP.

[open text – maximum 2,000 characters]

Perth City - Community Café  
 North Perthshire Recovery Café  
 Aberfeldy Recovery Café

<sup>11</sup> 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

<sup>12</sup> Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Crieff Recovery Café
Blairgowrie Recovery Café
Wisecraft Mental Health and Wellbeing
Smart Families
SMART
Cooking Group
Andy's Man Club
Fake-Away Cookery Club
Gym Group
Cocaine Anonymous
Women's Wellbeing Group
"Bag o Chips" Walking Group
Perth Men's Shed
Fly Fishing Groupx

## Quality of life is improved by addressing multiple disadvantages

### Question 32

Do you have specific treatment and support services in place for the following groups?  
Mark all that apply with an 'x'.  
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness		X
People who are LGBTQI+		
People who are pregnant or peri-natal	X	
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		X
Veterans		X
Women	X	

### Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

Yes

X No

33b. Please provide details.

[open text – maximum 500 characters]

#### Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

#### Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.

[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

Via provision of funding

Not applicable

Other (please specify):



### Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported<sup>13</sup> services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- X Provision of trauma-informed spaces/accommodation
- X Recruiting staff
- X Training existing workforce
- X Working group
- None
- Other (please specify):

### Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

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<sup>13</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

## Children, families and communities affected by substance use are supported

### Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversionary activities			X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services	X	X	X
Recovery communities			X
School outreach	X	X	X
Support/discussion groups	X	X	X
Other (please specify)			

### Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- X Mental health support
- X Naloxone training
- X Support groups
- Training
- None
- Other (please specify):

### Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

The current ADP Strategic Delivery Plan outlines key priorities and actions that are broadly aligned with the Framework. Key activities include: ensuring people with lived experience are seen in the context of their families and friends; providing support to children affected by substance use and working with children and adult services to develop an improved interface that provides support, is joined up and is comprehensive, ensuring that services are family inclusive as part of their practice.

### Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	X	X
Advocacy	X	X
Mentoring	X	X
Peer support	X	X
Personal development	X	X
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

### Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

The ADP Coordinator is a member of the Whole Family Wellbeing Oversight Group and Systems Leadership subgroup. During 2023/24, the WFWF Group and the ADP also co-funded the Families Empowering Communities Project which is a community-led intervention which seeks to reduce disadvantage and inequality for families by encouraging co-designed solutions and foster better collaborative working between community members and services.



## Confirmation of sign-off

### Question 44

Has your response been signed off at the following levels? [multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format):

## Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot) should you have any questions.

[End of survey]

## PERTH AND KINROSS INTEGRATION JOINT BOARD

## DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1	<b>Direction reference Number</b>	tbc	<b>Direction reference to be superseded (if relevant)</b>	
2	<b>Date of IJB</b>	5th June 2024	<b>IJB report reference</b>	
3	<b>Report Title</b>	Alcohol and Drug Partnership Strategic Delivery Plan and Annual Reporting Survey		
4	<b>Date from which direction takes effect</b>	5th June 2024		
5	<b>Direction to</b>	NHS Tayside and Perth and Kinross Council		
6	<b>Functions covered by Direction</b>	Delegated drug and alcohol services		
7	<b>Reference to Strategic Plan</b>	<p>The Direction will contribute to P&amp;K IJB's Strategic Commissioning Plan Aims:</p> <ul style="list-style-type: none"> <li>• Working Together with our Communities – people will have the health and care services they need within their local communities and be empowered to have greater control over their lives and stronger connections in their community.</li> <li>• Prevention and Early Intervention - support people to remain healthy, active and connected in order to prevent escalation of health concerns.</li> <li>• Person-Centred Health, Care and Support - put people at the heart of what we do.</li> <li>• Reducing Inequalities and Unequal Health Outcomes and Promoting Healthy Living - reduce health inequalities, increase life expectancy, increase people's health and wellbeing and reduce the personal and social impact of poverty and inequality.</li> <li>• Making Best Use of Available Facilities, People and Other Resources - use our combined health and social care resources efficiently, economically and effectively to improve health and wellbeing outcomes for the people of Perth and Kinross.</li> </ul>		

<b>8</b>	<b>Full Text of Direction</b>	The IJB directs PKC and NHST to deliver delegated drug and alcohol services in a manner which supports the delivery of the key outcomes contained in the ADP Strategic Delivery Plan 2024-27.
<b>9</b>	<b>Budget allocated for the implementation of the Direction</b>	The budget allocation for the implementation of this Direction is £5.113 million.
<b>10</b>	<b>Intended Outcomes to be delivered by this Direction</b>	Progress in fulfilling the strategic ambitions contained within Perth and Kinross Integration Joint Board's <a href="#">Strategic Commissioning Plan 2020-2025</a> and subject to approval on 5 June 2024, the ambitions of the IJB's Strategic Plan for 2024-27.
<b>11</b>	<b>Performance monitoring requirements for this Direction</b>	Performance on progress in implementing this Direction will be monitored via the ADP Strategic Delivery Plan 2024-27 Performance Framework which will be routinely considered by the IJB's Audit and Performance Committee.
<b>12</b>	<b>Review date</b>	5 <sup>th</sup> June 2025