



## PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building  
2 High Street  
Perth  
PH1 5PH

30/11/2021

Attached is a supplementary agenda for the virtual meeting of the **Perth and Kinross Integration Joint Board** being held on **Wednesday, 01 December 2021** at **13:00**.

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

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

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

### **Voting Members**

Councillor Eric Drysdale, Perth and Kinross Council (Vice-Chair)  
Councillor John Duff, Perth and Kinross Council  
Councillor Xander McDade, Perth and Kinross Council  
Councillor Callum Purves, Perth and Kinross Council  
Bob Benson, Tayside NHS Board (Chair)  
Ronnie Erskine, Tayside NHS Board  
Beth Hamilton, Tayside NHS Board  
Pat Kilpatrick, Tayside NHS Board

### **Non-Voting Members**

Gordon Paterson, Chief Officer, Perth and Kinross Integration Joint Board  
Jacquie Pepper, Chief Social Work Officer, Perth and Kinross Council  
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board  
Sarah Dickie, NHS Tayside  
Dr Sally Peterson, NHS Tayside  
Dr Lee Robertson, NHS Tayside

### **Stakeholder Members**

Sandra Auld, Service User Public Partner  
Lynn Blair, Scottish Care  
Bernie Campbell, Carer Public Partner  
Lyndsay Glover, Staff Representative, NHS Tayside  
Stuart Hope, Staff Representative, Perth and Kinross Council  
Ian McCartney, Service User Public Partner  
Maureen Summers, Carer Public Partner  
Sandy Watts, Third Sector Forum



**Perth and Kinross Integration Joint Board**

**Wednesday, 01 December 2021**

**AGENDA**

**6.1 PERTH & KINROSS DRAFT COMMUNITY MENTAL HEALTH & WELLBEING STRATEGY 2022-25 5 - 58**

Joint Report by Head of Health and Strategic Lead for Mental Health (copy herewith G/21/146)

**REVISED ITEMS**

**6.3 UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES AND RECOVERY FROM COVID IN PERTH AND KINROSS 59 - 66**

(revised covering report G/21/148) (minor revisal highlighted in yellow on page 2)

**9 PROPOSED IJB MEETING DATES 2022/23 (1.00PM - 4.00PM UNLESS OTHERWISE STATED)**

16 February 2022 (2.00pm - 5.00pm)

30 March 2022

1 June 2022

31 August 2022

26 October 2022

14 December 2022

15 February 2023

~~29 February 2023~~ 29 March 2023

**PROPOSED IJB DEVELOPMENT SESSIONS 2022/23 (1.00PM - 4.00PM)**

26 January 2022

16 March 2022 (Budget) (TBC)

**13 April 2022**

15 June 2022

14 September 2022

16 November 2022 (Budget)

25 January 2023

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## Perth and Kinross Integration Joint Board

1 December 2021

### PERTH AND KINROSS HSCP DRAFT COMMUNITY MENTAL HEALTH AND WELLBEING STRATEGY 2022-25

Joint Report by Head of Health and Strategic Lead for Mental Health  
(Report No. G/21/146)

#### PURPOSE OF REPORT

This report presents the Perth and Kinross Health and Social Care Partnership Draft Community Mental Health & Wellbeing Strategy (CMHWS) to the Integration Joint Board for approval.

#### 1. RECOMMENDATION(S)

It is recommended that the IJB:

- (i) Consider and approve the attached Community Mental Health and Wellbeing Strategy.
- (ii) Following approval above, ask the Chief Officer to issue the necessary Directions to both NHS Tayside and Perth and Kinross Council make the necessary arrangements to deliver services to implement the actions in the Perth and Kinross Health and Social Care Partnership's Community Mental Health and Wellbeing Strategy 2022-2025.

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

This P&K HSCP CMHW Strategy has been developed following extensive consultation and engagement with local stakeholders. It takes into cognisance the Living Life Well Strategy for Tayside as well as other local and national policies pertinent to Mental Health and Wellbeing. The strategy has been overseen by the Mental Health and Wellbeing Strategy Group and the draft strategy has been presented to the Strategic Planning Group whereby feedback and comments were received and incorporated into the document. Perth and Kinross HSCP Executive Management Team have also considered and provided comments on an earlier draft.

### 3. PROPOSALS

The Proposals within the strategy clearly outline the 5 Key themes that will be actioned over the 3 year legacy of this strategy. These key themes have been prepared following consultation and engagement with key stakeholders and have a corresponding action plan.

Following approval by the IJB, the Chief Officer will issue the necessary Directions to both NHS Tayside and Perth and Kinross Council to deliver the services which will allow implementation of the action plan within the Strategy.

### 4. CONCLUSION

This Draft Community Mental Health & Wellbeing Strategy 2022-2025, which has been developed following review, engagement and consultations, sets out our commitments to everyone in Perth and Kinross in respect of their mental health and wellbeing.

#### Author(s)

Name	Designation	Contact Details
Chris Lamont	Strategic Lead for Mental Health	Chris.lamont@nhs.scot

#### Appendices

Appendix 1 – Perth and Kinross Health and Social Care Partnership Draft Community Mental Health & Wellbeing Strategy

**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	<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	
Other assessments (enter here from para 3.3)	
<b>Consultation</b>	
External	<b>Yes</b>
Internal	<b>Yes</b>
<b>Legal &amp; Governance</b>	
Legal	<b>N/A</b>
Clinical/Care/Professional Governance	<b>Yes</b>
Corporate Governance	<b>Yes</b>
<b>Directions</b>	<b>Yes</b>
<b>Communication</b>	
Communications Plan	<b>Yes</b>

### 1. Strategic Implications

#### 1.1 Strategic Commissioning Plan

*This section should set out how the proposals relate to the delivery 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*

**The Mental Health and Wellbeing Strategy has 5 Key themes. Each themes has a corresponding Action plan which directly relates to the Perth and Kinross Strategic Commissioning plan. The 5 Key themes are:**

- **Key Theme 1: Good Mental Health for all – Prevention and Early Intervention**
- **Key Theme 2: - Access to Mental Health Services and Support**
- **Key Theme 3: - Coordinated working & Person Centred support**
- **Key Theme 4: - Participation and Engagement**
- **Key Theme 5: Review Of workforce requirements**

## 2. Resource Implications

### 2.1 Financial

*The Chief Finance Officer must be consulted on all proposals with financial implications. No report with such implications should be presented at a meeting when this has not been done and it should be explicitly stated that the Chief Finance Officer has been consulted, and has indicated agreement with the proposals.*

**Regular consultation and involvement with the HSCP finance team has been undertaken and a financial framework will be provided incorporating MH spend. Within the strategy there is an overview of current spend across our Mental Health services and also areas that require investment to ensure the success of the strategy.**

### 2.2 Workforce

*The Lead for Human Resources and Partnership Representatives must be consulted on all proposals with workforce implications.*

*All reports should contain adequate workforce information such as workforce planning issues, skill mix, recruitment and retention, training and development issues.*

**There is currently work being undertaken across both Tayside and Perth and Kinross, exploring the Mental Health workforce provision and how this can be sustained and made more resilient. This work includes a mapping exercise of current staffing resources as well as projected requirements in the future. This is a Key Theme of the Strategy and will be monitored both through the local Mental Health Governance Forum and the P&K Partnership staff forum.**

## 3. Assessments

### 3.1 Equality Impact Assessment

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

This section should reflect that the proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:

**Assessed as relevant previously and the following positive outcomes are expected to continue taking account that there is now an obligation to have due regard to remove inequality of outcomes caused by socio economic disadvantage as well as to comply with other equalities' legislation. It is identified within the strategy that there is a clear**



requirement to ensure services are easily accessible without barriers, irrespective of ethnicity, gender, sexual orientation, age or disability.

### 3.2 Risk

*This section should set out the key risks associated with the proposals which have not been addressed elsewhere in the report, including any implications for the corporate risk management process, and also the controls required to mitigate those risks as follows:*

***Risk Description:***

*Current Rating of Likelihood*

*Current Rating of Consequences*

*Actual control level and main control tools*

*Target control level*

*Tolerance control level*

### 3.3 Other assessments

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 service change –

**The Strategy Action plan will provide measurement of key actions. Updates will be regularly providing to the identified forums/groups as already stated within this report.**

Patient Experience – details of how you intend to improve the experience of hospital and community patients and demonstrate a positive impact that will be measurable.

**Regular patient feedback will be sought in relation to experience and satisfaction. Learning from any adverse events will continue to be encouraged and feedback from individual services will be shared with MH Governance Group (P&K) and Quality Performance and Review Forum (NHST)**

Benefit Realisation – details of the benefits should be noted here.

**The strategy document sets out its aims and ambitions of benefiting the communities of Perth and Kinross by ensuring appropriate Mental Health access to services for all. This will put the person at the centre of decisions about their support, treatment, and care, with mental health services working together across all sectors to make sure people can get the right help at the right time.**

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

##### **4.1 External**

**There has been extensive consultation throughout the planning of this strategy. Consultation with Service Users, Carers and other key stakeholders began in mid 2019 and has continued throughout. Over 300 individuals have participated in feedback sessions and workshops across Perth and Kinross and this has been added to with the feedback received from P&K residents into the Living Life Well Strategy document produced by NHS Tayside.**

##### **4.2 Internal**

**Internally, the strategy document has been shared and consulted upon with the partnerships Mental Health and Wellbeing Strategy Group, the Integrated Management Team (IMT), Strategic Planning Group, Clinical and Care Governance Forum, Executive Management Team (EMT) and Integrated Joint Board (IJB).**

##### **4.3 Impact of Recommendation**

*This section should consider the impact the recommendation or proposal on service users, carers and the third sector. If an impact is identified you should document any engagement that has been/will be undertaken with the public partners.*

#### **5. Legal and Governance**

*5.1 The Head of Legal and Governance Services of Perth and Kinross Council must be consulted on all proposals with legal implications for the IJB. No report with such implications should be presented at a meeting when this has not been done and it should be explicitly stated that the Head of Legal and Governance Services has been consulted. Where appropriate, this section should set out clearly set out the legal basis for the proposals*

*5.2 This section should also include details of the Governance arrangements in place.*

**The Strategy will be monitored for progress and updates through the Mental Health and Wellbeing Strategy Group. It will also be a standing item agenda at the Perth and Kinross Mental Health Governance Group as well as regular updates provided to the Perth and Kinross HSCP Clinical Care Governance Forum.**

#### **6. Directions**

There will be a legal requirement on the IJB to issue Directions to NHST in relation to the contents of this paper.

## **7. Communication**

- 7.1 *Where appropriate, this section should set out the communications which will be undertaken in implementing the proposals, including the key target audiences and the communication methods.*

**The Strategy document and associated action plan will be closely monitored and supported through the Mental Health and Wellbeing Strategy Group. This forum will be supported by the Key Themes sub Groups and updates and communications will be provided to EMT and IJB accordingly**

## **8. BACKGROUND PAPERS/REFERENCES**

*This section should list the documents that have been relied on in preparing the report, other than those committee reports already referenced within the main body of the report. All documents must be kept available by the author for inspection by the public for four years from the date of the meeting at which the report is presented.*

## **9. APPENDICES**

*This section should list the appendices to the report.*

**Equality Impact Assessment**



# Perth and Kinross

## COMMUNITY MENTAL HEALTH AND WELLBEING STRATEGY

2022-2025

*'Our Plan for the future'*



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## CHAPTER 1: INTRODUCTION, OBJECTIVES AND STRATEGIC FRAMEWORK

### 1. Introduction

This Mental Health and Wellbeing (MHWB) Strategy 2022– 2025 is the Perth and Kinross Health and Social Care Partnership’s new all age strategy that reflects our commitments to everyone in Perth and Kinross in respect of their mental health and wellbeing. This refreshed Mental Health Strategy for Perth and Kinross provides an overview of the work currently underway and identifies Perth and Kinross’s 5 overarching commitments and associated actions for the next 3 years, in addition to measuring and evidencing what success looks like for a mentally healthier Perth and Kinross. As good mental wellbeing and health benefits us all, this strategy aims to focus on all aspects of Mental Health including its association with physical health.

This strategy comes at a time of recognition that it is now more important than ever to use the lessons we learned during the Covid-19 pandemic to renew and rejuvenate mental health and wellbeing services, ensuring that the planning, provision, and organisation of services will be underpinned by a person-centred, preventative, evidence-based and human rights approach. Our aim is to develop an inclusive, accessible, unified, and equitable user journey, supporting improved and sustainable wellbeing that is free from stigma or harm for all users, regardless of age, sex, culture, or community group.

This strategy takes full account of the recommendations of the Scottish Government’s National Mental Health Strategy (2017 – 2027), which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds, working with a range of partners to achieve this. It also reflects and builds on the Tayside strategy [‘Living Life Well’](#), providing a local response and action plan in respect of the views of individuals and organisations in Perth and Kinross and local data. We will work closely with our partners in Dundee and Angus to develop joint strategic action plans for Tayside-wide services and to rebuild public trust and respect, making sure that people have access to the right information, care, and support, as early as possible in their lives. Locally, we will work collaboratively with individuals, families, professionals, and other organisations to strengthen and improve our mental health services. Together, we will ensure that mental health support is accessible, joined-up, inclusive and shaped by the people the services are designed to support. At the same time, we will work hard to reduce mental health–related stigma and creating opportunities that support good mental wellbeing, as well as promoting equality and diversity in mental health support and services across all ages and community groups.

The planning, provision, organisation, and management of services will be underpinned by high quality person-centred, safe, effective, and evidence-based practice; service development and delivery will be reflected in higher standards of service provision.

This strategy is drafted by Perth and Kinross Health and Social Care Partnership (P&K HSCP) and encompasses the programme of work with over 600 stakeholders that helped to shape the Tayside Mental Health and Wellbeing ‘Living Life Well’ strategy 2020 – 2025. In addition, over 300 people across Perth and Kinross contributed to the development of this strategy. We would like to thank everyone who contributed to this strategy, many of whom are listed in appendix 3, which includes people with lived experience, their families and carers, members of our Mental Health and

Wellbeing Strategy Group, staff from across Health and Social Care, Perth and Kinross Council, NHS Tayside, Police Scotland, our third sector and independent external partners, and those who kindly took part in our engagement events.

This 3-year mental health strategy is the next exciting phase of change and improvement in Perth and Kinross, building on the momentum of the whole system approach to redesign to date.

## **2. Why is Mental Health and Mental Wellbeing Important?**

The World Health Organisation describes **mental health** as “a state of wellbeing in which every individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.” Therefore, **mental wellbeing** is more than the absence of mental illness or disorder; it describes how we are feeling and how well we can cope with day-to-day life at any moment or period of our lives.

Our mental wellbeing as individuals can change from minute to minute, month by month, and year by year. Our mental health is connected to many areas of our lives including life circumstances, employment, education, finance, housing, relationships, and lifestyle choices as both a cause and effect. Impacts to our mental wellbeing are not experienced merely as a consequence of external factors; an individual with enduring mental health difficulties may well also have various co morbidities such as learning disabilities, autism, problematic substance misuse and physical health problems. Good mental health is fundamental for growth, development, resilience, positive relationships, and better physical health.

Improving and maintaining mental health and wellbeing involves using an integrated, multi-agency approach to target the different challenges and co morbidities that impact an individual’s mental health and wellbeing. Services need to be person-centred and strongly focussed on prevention and early intervention. This requires equal involvement and ownership from the third, independent and statutory sectors along with service users, families, and carers.

One of our key challenges in this strategy is to meet an ever-increasing demand for support while continuing to manage available resources. This is particularly pertinent now due to the Covid-19 pandemic and its expected after-effects. We are facing an unprecedented increase in demand and complexity of need, with heightened expectations, at a time when public sector finances are pressured, and we face significant recruitment challenges. We therefore need to review our current services and pathways, ensuring that resources are used effectively and efficiently to deliver support that meets identified gaps and needs. Developing strong, collaborative relationships across all sectors and communities, collating quality data and feedback to develop evidence-based services that are overtly strength-based and needs-led, connects services, and reduces duplication will be our first step.

## **3. Perth & Kinross HSCP Vision**

Our vision will put the person at the centre of decisions about their support, treatment, and care, with mental health services working together across all sectors to make sure people can get the right help at the right time. It is a vision where we have a mentally healthy Perth and Kinross, with all people fully enjoying their rights, taking control of their own lives, and having their voices heard,



completely free from stigma and discrimination. The actions and plans in delivering this vision contribute towards the achievement of the 5 P&K Strategic Commissioning Plan 2020-2025 priorities:

- Working together with our communities
- Prevention and Early Intervention
- Person-centred health, care, and support
- Reducing inequalities and unequal health outcomes and promoting healthy living
- Making best use of available facilities, people and other resources

We wish to see a Perth and Kinross where:

- Everyone, regardless of age, sex, culture, race, or sexual orientation can access mental health services and receive support equally and fairly, and have their voices heard, all with dignity and respect.
- We understand that there is no health without mental health.
- Mental health and related issues can be openly discussed without fear of stigmatisation.
- We prioritise prevention and early intervention of mental ill-health and suicide.
- Supportive relationships are promoted along with increased opportunities to improve physical health and social inclusion.
- Feedback and lived experiences of people, their families, carers, and all staff across disciplines in the mental health field are central to shaping, developing, and informing services.
- Services across all sectors within the community work collaboratively to design and develop support pathways that improve the quality of life, social inclusion, health equity, economic wellbeing and recovery of people who experience mental illness.
- Mental health support pathways are clear with people supported to have the knowledge and confidence to take control and make decisions about their own lives.
- Staff providing mental health care and support feel supported in their roles.
- Supports and services are robust and able to evolve to reflect changing local needs and demands.

Our vision upholds Tayside's ambition that *"everyone in Tayside has the right to achieve the best possible mental health and wellbeing and is enabled to do so. That the stark inequalities associated with mental health and substance use conditions, disorders and dependency are reduced and Tayside leads the way in addressing the stigma and discrimination that exist in society and across public services and organisations, related to mental health."*<sup>1</sup>

To achieve our vision, we will ensure our services are fit for the future, supporting, and promoting good mental health and wellbeing for all. We will do this through delivering on the five key themes identified by the people of Perth and Kinross over the next three years. These are:

- 1) Good Mental Health for all – Early Intervention and Prevention
- 2) Access to Mental Health services and support
- 3) Co-ordinated working and person-centred support

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<sup>1</sup> NHS Tayside's 'Living Life Well' Mental Health Strategy 2019-2024

- 4) Participation and Engagement
- 5) Review of Workforce requirements

Throughout the course of this strategy, we will concentrate on the following key priorities which will help drive forward significant change across our Mental Health provision. These are:

- Increase resource and capacity to promote the Suicide Awareness and Prevention agenda.
- Agree an evidence-based model of Mental Health Advanced Nurse Practitioners who will be an integral part of our Community Mental Health Services.
- Improve the response to people presenting in distress through Connected Compassionate Support. The Distress Brief Intervention (DBI) model will be paramount for this to happen.
- Working with existing crisis and distress services we have in Perth and Kinross, explore how to define, connect, and enhance our local crisis and distress model to enable individuals across Perth and Kinross to access immediate help and support when experiencing mental health crisis through collaborative work of key partners across statutory, third sector and independent services.
- Develop a Mental Health and Wellbeing Hub in Perth and Kinross that will offer information and support accessible to all everyone, while promoting positive health and wellbeing.
- Ensure that we have a resilient and sustainable workforce that can meet the needs of our population, both now and for the future.

These key priorities will reinforce and complement the actions set out within the action plan. By focusing on these priorities, we will improve access to services, promote early intervention and prevention and ensure that individuals receive the best possible care and support at the right time at a community level across Perth and Kinross.

#### **4. Summary of Commitments**

A summary of our 5 mental health and wellbeing strategic themes and our overarching commitments are set out below:

##### **KEY THEME 1: GOOD MENTAL HEALTH FOR ALL – PREVENTION AND EARLY INTERVENTION**

- We will focus our resources and capacity on what is required and has been working well and not on what has been historically in place or doesn't meet the needs of the population. We will offer further investment in third sector provision of preventative approaches that positively promote wellbeing and good mental health.
- We will continue to work with our partners from health, social work, education, police, fire service, housing, third sector and local communities of Perth and Kinross to deliver the objectives in relation to reducing inequalities in line with our five strategic objectives within the Perth & Kinross Community Plan (Local Outcomes Improvement Plan). In particular, these include supporting people to lead independent, health and active lives and promoting a prosperous, inclusive and sustainable economy.
- We will ensure timely, high-quality information is available to children, young people, adults, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.
- We will ensure the implementation of best practice for early intervention for first episode psychosis, according to clinical guidelines.

- We will continue to work in collaboration with all partners to promote early attendance for physical symptoms and reduce the risks associated with multi-morbidity.
- We will continue to educate and challenge stigma with employers in order to promote mentally healthy workplace environments (including working from home) as well as encourage local employers to make employment more available to those with lived experience.
- We will ensure that people with mental ill health are offered the same access to housing and support as those not so affected.
- We will improve transition pathways for children moving into adult mental health services.
- We will develop our use of social media, choosing channel and content type best suited to the target audience.
- We will continue to embed the Equality Act 2010 with respect to discrimination on grounds of mental health across all communities and in all areas of life. We will take every opportunity to combat stigma, which acts as a barrier to people seeking support with their mental health and wellbeing and promote social inclusion at every opportunity.
- We will work alongside Perth and Kinross Mental Health and Wellbeing Strategy Group, our experts with lived experience, and local and national partners to develop new approaches to challenging stigma and discrimination in mental health, which will include social media campaigns.

We will enhance our Suicide Prevention and co-ordination resource and promote training and information across all agencies and services.

- We will undertake a full review of the services currently provided by our partners in the third sector, informed by this 3 year strategy, to further develop innovative service solutions where required. The focus will be the provision of asset based, person centred recovery and support to individuals and their carers. Through the use of additional, specific Mental Health Funding, including Recovery and Renewal funding and Action 15 funding, we will ensure that 3<sup>rd</sup> Sector Mental Health provision has parity in delivering key areas identified in the action plan.

## **KEY THEME 2 – ACCESS TO MENTAL HEALTH SERVICES AND SUPPORT**

- We will ensure that carers, as key partners, have improved access to support and information
- We will support and enable people to live safely and independently within local communities, developing community-based peer led networks and assets recognising that ‘probably the single most important factor contributing to change towards more recovery-oriented services’ is the added value of mutual support
- We will continue to design, implement and evaluate supports and services that provide timely, accessible, efficient and effective responses to common mental health problems to reduce the pressure on GP resources across Perth and Kinross. This will include developing clinical and non-clinical multi-agency teams to provide assessment, advice, support and some levels of treatment for people who require mental health, distress or wellbeing support.

- We will improve access and the use of digital technology, particularly for those living in remote and rural locations and combat digital poverty where it exists.
- We will continue to provide supports and services that are proactive, pre-emptive and co-ordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible and seek to decrease crisis presentations.
- We will establish a culture of anticipatory care planning within our community teams to promote and support self-management and enable best management of crises.
- We will implement a localised support for Perinatal Mental Health as part of the Tayside wide pathway for perinatal mental health service to ensure the person receives care at the right level for their need. We will provide awareness sessions/training on infant mental health for all staff working with mothers and their babies.

### **KEY THEME 3 – COORDINATED WORKING AND PERSON-CENTRED SUPPORT**

- Our approach to care and support (in hospital and in the community) will be holistic, embedding “Good Conversations” training for staff, keeping the person at the centre and recognising the invaluable role of families and carers
- We will optimise the use of digital and mobile technologies to enable people to self-manage their health, to enable monitoring, diagnostics, advice and access which aims to enhance ongoing care and decision making closer to home wherever possible.
- We will improve transition pathways between tiers of care, between age related support services and between statutory supports and the third sector, ensuring they are as seamless as possible.
- Through collaboration and co-production, we will embed the Triangle of Care ethos within our support services, such as hospital discharge. The Triangle of Care is a ‘therapeutic alliance’ between the service user, Carer and lead professional to ensure a fully integrated person centred approach.
- We will work with statutory and third sector services to establish clearer and more robust referral and communication systems between services, reducing the need for repetition.
- We will regularly review academic and analytical studies that provide the evidence base for what makes a difference to suicide rates and use this evidence to improve practice and make positive and effective service change.

### **KEY THEME 4: PARTICIPATION AND ENGAGEMENT**

- We will continue to work with our partners across all sectors to share learning opportunities in relation to mental ill health and mental disorders and our referral pathways.
- We will strive to be as inclusive as possible in our reach and ensure that individuals or groups, whose voices are not traditionally as strongly heard or represented, are identified, and involved. We will deliver a range of participation points to facilitate this.

- We will develop an Annual Mental Health and wellbeing conference, whereby information and knowledge is shared across a variety of services and progress is highlighted.
- We will evaluate the current level of mentoring and peer support mechanisms within Perth & Kinross to ensure that we have adequate provision.
- Develop clear information for patients, carers, and families to ensure that carers and families are involved and listened to by professionals in treatment and care planning.

#### KEY THEME 5: REVIEW OF WORKFORCE REQUIREMENTS

- We will continue to review our workforce requirements, taking into account service redesign, to ensure the correct levels of staffing, with the right mix of skills, are available where required. We currently have a 1 year interim workforce plan to deal with immediate issues and we are developing a 3 year workforce plan to ensure sustainability across our workforce.
- Future workforce planning will continue to take into consideration Perth and Kinross' Health and Social Care's Strategic Plan and NHS Tayside's Clinical Strategy commitments to enable people to stay in their own home for as long as possible, supported by person centred community services.
- We will continue to invest in and support the health and wellbeing of our staff through training, information sharing and supervision to continuously improve the quality and safety of care
- We will ensure all staff understand their responsibilities in relation to the principles underpinning the suite of adult protection legislation, namely Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2000 and Adult Support and Protection (Scotland) Act 2007.

## 5. Strategic Context

This strategy supports and works alongside a number of local strategies and plans:

- **Perth & Kinross Strategic Commissioning Plan 2020 – 2025** sets out our commissioning plan in relation to how we would support people living in Perth and Kinross to lead healthy and active lives and to live independently as possible, with choice and control over their care and support. It aims to improve the wellbeing and outcomes of people, to intervene early and to work with the third and independent sectors and communities, to prevent longer-term issues arising.
- **Tayside Mental Health and Wellbeing Strategy** sets out 9 commitment areas, which responds to the Independent Inquiry's Trust and Respect report.
- **'Trust and Respect', Final Report of the Independent Inquiry into Mental Health Services in Tayside** includes 51 recommendations to improve the accessibility, safety, quality and standards of care of mental health services across Tayside.
- **Perth & Kinross Carers Strategy 2019-2022 For Young and Adult Carers "A Life Alongside Caring"** sets out how we will support unpaid carers of all ages in Perth & Kinross in managing their caring roles for as long as they wish, while enjoying good health and a life alongside caring.

- **Perth & Kinross Alcohol and Drugs Partnership (ADP) Strategy & Delivery Plan 2015-2020** provides a 5-year plan to tackle the adverse impact of drug and alcohol use.
- **Perth & Kinross Keys to Life Strategy 2020 – 2025** sets out how we will support people with learning disabilities to have a healthy life, experience choice and control, independence and active citizenship.

This strategy also embraces a number of national strategic and legislative frameworks including:

- **Scottish Government’s Mental Health Strategy 2017 – 2027** calls for a preventative and early intervention approach to mental health, recognising that there are a broad range of factors required to collectively improve wellbeing. Its vision is to ensure that people can get the right help at the right time, expect recovery, free from discrimination and stigma.
- **National Health and Wellbeing Outcomes** enables service users and carers to have a clear understanding of what they can expect in terms of improvements in their health and wellbeing.
- **Getting It Right for Every Child (GIRFEC)** is the national approach towards improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parents to work in partnership with the services that can help them.
- **Suicide Prevention Strategy 2013-2016** aims to ensure help and support is available to anyone contemplating suicide and those who have lost a loved one to suicide.
- **Equality Act 2010** provides legal protection for people against direct and indirect discrimination in services and public functions, work, education and transport.
- **Human Rights Act 1998** provides legal protection from violation of people’s rights. It includes, amongst others, the right to life; the prohibition of torture (which includes inhumane or degrading treatment); the right to respect for family and private life; and the right not be discriminated against.

## 6. Equalities

In accordance with the Public Sector Equality Duty (General Equality Duty), Perth & Kinross Health and Social Care Partnership, and Perth & Kinross Council Education and Children’s Services have a duty to eliminate unlawful discrimination, harassment, and victimisation and to advance equality of opportunity between people who share a protected characteristic.

It is an inherent HSCP behaviour that services and supports are available to everyone that needs them.

The Fairer Scotland Duty provides that we must actively consider how we can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions.

The protected characteristics include age, race, sex, disability, colour, ethnic origin, religion or belief sexual orientation or gender re-assignment but also, in Perth and Kinross, social isolation is a factor that has to be considered due to the rural localities that are in the authority area.

## 7. Monitoring, Reviewing and Reporting on the Strategy

The journey to deliver the strategic outcomes of the strategy follows this path:



The responsibility of implementing and monitoring this strategy sits with the Mental Health and Wellbeing Strategy Group, which feeds into the Strategic Planning Group.

**Engagement Activity & Background Research** to develop the content of this strategy is explained in Chapter 2.

**Mental Health & Wellbeing Strategy** is this document.

**Mental Health & Wellbeing Strategy Group** is an established group, consisting of key stakeholders from statutory, third and independent sectors, carers, and people with lived experience. The Mental Health and Wellbeing Strategy Group reports into the Strategic Planning Group.

**Key Theme Working Groups** consist of members of the Mental Health & Wellbeing Strategy Group, with other interested volunteers, who own delivery of the key themes from the strategy.

**Key Theme Delivery Action Plans** will be developed and delivered by each of the Key Theme Working Groups to progress implementation of the necessary elements of the key theme. Further details of each of these are in Chapter 4. During the delivery cycle, these might evolve to deliver further improved mental health outcomes.

**Strategy Delivery Plan** will contain summarised activity and milestones from the five Key Theme Delivery Action Plans. This will be used for monitoring progress against delivery of the strategy and will be reviewed and managed at the mental health & wellbeing strategy group meetings.

**Delivery Reports** will be issued to share progress with delivery of this strategy, how this supports progress against the Strategic Commissioning Plan and includes performance data for mental health services. Recipients will include the Integrated Joint Board; Strategic Planning group; HSCP Executive Management team as well as others, as required or as directed.

The Strategic Planning Group will have representation from each Strategy Group, including the third and independent sectors, service users and carer representation, and will feed into the Integration Joint Board.

This strategy focuses on the key actions we will deliver in Perth and Kinross and should be read alongside the Tayside strategy for our wider approach and action plan, which requires us to work together with NHS Tayside and our Tayside partners to implement and deliver.

### **Performance Framework**

In order to monitor and evaluate the impact of this Strategy, we have developed a suite of Performance Measures. These measures will be regularly reported to the Executive Management Team and **used to determine how well the Strategy is progressing in terms of its stated goals and objectives.**

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## CHAPTER 2: PERTH & KINROSS FEEDBACK AND FIGURES

### 1. How this Strategy has been Developed

Our understanding of Perth and Kinross's mental health and wellbeing needs, and the development of this strategy is centred on the following:

- Engagement and consultation with our local communities, including people with lived experience of mental health problems, their families, and carers.
- Engagement and consultation with staff working across health and social care, including the third and independent sectors.
- Reference to relevant local and national policies, strategies, and plans, listed within section 5 of Chapter 1.
- Assessment of local demographics, data, statistics, and feedback set out below.

### 2. Demographics

The population of Perth and Kinross is ageing with a greater life expectancy than the Scottish average. The percentage of the population in the least and most deprived Quintiles is also increasing at the expense of the middle quintiles.

#### 1.1 Population

Across Perth and Kinross, in 2019, we had a population of 151,950 people, spread out equally across each of three locality areas.

1. North Perthshire Locality (Blairgowrie, Aberfeldy, Pitlochry and Blair Atholl)
2. Perth City Locality
3. South Perthshire Locality (Kinross, Auchterarder and Crieff)

**Table 1: Perth and Kinross Locality Profiles**

Locality	Population	% Male	% Female	% over 65	Population in SIMD quintile	
					Most Deprived	Least deprived
North	51,353	49%	51%	26%	3%	14%
Perth City	50,521	49%	51%	21%	16%	26%
South	50,076	49%	51%	24%	0%	29%

*Source: HSCP Locality Profiles Reports December 2020*

Life expectancy across Perth and Kinross is 79.1 for males compared favourably to 77.1 in Scotland and 82.8 across Perth and Kinross for females compared to 81.1 in Scotland.

This varies by locality, more so against Perth City residents.

	North	Perth City	South	Perth & Kinross	Scotland
Male Life Expectancy	80.1	77.7	81.7	79.1	77.1
Female Life Expectancy	82.9	81.9	84.0	82.8	81.1

The population distribution across age groups shows the majority of people are aged between 18 and 65 but with greater numbers of those aged 65 or older than those aged 18 or under.

The population structure has been changed over the years. In North Perthshire and Perth City localities, the population shifting to an increasingly older distribution with a reducing younger population whereas in South Perthshire, the population increased in all categories but more so in the older categories.

*Source: Locality Population totals (as used by PHS / LIST)*

## 1.2 Deprivation

The Scottish Index of Multiple Deprivation (SIMD) ranks all datazones in Scotland by a number of factors, Access, Crime, Education, Employment, Health, Housing and Income.

Based on these ranks, each datazone is then given an overall deprivation rank, which is used to split datazones into Deprivation Quintiles with quintile 1 being the most deprived and quintile 5 the least.

The most recent SIMD ranking was carried out in 2020. Results from this have been compared against the 2016 SIMD Quintiles which shows that across all localities, those in quintiles 3 and 4 have shifted to the extremities.

In South Perthshire, those in the least deprived quintile has increased with a 9% population shift.

Those in the lowest two quintiles have increased, especially in North Perthshire at 3.0% and by 3.2% in Perth City.

## 3. Local Data

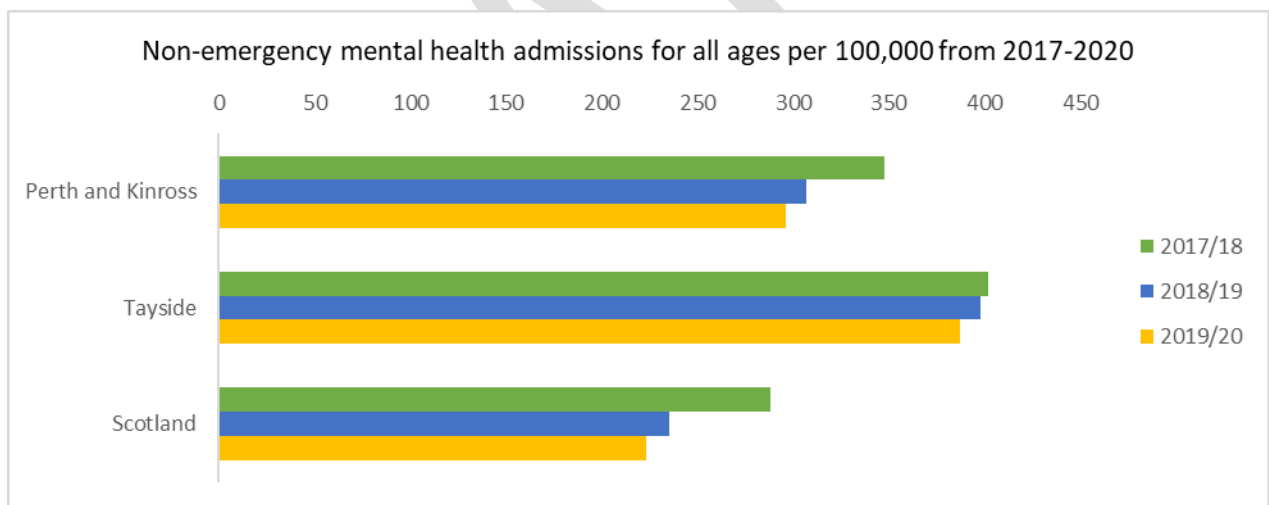
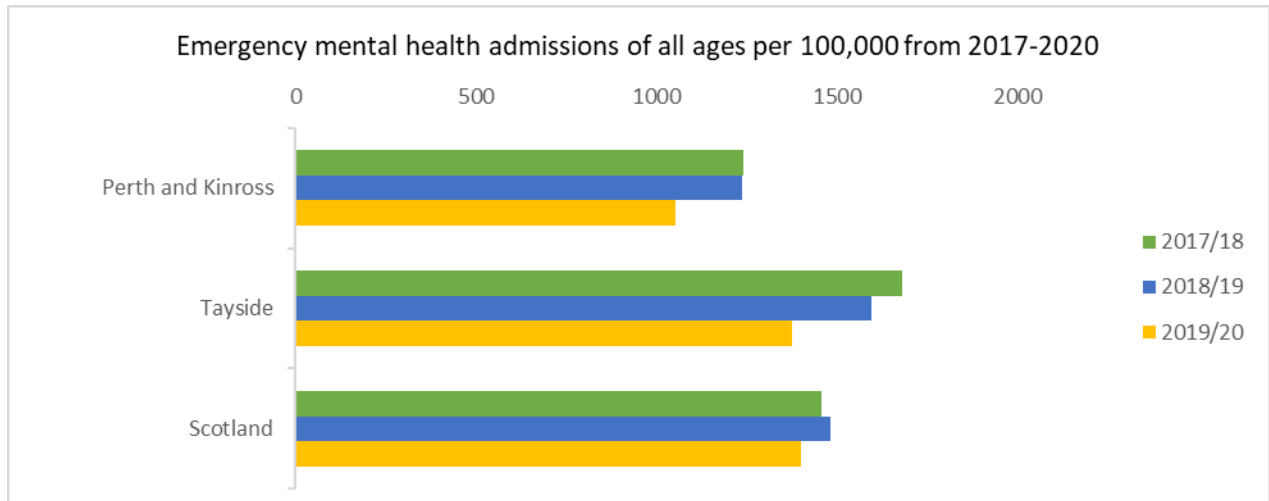
The Scottish Government estimates that 1 in 3 people have a mental health condition in Scotland.<sup>2</sup>

Local data obtained from Public Health Scotland shows that 17.63% or 1 in 5.7, had been prescribed drugs for anxiety, depression, or psychosis during 2019/20.

<sup>2</sup> Scottish Government website, <https://www2.gov.scot/Topics/Health/Services/Mental-Health>, updated on August 29 2019

For Tayside, it is 20.2%, or 1 in 5.0, and for Scotland, 19.7% or 1 in 5.1. Variances exist across the localities, ranging from 18.99% (1 in 5.3) for Perth City, to 16.15% in South Perthshire (1 in 6.2). North Perthshire had 17.74% (1 in 5.6).

Further data show that while both the annual mental health rate of hospital emergency and non-emergency admissions are lower in Perth & Kinross than in Tayside, numbers of non-emergency admissions are still significantly higher than in Scotland.



The number of deaths from suicide follows a similar trend, in that Perth & Kinross has a higher rate than the rate for Scotland, but less than that of Tayside. Perth & Kinross also has a higher rate of compulsory treatment orders than both Tayside and Scotland. Perth & Kinross however, has a lower population rate of prescribed drugs for anxiety, depression and psychosis than Tayside and Scotland.

Vulnerable People Reports from the P&K HSCP Early Intervention and Prevention Team between March 2019 to early May 2021 suggest that many different factors can impact suicidal behaviour such as bereavement, relationship issues, alcohol/drugs, financial and housing pressures, depression, and other medical conditions. We will commit to improve our understanding of the available data we collate will enable us to better target vulnerable groups to reduce the rate of suicides and mental health admissions.

There are many factors that may result in higher rates of compulsory treatment orders (CTOs), but it is not necessarily a negative indicator as CTOs provide increased protections for patients who may not be able to fully participate in decision-making about care and treatment. In hospital settings, the higher rates of CTOs may be an indicator that people are being admitted to hospital when they are more unwell and therefore less able to engage in decision-making about their care and treatment.

There may also be a correlation to Perth and Kinross's higher proportion of older adults, with CTOs used to make decisions about the care and treatment of adults who lack capacity due to dementia. In community settings, CTOs have been used proactively to support people to remain in the community, breaking patterns of repeated readmission/ discharge, and resulting in better recovery outcomes.

#### **4. 2019 Mental Health and Wellbeing Consultation**

We carried out a consultation from October – December 2019 and received 318 responses from individuals, carers, families and professionals across Perth and Kinross.

In general, the ways in which people felt services could be improved can be grouped into three main categories:

- 1) Receiving the right support at the right time.
- 2) Accessible information and clear pathways around the range of mental health support available and how to access them.
- 3) Services need to be person-centred and focus on early prevention and intervention.

We have already begun a program of work, set out within our Action Plan in Chapter 4, to ensure that we are committed to delivering the following:

- That people will have access to a range of support options through the spectrum from prevention and early intervention to crisis and distress support.
- That information about support is more readily available and easily accessible.
- That we are working more collaboratively and closely with our partners across all sectors to provide a collective solution to mental health and wellbeing support.

#### **5. Summary of Key Strategic Findings**

We took all feedback into account. Together, with the available data and what we have learned during the pandemic, it tells us that collectively in Perth and Kinross we need to:

- Work more collaboratively, using a joined-up approach across statutory, independent and third sector services to plan and deliver services.
- Make support and services accessible, expanding our range of delivery that promotes early intervention and prevention, taking into account the impact of Covid-19.
- Ensure that people who need help are never left without at any point. To make sure that people, carers, and families who use our services are given a voice, are heard and respected in relation to both their own care and in planning services.

- Provide person-centred care, improving people’s end to end journey, at all ages, from lower level interventions that support general mental wellbeing to crisis level mental health support by creating clear pathways.
- Increase accessibility and support through targeted provision in geographical areas and vulnerable populations with high mental health need.

This strategy is developed based on these findings and our action plan sets out the steps we will take to work towards achieving the above goals.

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## CHAPTER 3: PERTH & KINROSS MENTAL HEALTH SERVICE DELIVERY

### 1. Impact of Covid-19 Pandemic

#### 1.1 Impact across Scotland

The pandemic has affected people around the world in many ways. Social restrictions, extended periods of 'lockdown', school closures and social distancing have led large numbers of people across Perth and Kinross and Scotland to feel more isolated, anxious, and lonely this past year. Research from the Mental Health Foundation about how the pandemic has affected Scottish adults revealed more than 8 in 10 have experienced stress because of the pandemic.<sup>3</sup>

Research carried out by YouGov in November 2020, a new study from the Royal College of Psychiatrists in Scotland found that a third of those who had experienced a mental health problem before the pandemic said their condition had worsened since March 2020. One in four people in the study also felt that the pandemic will be damaging to their mental health over the next year.

Overall, studies in relation to impacts of the pandemic on children and young people's mental health and wellbeing suggest increased levels of distress, worry, loneliness, and anxiety.<sup>4</sup> Vulnerable children and young people, particularly those with challenging home environments are more likely to experience negative mental health and wellbeing.<sup>5</sup>

Similarly, Age UK research shows that many older people have experienced increased and at times devastating levels of anxiety. Feelings of loneliness, isolation and fear have been common, as well as many seeing their own health deteriorate due to reduced mobility and physical activity while staying at home for long periods of time.<sup>6</sup>

#### 1.2 Impact across Perth & Kinross

Local equalities group discussions identified isolation as a key issue in asylum seeking young people, ethnic minority communities, Eastern European community, the Syrian refugee families, and the deaf community during this time. The Gypsy/Traveller community also experienced stress and strain on their mental health as they were required to stay put during their traditional shifting period. People with HIV and blood borne viruses faced further disadvantage due to stigma. Perth and Kinross Council's strategic Equalities forum have also received reports from LGBT groups on the impact that the pandemic has had on their members. It is recognised that reduced access to support

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<sup>3</sup>"Resilience across Scotland during the coronavirus pandemic", Mental Health Foundation Scotland, September 2020

<sup>4</sup>"Impacts of lockdown on the mental health wellbeing of children and young people", Mental Health Foundation Scotland, September 2020

<sup>5</sup>"Coronavirus (Covid-19): Mental Health Transition and Recovery Plan", Scottish Government, Oct 2020

<sup>6</sup>"The impact of Covid-19 to date on older people's mental and physical health", Age UK, October 2020

and lockdown has contributed to social isolation and an impact on overall mental wellbeing. With this in mind additional funding will be allocated to 3<sup>rd</sup> sector organisations to address isolation and the wider impact on Mental Health.

A carers survey carried out by PKAVS Carers Centre in June 2020, which received 321 responses, showed that most carers (approx. 87%) felt that their emotional health and wellbeing were affected during lockdown. Two thirds of these carers also provide emotional support as part of the care they provide to the person they look after.

Across Perth and Kinross, services have reported an increase in demand for mental health support, particularly in emotional support and general mental wellbeing. This follows a national trend and issues with social isolation, increased anxiety and depression have all been reported. The start of the pandemic introduced a major shift from working with people face-to-face to providing mainly digital and telephone support. This change has been challenging for both people trying to access support and services trying to adapt and find new ways to meet support needs. Some of the key challenges include engaging with people who prefer or require face-to-face contact, people who have limited access to, or confidence in using, IT, and the reliability of digital connections.

At the same time however, we have also seen significant positives emerge from this shift. These include an increase in the numbers of people being supported as services could engage with more people using the additional time workers would have spent travelling. Services have found increased engagement with people who prefer the ease and accessibility of online support as well as increased equity in accessing support for people living in rural Perth and Kinross as digital support removed physical or geographical restrictions face to face support had for some.

### **1.3 Perth & Kinross Mental Health Services Response**

In 2020, we responded to changes in the demand of mental health services by providing additional funding to third sector services that needed to adapt to meet the needs of their service users as a result of the Covid-19 pandemic. This included psychosis support, transition support, carer support, music/art therapies, activity support, 1-1 support, emotional support, and IT costs. This ensured that more people were supported during this challenging time, increasing resilience, and reducing isolation. We continue to provide additional help to services transitioning out of national restrictions. In 2021, we continue to allocate funding to third sector services through funding such as Action 15 monies and Remobilisation monies to meet their continued increased demands for support. The allocation and use of funding are monitored to ensure that resources are used as effectively as possible, helping to sustain the positive community work that has been carried out so far during the pandemic. We also check that outcomes delivered by projects meet the needs of service users and supports our key strategic priorities within this strategy.

Like many other services, we also adapted how we delivered support within our own teams to continue to meet the needs of the public as best we could. For example, our Older Peoples Mental Health Teams have supported in-patient services throughout the pandemic and the Locality Integrated Care Service provided an enhanced integrated and coordinated approach for people with physical and mental health needs. Similarly, our carers project team set up a temporary sitting service with re-tasked workers to provide carers with regular short breaks over a period of 6 weeks, supporting their mental health and wellbeing.

Overall, we have seen changes in demand for mental wellbeing support at all levels across Perth and Kinross. Many services have had to modify and adapt their services so that we could still meet mental health support needs. Examples of these include establishing temporary befriending services, developing new resources, putting on online classes, providing out-of-hours support, support with food – all within social distancing guidelines. However, we recognise that while services have tried to adapt as well as they could during these unprecedented times, digital and tele-support cannot fully replicate all face-to-face support. This has inevitably led to an increase of emotional stress and anxiety in those who require or prefer face-to-face support, such as those who do not have a suitable environment at home to access support from.

Our experiences from above tell us that to provide better person-centred care, we should offer people a choice of supports and services that are available both digitally and in person where possible.

## **2. Mental Health Support and Delivery**

### **2.1 Third and Independent Sector Community-based Mental Health and Wellbeing Support**

We commission a number of third sector organisations to deliver mental health services including:

- Counselling services
- Peer support
- Technology-based support
- Independent advocacy
- Direct access community support and training
- Specialist support for people with psychosis
- Community crisis intervention
- Supported accommodation
- Befriending support
- Community-based activities

We work closely in partnership to support both commissioned and non-commissioned services that provide mental health and wellbeing support. We recognise the vital role the third sector play in delivering a wide range of information, support, and services for people with mental health problems, their families, and carers, as well as supporting people within the community, diverting the need for statutory services intervention.

Social exclusion, injustice, stigma, and discrimination are significant barriers to accessing mental health information and support. We continued to invest in awareness raising activities to reduce stigma around mental health problems and suicide and to work with the third sector which deliver a range of awareness raising activities, ranging from campaign work to talks at schools to holding events. Through our Suicide Prevention work, we organised training to professionals and the public and delivered awareness events around suicide.

We continue to provide funding through the Choose Life budget towards suicide prevention activities within the third sector. In 2020, we partnered with Dundee University to develop and



deliver webinar training sessions relating to Crisis, Distress and Suicide awareness aimed at upskilling people including carers, family members and professionals who deal with mental health issues regularly but have not received specific training. Approximately 200 individuals attended these sessions.

A key aim over the next three years is to develop a Mental Health and Wellbeing Integrated Service. This should be a robust, evidence based model that is needs-based for Perth and Kinross. It should comprise of a range of statutory and third sector services that will work collaboratively together to provide preventative and crisis support for mental health in Perth and Kinross. This would sit within the community and improve accessibility to mental health and wellbeing support.

We have also been working across NHS Tayside to develop and implement the distress brief intervention programme (DBI). A Distress Brief Intervention is a time limited and supportive problem solving contact with an individual in distress. This service will offer an improved response to people in distress via trained third sector staff within 24 hours. This service is based on the 'ask once get help fast approach' and has two levels:

- Level 1 is provided by trained front-line staff to provide a response, signposting and offer of referral.
- Level 2 is provided by commissioned and trained third sector staff that contact the person within 24 hours of referral and provide community-based support, wellness, and distress management planning.

### **Mental Health Pathway**

The overall model for mental health services across Perth & Kinross uses a tiered structure, depending on the level of therapeutic intervention required. This encompasses many services and continues to evolve as new or existing supports develop.

The November 2021 version of the pathway is shown in appendix 2 and shows the large number of services that support people across Perth & Kinross with mental health issues.

We will continue to review and update this pathway to reflect what is available in Perth & Kinross within this structure. This will ensure that services provide as full a range as possible so that individual needs can be satisfied and that a holistic Community Mental Health Service is embedded across the whole of Perth and Kinross.

The five tiers of support within the pathway are:

Level 1 – Self-referral and community-based prevention & early intervention support

Level 2 – Primary care wider mental health support and wellbeing

Level 3 – Community based specialist mental health support

Level 4 – In patient services

Level 5 - Crisis and out of hours care

## 2.2 Statutory Mental Health Services

Perth and Kinross Health and Social Care Partnership have responsibility for providing adult and older adult mental health services in our communities.

Some of the key services we deliver include:

Adult Community Mental Health Team	This includes our Clinical Services, Mental Health Officer service and our Social Work Early Intervention and Prevention service. We will be recruiting additional specialist mental health staff within P&K HSCP's Early Intervention and Prevention team to effectively manage mental health queries and to offer support to families after a suicide. GPs will be able to utilise this route for support and referrals.
Older Adult Community Mental Health Team	This includes our Clinical Services, Mental Health Officer service and Social Work service.
Social Prescribing	This is based on a prevention and recovery model where people are supported to have the tools they need to manage their own health. In the past two years, we recruited 6 Social Prescribers across Perth and Kinross to support individuals with a variety of issues, including support with improving and maintaining mental health and wellbeing, socialising and integration into local community groups.
Mental Health Support within GP Surgeries	<p>Within GP clusters across the whole of Perth and Kinross, we have introduced Registered Mental Health Nurses who perform a focussed triage service and offer a mental health assessment, along with short term interventions for those with mild or moderate mental health issues.</p> <p>To support these Mental Health Nurses, we recruited Support Workers to work within GP surgeries, specifically to assist individuals requiring further support related to self-management of symptoms and health behaviour changes. We also funded a chaplaincy-based listening service based within GP surgeries.</p> <p>Additionally, we are currently exploring options into which we can recruit a GP who will link in with the wider mental health agenda and provide support and education to other GPs around mental health.</p>
Inpatient Services (hosted by NHS Tayside)	Adult mental health and learning disability inpatient services are currently delivered from three hospital sites across Tayside: Murray Royal Hospital in Perth and Kinross, Carseview Centre and Strathmartine Hospital both in Dundee. Ongoing discussions with our Tayside partners and stakeholders are taking place regarding the direction of, and further developments to, inpatient services.
Learning Disability Complex Care and	We are currently undergoing a transformation programme to develop a model of care comprising of several targeted and specialist services

Technology Enabled Care Support	to provide high quality, sustainable support for people with complex care requirements. While most of the work and cohort of service users have a learning disability and/or autism, complex mental health issues are included within this programme. The model includes, amongst others, technology enabled care ('TEC'), or otherwise called an overnight responder service, which monitors and responds virtually to calls through the TEC unit. It also includes core and cluster models which will enable people to have their own tenancies and receive appropriate support in a less artificial environment.
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We also work closely with our colleagues in Health and Education and Children's Services (ECS) to ensure that mental health support is consistent and available across all ages. Early intervention should begin from pre-pregnancy, the early years, in childhood and adolescence. Supporting good emotional and mental wellbeing during these early years is a positive start for adulthood and a strong predictor of life satisfaction in adult years. To get it right for every child, we use a whole family approach to service provision, recognising the importance of good relationships to all aspects of a child's life.

Primary Care

In the past years we continued to receive investment from the Scottish Government under Action 15 funding to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, and increased mental health provision within prison and healthcare and custody services. To date, we have successfully funded posts within statutory and third sector mental health services to increase accessibility to mental health support. We have funded services to expand their support into rural areas. We are awaiting confirmation from Scottish Government as to whether Action 15 funding will continue after March 2022.

Urgent Care and Crisis Pathways

We are currently undertaking a review of our crisis pathways alongside NHS Tayside and our partners in Dundee and Angus to improve accessibility of crisis support. We have funded third sector services that provide urgent intervention and support to severely distressed individuals within the community, including those who are feeling suicidal. These services, which work with individuals across the age spectrum, provide a vital and effective alternative to statutory interventions and as such this has been identified as a key priority for this strategy. We plan to explore how we could enhance and develop this crisis support model further so that it is robust and works collaboratively with key partners and enable individuals across Perth and Kinross to access immediate help and support when in mental health crisis.

One of the key aims for reviewing our mental health pathways is to ensure that those with urgent need for mental health services are able to access support. People who present in distress or crisis should have a range of options of help and support to reduce the need to admit a person to hospital.

Through NHS 24's redesign programme, the '111' service provides urgent care advice and mental health support day or night. This is through links with local out of hours services as well as Breathing Space, which offers a listening service ranging from low to high levels of mental health need. The

redesign programme also aims to improve access to mental health services including those in mental health distress, through more effective and timely assessment, working collaborating with partners across health, social care, and justice.

The 'Memorandum of Understanding' (MOU) in development between the Scottish Government, NHS Boards will also support the redesign of other services to reduce GP workload and free up GPs' capacity to focus on their expert medical generalist role. The redesigned services will focus on urgent and unscheduled care and developing the roles of other clinical and non-clinical professions working in the practice to support physical and mental health.

## **2.3 Case Studies**

### **CASE STUDY 1**

*X was referred to a Social Prescriber because his mental health had significantly deteriorated since the beginning of the pandemic and he was feeling lonely and isolated. While before he would enjoy swimming at the local Fitness and Leisure Centre, he could no longer do this due to the national lockdown. This change to his routine created anxiety and removed his usual coping mechanisms, particularly as he no longer had contact with his family. He also had suicide ideation and was on the Autistic Spectrum.*

*X was provided with a combination of support from the Social Prescriber, his Social Worker, MoveAhead (a local service which supports people with mental health needs to access opportunities and services within the community) and the Lighthouse (a crisis support charity based in Perth). First, X was offered regular wellbeing calls from his Social Prescriber. He then agreed to have a needs assessment with a Social Worker, who worked with him to identify his outcomes and how to meet these. He received ongoing support to develop self-help coping strategies from MoveAhead. He was also offered access to a 'safe place' within the Lighthouse where he felt he could talk openly about how he was feeling without being judged or 'a burden on others'.*

*X felt appreciative of the support he received which he felt helped to avert escalation into a crisis situation.*

### **CASE STUDY 2**

*Z had not left her home for 13 months as she was struggling with depression, loneliness and lack of motivation, which worsened during the Covid-19 pandemic. She was referred to a Social Prescriber who was able to speak to her in Urdu, Z's primary language, and helped Z to join local online community groups which were facilitated by Perthshire Welfare Society and Perth City Social Prescribers. Z enjoyed the refreshing opportunity to connect with community and to engage with other individuals and was keen to continue to participate in the online social group.*

### **CASE STUDY 3**

*S had experienced a traumatic life changing event and had consistently poor mental health for many years after, struggling with chronic depression and anxiety ever since then - having sought help in many traditional forms of therapy but enjoying little long-term benefit from them. She sought peer support help from Mindspace and attended a few virtual Recovery College courses. The Peer Support Workers taught S about acceptance, compassion and encouraged a sense of hope that S can*

*dramatically improve her mental health and recover, so that S felt capable of moving forward with a renewed sense of hope. S felt no longer alone in her struggle with poor mental health through the support that she received and learnt coping strategies to manage and improve her mental health, "I get it', They get it', 'We get it', - Three little words sum up what I thought when I noticed that I was not the only one going through this."*

#### **CASE STUDY 4**

*Y appeared at the Lighthouse in a distressed state and it became apparent very quickly to staff that Y was in imminent danger of attempting suicide. As Y was not able to verbally interact initially, staff offered Y the sensory room, adjusting the lights and music and provided a weighted blanket to calm their mind. Y calmed down over the next 4 hours, slept a little, and started to talk. Staff were then able to accompany Y to an emergency GP appointment to assist with medical issues. A telephone assessment was booked via telephone with Carseview in Dundee, which the Lighthouse facilitated. By the end of the day, Y had a network of support set up and was able to return home to the care of their parents.*

*NB* The Lighthouse for Perth is a local non-profit service offering crisis support for anyone aged 12+ who is at risk of self-harm or suicide.

#### **CASE STUDY 5**

*B contacted the Lighthouse, who was known as someone who regularly self-harms, to say they were struggling with their thoughts and had self-harmed. They refused to go to A&E due to past negative experiences, so a taxi was sent to bring them to the Lighthouse. The first-aid trained staff cleaned and dressed the wound, while reassuring and listening to B. Staff were able to convince B to be taken to A&E where the wound was properly treated. B returned to The Lighthouse and showered, was provided a change of clothes and lunch. B commented that they had never had such a positive experience following a self-harming episode and normally they would have been in a manic state for at least 24 hours. B has not self-harmed since and instead contacts the Lighthouse when they feel in danger of self-harming again.*

#### **CASE STUDY 6**

*R contacted the Neuk, a non-commissioned third-sector service that we work closely with, after being given a flyer from Police Scotland; R was regularly someone who would call emergency services. R was having suicidal thoughts and had been self-harming over a period of 5 months. R had been in the army for many years and related a lot of their issues around post traumatic experiences. R preferred to avoid contact with people and it had been around 14 years since they had last attended/spoken to anyone in a social setting. The Neuk therefore sent a taxi to collect R from their home and supported them with weekly 1-2-1 sessions and invitations into group activities. R was supported to put together an ongoing plan and to develop coping strategies; the wellness recovery action plan (WRAP) was used to record this. R was supported with their alcohol consumption which they identified they were using as a coping mechanism. They were also supported to attend Andy's Man Club meetings at the Neuk and was connected to the peer mentoring service and through this became involved in some outdoor activities.*

*Episodes of self-harming reduced coinciding with support R was receiving around their alcohol use and R was supported to have an improved social network.*

### 3. Finance

We have developed below an indicative outline financial framework for PKHSCP Community Mental Health Services as a starting point to support the development of an affordable Community Mental Health Strategy. This sets out the current recurring budget for dedicated Mental Health services delivered by PKHSCP to the residents of Perth & Kinross. The recurring budget includes additional investment of £881k as a result of the Scottish Government Mental Health Strategy and the associated Action 15 Funding Commitment.

#### Current Budgeted Position

Service	Funded From	Recurring Budget £000
Community Mental Health Nursing	IJB Core Budget / MH Action 15/ PCIF	2,693
Community Support	IJB Core Budget / MH Action 15	1,507
Voluntary Sector Community Support	IJB Core Budget / MH Action 15	916
Permanent Placements	IJB Core Budget	879
Statutory Social Care Support inc MHO's	Non-IJB / MH Action 15	806
Prison Healthcare Mental Health	IJB Core Budget / MH Action 15	711
Tayside Wide Services	MH Action 15	239
Day Services & Respite	IJB Core Budget	160
Choose Life	Perth & Kinross Council	113
	<b>Total Current Budget</b>	<b>8,024</b>

#### Investment

Theme	Priority	Investment	Additional Budget Required £000			
			2022/23	2023/24	2024/25	Total 2022:2025
Access to Mental Health Services and Support	MH Advanced Nurse Practitioners	Advanced Nurse Practitioners	257	-	-	257
Review of Workforce Requirements	Resilient and Sustainable Workforce	Additional Community Mental Health Resource	342	-	-	342
Good Mental Health for All – Early Intervention and Prevention	Resilient and Sustainable Workforce	Primary Care Mental Health & Wellbeing Nurses	123	-	-	123
Co-ordinated Working & Person Centred Support	Resilient and Sustainable Workforce	Social Work Assistants	111			111
Good Mental Health for All – Early Intervention and Prevention	Suicide Awareness & Prevention	Suicide Prevention	61	-	-	61
Access to Mental Health	Distress Brief	Distress Brief	41	-	-	41

Services and Support	Intervention Model	Intervention				
Review of Workforce Requirements	Resilient and Sustainable Workforce	Mental Health Lead GP	25	-	-	25
	<b>Sub-Total Additional Budget Required</b>		<b>960</b>	-	-	<b>960</b>
Identified Funding Offsets	Inpatient Mental Health ANP Funding		(122)	-	-	(122)
	Suicide Funding		(61)	-	61	-
	DBI Funding		(41)	-	41	-
	<b>Total Additional Budget Required</b>		<b>736</b>	-	<b>102</b>	<b>838</b>

The Financial Framework does not include the significant Mental Health Services and Support provided by GP's across Perth & Kinross.

The provision of a Crisis hub is an identified priority of this strategy. This service is currently being delivered within Perth and Kinross by The Neuk utilising funding external to the Health and Social Care Partnership. It should be noted that there is a financial risk to the Partnership that if the current provider were to lose this income there would be a need to fund an equivalent service at an estimated annual cost of £340k.

The essential investment required to implement the 6 key priorities set out in the Strategy have been included. Additional investment of £1,807k is planned over the next 3 years.

There are however a number of finance and funding challenges facing Community Mental Health Services which will require to be considered. These include:-

- increasing demand for care including the impact of the Covid 19 Pandemic and the impact of an ageing population;
- increased costs of recruitment and retention leading to upward pressure on workforce costs;
- capacity within Primary Care to respond effectively at an early stage;
- impact of funding constraints on Local Authorities combined with significant unfunded pay and price pressures across Social Care leading to the requirement to meet significant savings targets.
- extent to which a shift in resources can be delivered from bed based services;
- availability of transitional/bridging funding to enable upfront investment in community bases services whilst longer terms plans to deliver a shift in the balance of care;

The development of a wider Tayside Financial Framework for Mental Health Services will be to key to considering these challenges on a Tayside wide basis. In particular the extent to which a shift in resources can be delivered from bed-based services will be key to determining the affordability of the Community Mental Health Strategy in Perth & Kinross. It has been well documented that Tayside has a significantly higher level of Inpatient General Adult Psychiatry beds per head of population than the whole of the rest of Scotland.

In responding to the pressures of the Covid 19 Pandemic the Scottish Government has set out significant additional investment through the Mental Health Recovery and Renewal Fund. At this

stage this is non-recurring funding only and has thus far been prioritised for Children and Adolescent Mental Health Services and Psychology Services both of which are out with the scope of this strategy. Other priorities identified thus far by the Scottish Government for the remaining funding are Primary Care Services.

The Scottish Government have indicated their intention to convert this short-term funding into long term investment. The level of additional funding and the flexibility given to utilise funding to meet locally determined priorities will be a major determinant of our ability to deliver an affordable Community Mental Health Strategy for Perth & Kinross.

We recognise that effective use of financial resources is critical to the ongoing delivery of mental health services across Perth & Kinross.

We also recognise that we must change the way services are delivered, especially using the learning gained from the pandemic, which has significantly informed this strategy.

To achieve this, we will:

- Monitor the Health & Social Care budget to clearly understand how the funding for mental health is being utilised.
- Continue to ensure that appropriate governance is used to allocate funding provided by the Scottish Government for mental health, to the best possible benefit for Perth & Kinross, but within the caveats that are attached to the use of the funding.
- Seek to benefit from any funding allocations available to Perth & Kinross Health and Social care Partnership such as those from NHS Tayside.
- Agree a monitoring/reporting process with the services who receive funding to ensure that it provides value for money and delivers agreed objectives and outcomes.

It is acknowledged that not all 3<sup>rd</sup> sector services are fully funded by statutory organisations and the collective use of resources will help to ensure the best possible outcomes for our communities.



## CHAPTER 4: STRATEGIC OUTCOMES AND ACTION PLAN

KEY THEME 1: GOOD MENTAL HEALTH FOR ALL – PREVENTION AND EARLY INTERVENTION				
Key Outcomes	How we will achieve this	Responsibilities and timescales	How we will measure how well we are doing	National Health & Wellbeing Outcomes delivered
<b>1.1 People receive the right support at the right time, with children and young people having the best possible start.</b>  <b>1.2 Reduced stigma and inequalities in relation to people with mental health and substance misuse issues.</b>	We will work with our partners from health, social work, education, police, fire service, housing, third sector and local communities of Perth and Kinross to take every opportunity to combat stigma and discrimination and to promote social inclusion, equality and diversity, particularly increasing opportunities for those who are currently marginalised.	MHWP strategy, third sector organisations, community group reps, service users, carers – Mar 2022	<ul style="list-style-type: none"> <li>Increased awareness and accessibility to information and improved support reported across different community groups.</li> <li>Increased engagement across all community groups.</li> </ul>	<p>People are able to look after and improve their own health and wellbeing and live in good health for longer. (1)</p> <p>People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. (2)</p>
	We will develop and distribute timely, high-quality information relating to the range of support and self-help material that people can readily access from a range of formats when they need. This information will be made available to children, young people, adults, families and carers so that they can make decisions about their own mental health care and support, and about mental health services.	Third sector, MHWP strategy group, service users, carers – Mar 2022	<ul style="list-style-type: none"> <li>Number of people reporting of improved accessibility and clarity of available information.</li> <li>Number of people reporting that they know where to access information and support.</li> </ul>	
	We will implement best practice for early intervention for first episode psychosis according to clinical guidelines.	MHWP strategy group, NHS Tayside – Mar 2022	<ul style="list-style-type: none"> <li>Number of people who use health and social care services reporting that they have positive experiences of those services, and have their dignity respected.</li> </ul>	<p>People who use health and social care services have positive experiences of</p>

<p>We will collate data to review, evaluate and improve practice to reduce suicide rates. We will also enhance our Suicide Prevention and co-ordination resource and promote training and information across all agencies and services to raise awareness of, and prevent, suicides across Perth and Kinross.</p>	<p>Suicide Prevention Coordinator, Suicide Prevention Steering Group, MHWB strategy group – Aug 2022</p>	<ul style="list-style-type: none"> <li>• Reduced rates of completed suicides in P&amp;K.</li> <li>• Increased training activity of key stakeholders in relation to Suicide Awareness and prevention.</li> <li>• Reduced Serious Adverse Events</li> <li>• Increased training and awareness events for public and staff across all sectors.</li> <li>• Increased number of suicide prevention and awareness resources shared across P&amp;K.</li> </ul>	<p>those services, and have their dignity respected. (3)</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services (4)</p>
<p>We will work with employers on how they can act to protect and improve mental health and well-being of their staff, continuing to educate and challenge stigma together to promote mentally health workplace environments.</p>	<p>MHWB strategy group, Human Resources – Sept 2023</p>	<ul style="list-style-type: none"> <li>• Increased employability for those with lived experience</li> <li>• Feedback from people with lived experience through employability network</li> <li>• Promote MH awareness amongst employers.</li> </ul>	<p>Health and social care services contribute to reducing health inequalities (5)</p> <p>Resources are used</p>
<p>We will work in collaboration with all partners to promote early attendance for physical symptoms and reduce the risks associated with multi-morbidity, creating more opportunities for people to improve their physical health and raising awareness of the value that good physical health has for improving mental wellbeing.</p>	<p>MHWB strategy group, third sector organisations, service users, carers – Mar 2022</p>	<ul style="list-style-type: none"> <li>• Increased number of opportunities.</li> <li>• Attendance at activities.</li> <li>• Number of people reporting that there is a good number of opportunities of activities available that can help them to improve mental wellbeing.</li> </ul>	<p>effectively and efficiently in the provision of health and social care services (9)</p>
<p>We will work with our colleagues in the housing departments to address homelessness and to explore wider environmental and social impacts, ensuring that people with mental ill health are offered the same access to housing and support as those not so affected. This also includes improving the availability of suitable supported housing, such as for those with severe and enduring mental health conditions.</p>	<p>Housing services, welfare rights, MHWB strategy group, service users, carers – Mar 2022</p>	<ul style="list-style-type: none"> <li>• Reduction in number of individuals who are homeless or live in unsuitable housing.</li> <li>• Number of people reporting that they have a good experience of the services that support them.</li> <li>• Increased accessibility to information and awareness around services.</li> </ul>	

	We will work with the Alcohol and Drug Partnership and third sector organisations to take forward a programme of work aimed at reducing stigma and discrimination towards mental health and substance use problems and suicide.	ADP, third sector, MHWB strategy group, service users, carers – Aug 2022	<ul style="list-style-type: none"> <li>• Number of people reporting that they feel there has been a reduction in mental health and drug/alcohol-related stigma.</li> <li>• Number of intergenerational learning opportunities around mental health and substance misuse.</li> <li>• Engagement with peer support.</li> </ul>	
	We will develop a range of opportunities to improve mental health and wellbeing throughout different stages of life in collaboration with all partners, service users and families. Service delivery will be underpinned by trauma-informed practice.	Psychological services, MHWB strategy group – Aug 2022	<ul style="list-style-type: none"> <li>• Increased trauma-informed practice training availability.</li> <li>• Increased number of employers in P&amp;K who have attended trauma-informed practice training through NES STILT training.</li> <li>• Number of health and social care and third sector services who are providing training and supervision to staff which is commensurate with their areas of practice.</li> </ul>	

## KEY THEME 2 – ACCESS TO MENTAL HEALTH SERVICES AND SUPPORT

Key Outcomes	How we will achieve this	Responsibilities and timescales	How we will measure how well we are doing	National Health & Wellbeing Outcomes delivered
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<b>2.1 Improved access to a range of mental health &amp; wellbeing supports and services by fully embedding the principle of Person Centred Care and support.</b>	We will improve access and the use of digital technology for greater flexibility, particularly for those living in remote and rural locations, including upskilling people in using technology to access digital resources and to combat digital poverty where it exists.	Third sector, MHWB strategy group, service users, carers – Mar 2022	<ul style="list-style-type: none"> <li>Increased availability of equipment across services</li> <li>Availability of digital training sessions and number of participants.</li> </ul>	People are able to look after and improve their own health and wellbeing and live in good health for longer. (1)
	We will provide mutually agreed anticipatory/recovery care plans to all those who require Mental Health service support.	NHS services, service users and carers – Mar 2022	<ul style="list-style-type: none"> <li>Number of ACPs.</li> <li>Number of services with good practice embedded through the Care Programme Approach.</li> <li>Number of health staff receiving training through the Scottish Recovery Network.</li> </ul>	People who use health and social care services have positive experiences of those services, and have their dignity respected. (3)
<b>2.2 People can make informed choices about supports that they can access.</b>	We will implement a localised support for Perinatal Mental Health as part of the Tayside wide pathway for perinatal mental health service to ensure the person receives care at the right level for their need. We will provide awareness sessions/training on infant mental health for all staff working with mothers and their babies.	Tayside including P&K Health Services – Apr 2021.	<ul style="list-style-type: none"> <li>Number of referrals received.</li> <li>Number of clients reporting improved outcomes.</li> <li>Number of people supported.</li> </ul>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services (4)
	We will develop a clear and concise treatment pathway showing how to access services easily and effectively for all service users through collaboration and co-production.	Third sector, MHWB strategy group, service users, carers – Mar 2022	<ul style="list-style-type: none"> <li>Number of service users and carers reporting that pathway for support and services are accessible and clear.</li> <li>Number of people reporting that they have a good experience of the services that support them.</li> </ul>	Health and social care services contribute to reducing health inequalities (5)  People who provide

	We will design, implement, and evaluate supports and services that provide timely, accessible, efficient, and effective responses to common mental health problems to reduce the pressure on GP resources across Perth and Kinross.	MHWB strategy group, NHS Tayside – Aug 2022	<ul style="list-style-type: none"> <li>• Reduced pressure on GP resources.</li> </ul>	unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing (6)
	We will explore how to better invest in mental health crisis support, to provide supports and services that are proactive, pre-emptive and co-ordinated with people and their families/carers at the centre, using our resources as efficiently and effectively as possible and seek to decrease crisis presentations.	Third sector, MHWB strategy group, service users, carers – Mar 2022	<ul style="list-style-type: none"> <li>• Reduced statutory services admissions for crisis support.</li> <li>• Reduced SAEs.</li> <li>• Number of people reporting that they have a good experience of the services that support them.</li> </ul>	
	We will work with families and carers/families of those using substances to help improve information and support by providing the opportunity for representation of service users and carers at working groups.	ADP, third sector, MHWB strategy group, service users, carers – Aug 2022	<ul style="list-style-type: none"> <li>• Number of joint awareness raising sessions and targeted programmes of work.</li> <li>• Services users, families and carers report feeling that they are more involved in the planning and decision-making of services designed to support them.</li> </ul>	Resources are used effectively and efficiently in the provision of health and social care services. (9)
	We will work with schools and colleges to embed mental health and wellbeing into the curriculum, to raise awareness of mental health problems, substance Misuse issues and suicide and encourage people to respect mental health issues, talk to each other, and to seek support from a young age.	ECS, CAMHS – Mar 2023	<ul style="list-style-type: none"> <li>• Availability of Counselling services in all P&amp;K secondary schools.</li> <li>• Number of young people in school reporting being able to discuss mental health.</li> <li>• Number of young people in school reporting knowing where to get help for wellbeing and mental health.</li> <li>• Number of young people in school reporting knowing how to support their mental health.</li> </ul>	

	<p>We will increase access to free training in mental health awareness for employees in public facing organisations and members of the public by working together across all sectors to provide shared knowledge and information sessions.</p>	<p>Third and independent sector, statutory services, services users, carers – Aug 2022</p>	<ul style="list-style-type: none"> <li>• Number of people accessing training.</li> <li>• Number of training resources available.</li> </ul>	
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KEY THEME 3 – COORDINATED WORKING AND PERSON-CENTRED SUPPORT				
Key Outcomes	How we will achieve this	Responsibilities and timescales	How we will measure how well we are doing	National Health & Wellbeing Outcomes delivered
<p><b>3.1 Support pathways will be clear and robust, with a system of joined-up communication that:</b></p> <p><b>(i) supports staff working across community and statutory mental health &amp; wellbeing services, and</b></p> <p><b>(ii) ensures that service users, their families and carers receive the best possible support.</b></p>	We will improve transition pathways between tiers of care, between age related support services as well as between statutory supports and the third sector, ensuring they are as seamless as possible. This includes transition pathways for children moving into adult mental health services.	MHWP strategy group, ECS, CAMHS, service users, third sector, carers – Mar 2022	<ul style="list-style-type: none"> <li>Number of service users and carers reporting that transition processes are smooth across all ages from young to older people.</li> </ul>	<p>People who use health and social care services have positive experiences of those services, and have their dignity respected. (3)</p> <p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. (4)</p> <p>Health and social care services contribute to reducing health inequalities (5)</p> <p>People who use health and social care services are safe from</p>
	We will integrate a holistic approach to care and support within both community and hospital settings, embedding “Good Conversations” training for staff, keeping the person at the centre and recognising the invaluable role of families and carers.		<ul style="list-style-type: none"> <li>Number of people reporting that they have a good experience of the services that support them.</li> </ul>	
	We will explore and develop creative solutions to improve waiting times, working with our partners to ensure that alternative support options can be available where possible so that people inasmuch as possible are never left without communication or support at any point.	Third sector, MHWP strategy group, service users, carers – Mar 2022	<ul style="list-style-type: none"> <li>Reduced waiting times taking cognisance of the impact of the Covid-pandemic.</li> <li>Number of people reporting that they have a good experience of the services that support them.</li> </ul>	
	We will explore and develop a Mental Health and Wellbeing Integrated Service with third sector services.	Third sector, MHWP strategy group, service users, carers – Mar 2022	<ul style="list-style-type: none"> <li>Number of people reporting that they feel services are better connected.</li> </ul>	
	We will work with Tayside health partners and other key stakeholders to develop effective workflow management systems to reduce referral-to-intervention times.	Health services, service users, third sector, carers – Aug 2022	<ul style="list-style-type: none"> <li>Reduction in referral-to-intervention times.</li> </ul>	

	We will work with statutory and third sector services to establish clearer and more robust referral and communication systems between services, reducing the need for repetition and embedding the 'Ask Once' principle.	Health services, MHWB strategy group, service users, third sector, carers – Mar 2022	<ul style="list-style-type: none"> <li>Number of people reporting that they feel services are better connected.</li> </ul>	harm. (7)
	We will improve how we collate and analyse data, to review academic and analytical studies to provide the evidence base for what makes a difference to suicide rates and poor mental health, to improve our ability to identify patterns and enable us to continuously improve practice and to make positive and effective service change.	Health services, MHWB strategy group, ECS, CAMHS, service users, third sector, carers – Mar 2022	<ul style="list-style-type: none"> <li>Improved data collation, monitoring and evaluation.</li> <li>Ongoing data collection, to be shared at the MHWB strategy group.</li> </ul>	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. (8)
	Through collaboration and co-production, we will embed the Triangle of Care ethos within our support services, such as hospital discharge. This 'Therapeutic Alliance' between the service user, professional and carer will promote safety, support recovery, and sustain well-being.	Carers Strategy Group, MHWB strategy, third sector, carers, service users – Aug 2022	<ul style="list-style-type: none"> <li>Number of carers reporting that they are involved in hospital discharge.</li> <li>Number of carers reporting that they are involved in decisions around the person they care for when possible.</li> </ul>	Resources are used effectively and efficiently in the provision of health and social care services. (9)
	Through continued input into the Tayside wide care pathway work streams, we will ensure appropriate services and support mechanisms are developed for the people of P&K. These pathway work streams are: <ul style="list-style-type: none"> <li>Crisis and Home treatment service pathway</li> <li>Emotionally Unstable Personality Disorder pathway</li> <li>Learning Disability and Autism Pathway</li> <li>Inpatient service re-design Pathway</li> <li>Rehabilitation Pathway</li> </ul>	Health services, MHWB strategy group, CAMHS, service users, third sector, carers – Mar 2022	<ul style="list-style-type: none"> <li>Number of people reporting that they have a good experience of the services that support them.</li> </ul>	



	We will embed Social Work Assistant resource within our Adult Community Mental Health Teams to improve integrated working and better accessibility for service users.	Portfolio Lead for Mental Health, Head of Social Care.	<ul style="list-style-type: none"> <li>Recruit 3 Social Care Officers, this will provide 1 for each team</li> <li>Improved patient experience as a holistic approach can be delivered.</li> </ul>	
	We will improve the support currently offered to those bereaved through suicide and ensure that they are provided with a compassionate and caring response.	Spiritual care service MH Strategic Lead	<ul style="list-style-type: none"> <li>Enhance current provision within the spiritual care service</li> <li>Improved family experience following the death of a loved one</li> </ul>	

<b>KEY THEME 4: PARTICIPATION AND ENGAGEMENT</b>				
<b>Key Outcomes</b>	<b>How we will achieve this</b>	<b>Responsibilities and timescales</b>	<b>How we will measure how well we are doing</b>	<b>National Health &amp; Wellbeing Outcomes delivered</b>
<b>4.1 Decisions will be made through collaborative working and co-production by all Mental Health and well-being providers across Perth and Kinross.</b>	We will work with our partners across all sectors, service users and carers to develop a joint, coordinated approach to information sharing, problem solving, and decision making.	Portfolio lead for Mental Health, third and independent sector, service users, carers – ongoing	<ul style="list-style-type: none"> <li>Number of service users, carers, family members involved in, and feeding into, working groups.</li> </ul>	People who use health and social care services have positive experiences of those services, and have their dignity respected. (3)
	We will work with the community planning partnership to undertake community engagement and inform the strategic planning, commissioning, operational management and delivery of evidence-based mental health services, rehabilitation and trauma informed care led by IJBS	Portfolio lead for Mental Health, CPP - ongoing	<ul style="list-style-type: none"> <li>Number of service users, carers, family members involved in, and feeding into, working groups.</li> </ul>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. (4)
<b>4.1 Service users</b>				

<b>and carers will be integral to the decision-making process and shaping of the mental health and wellbeing services that are designed to support them.</b>	We will work with our health partners, service users, and carers in developing clear information for patients, carers and families to ensure that carers and families are involved and listened to by professionals in treatment and care planning as far as possible. Ensure that Independent advocacy can support people to have their say and feel their voices are heard.	Health services, MHWB strategy group, Carer Strategy Group, CAMHS, service users, third sector, carers – Mar 2022	<ul style="list-style-type: none"> <li>• Number of information resources</li> <li>• Training opportunities to improve access to independent advocacy services</li> </ul>	Health and social care services contribute to reducing health inequalities. (5)  People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. (6)
	We will evaluate the current level of mentoring and peer support mechanisms within P&K to ensure there is adequate provision.	MHWB strategy group, CAMHS, service users, third sector, carers – Mar 2022	<ul style="list-style-type: none"> <li>• Number of mentoring and peer support mechanisms within services available across P&amp;K.</li> </ul>	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. (8)
	We will develop an Annual Mental Health and wellbeing conference, whereby information and knowledge is shared across a variety of services and progress is highlighted.	MHWB strategy group, CAMHS, service users, third sector organisations, carers – Mar 2022	<ul style="list-style-type: none"> <li>• Feedback from conference</li> </ul>	
	We will work with our partners across all sectors, service users and carers to be as inclusive as possible in our reach and ensure that individuals or groups whose voices are not traditionally as strongly heard or represented, are identified and involved in relation to mental health.	Portfolio lead for Mental Health, third and independent sector, service users, carers – ongoing	<ul style="list-style-type: none"> <li>• Number of service users, carers, family members involved in, and feeding into, working groups.</li> <li>• Number of service users from different community groups accessing services.</li> </ul>	

KEY THEME 5: REVIEW OF WORKFORCE REQUIREMENTS				
Key Outcomes	How we will achieve this	Responsibilities and timescales	How we will measure how well we are doing	National Health & Wellbeing Outcomes delivered
<b>5.1 Ensure that those services delivering help and support to our communities have adequate resources including staffing and training needs.</b>	We will undertake a workforce review of Community Mental Health Teams using the 6-step methodology	Clinical and Professional Team Managers (CPTMs) - Apr 2022	<ul style="list-style-type: none"> <li>Complete baseline measurement of current workforce provision</li> </ul>	<p>Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. (4)</p> <p>Health and social care services contribute to reducing health inequalities. (5)</p> <p>People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. (8)</p>
	We will increase capacity within the Primary Care Mental Health Nursing workforce	Portfolio lead for Mental Health and Locality Managers – Sept 2021	<ul style="list-style-type: none"> <li>Identify and secure additional funding for these posts</li> <li>Recruit through recognised processes into these posts.</li> </ul>	
	We will develop the Advanced Mental Health Nursing Model across Perth and Kinross which will form an integral part of our Community Mental Health services.	Portfolio Lead for Mental Health, Clinical Lead for Mental Health, Locality Managers, CPTMS -Sept 2021	<ul style="list-style-type: none"> <li>Gather data around current requirements for AMHNP</li> </ul>	
	We will increase capacity within the PKC Early Intervention and Prevention Team to support those with Mental Health problems.	Portfolio lead for Mental Health, Locality and Service Managers – Mar 2022	<ul style="list-style-type: none"> <li>Identify and secure additional funding for these posts</li> <li>Recruit through recognised processes into these posts.</li> </ul>	

	Recruit a sessional GP to provide and enhance Primary Care/Mental Health strategic support across P&K	Portfolio lead for Mental Health, Head of Health, Clinical Lead for Mental Health, Associate Medical Director – Mar 2022	<ul style="list-style-type: none"> <li>• Support developments of new community models of care for mental health and wellbeing.</li> <li>• Support access to mental health support within communities which addresses current inequalities in provision including reaching hard to reach groups in a way which is relevant for them.</li> <li>• To promote education and continuing professional development in relation to mental health and wellbeing in the community and increase educational opportunities and participation in training.</li> </ul>	Resources are used effectively and efficiently in the provision of health and social care services. (9)
	Develop business case and recruit Suicide Awareness and Prevention Co-ordinator	Portfolio Lead for Mental Health, Locality Service Managers – Sept 2021	<ul style="list-style-type: none"> <li>• Suitable candidate in post</li> </ul>	
	Develop model for integrated Mental Health and Substance Misuse provision.	Portfolio Lead for Mental health, ADP strategy group, CPTMs - Apr 2022	<ul style="list-style-type: none"> <li>• Improved access to services for individuals</li> <li>• Feedback from service users</li> </ul>	
	Review the potential role for AHPs to work in primary care mental health and in consultancy posts through good practice models across Scotland.	Portfolio Lead for Mental Health, Professional Lead AHP's, Head of Health.	<ul style="list-style-type: none"> <li>• Expansive workforce providing different skills.</li> <li>• Improved patient experience using patient feedback tools.</li> </ul>	

	We will increase the Mental Health Officer (MHO) resource across Perth and Kinross	Portfolio Lead for Mental Health, Head of Social Care.	<ul style="list-style-type: none"> <li>• Improved waiting times for service users to be seen by and MHO.</li> <li>• Improved communication between disciplines</li> <li>• Improved staff wellbeing due to additional resource and capacity</li> </ul>	
	Develop and recruit a Senior Nurse for Mental Health post. This will lead on the local Clinical Care Governance portfolio for Mental Health as well as quality Improvement	Strategic Lead for Mental Health	<ul style="list-style-type: none"> <li>• Improved Governance arrangements and reporting</li> <li>• Up to date Evidence based approaches being shared amongst all services</li> <li>• Direct link into NHS Tayside Workstreams relating to Listen Learn Change Action Planning</li> </ul>	

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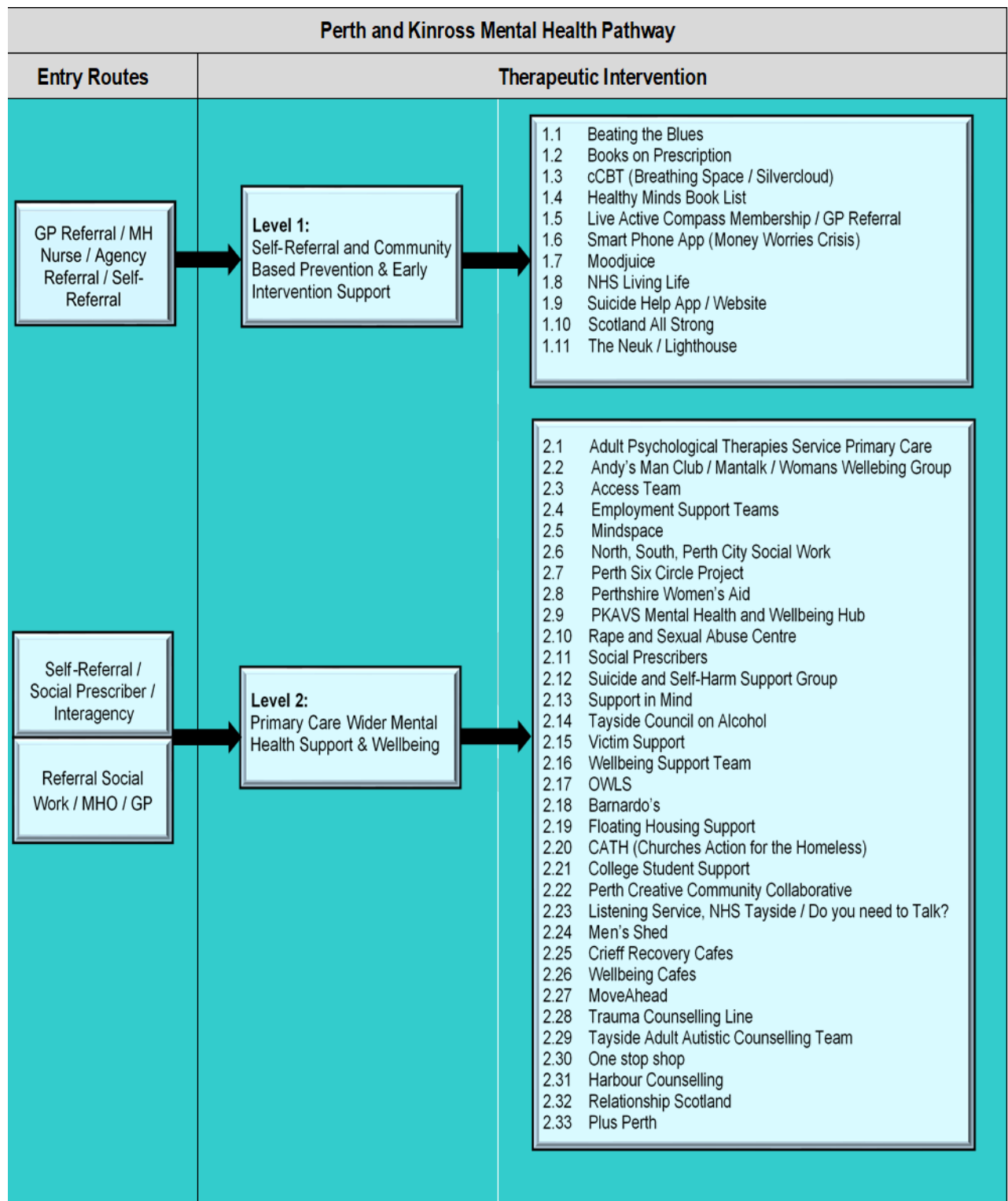
## Appendix 1: Jargon Buster

111 service	NHS non-emergency advice service
6 step methodology	Practical approach to workforce planning used by the NHS
ACP	Anticipatory/recovery care plan
ADP	Alcohol and Drug Partnership – authority area based, responsible for co-ordinating local strategy delivery
AHP	Allied Health Professional
AMHNP	Advanced Mental Health Nurse Practitioner
C&YP	Children and Young People – generally those of school age
CAMHS	Child and Adolescent Mental health Services – provides specialist treatment for C&YP who (may) have mental health difficulties
‘Carer Positive Award’	Presented to employers in Scotland who have a working environment where carers are valued and supported
Community Planning Partnership (CPP)	Umbrella name given to a group of services that come together within an authority area to take part in community planning
CPTM	Clinical and Professional Team Manager – Individual responsible for monitoring professional competence of health care professionals
Crisis & Home treatment service pathway	A Pathway of care that supports individuals in Mental Health Crisis to ensure appropriate treatment/care.
Crisis Pathways	Supports for service users who are experiencing a crisis in their personal situation
CTO	Compulsory Treatment Order
DET	Digital Enabled Technology
Digital Technology	The practical use of digital or computerised devices to support independent living
DBI	Distress Brief Intervention – a time limited and supportive problem solving contact with an individual in distress
ECS	Education & Children Services
Emotionally Unstable Personality Disorder pathway	A psychiatric diagnosis which effects approximately 1 in 100 people.
GP Cluster	A group of GP practice in a close geographical location
HSCP	Health and Social care Partnership – the amalgamated health care and social care service, based in a local authority area
Independent Advocacy Services	Support to help individuals have their voices heard and the information they need from the care or health system
IJBS	Integrated Joint Board – responsible for planning and overseeing services of health care and social care in a seamless service
Inpatient service re-design Pathway	On-going review to support the most appropriate interventions for those who require adult mental Health In-patient services. This will take cognisance of evidence-based interventions and available resources.
Learning Disability and Autism Pathway	A Pathway supports individuals with Learning Disability and/or Autism to ensure appropriate treatment and/or care.

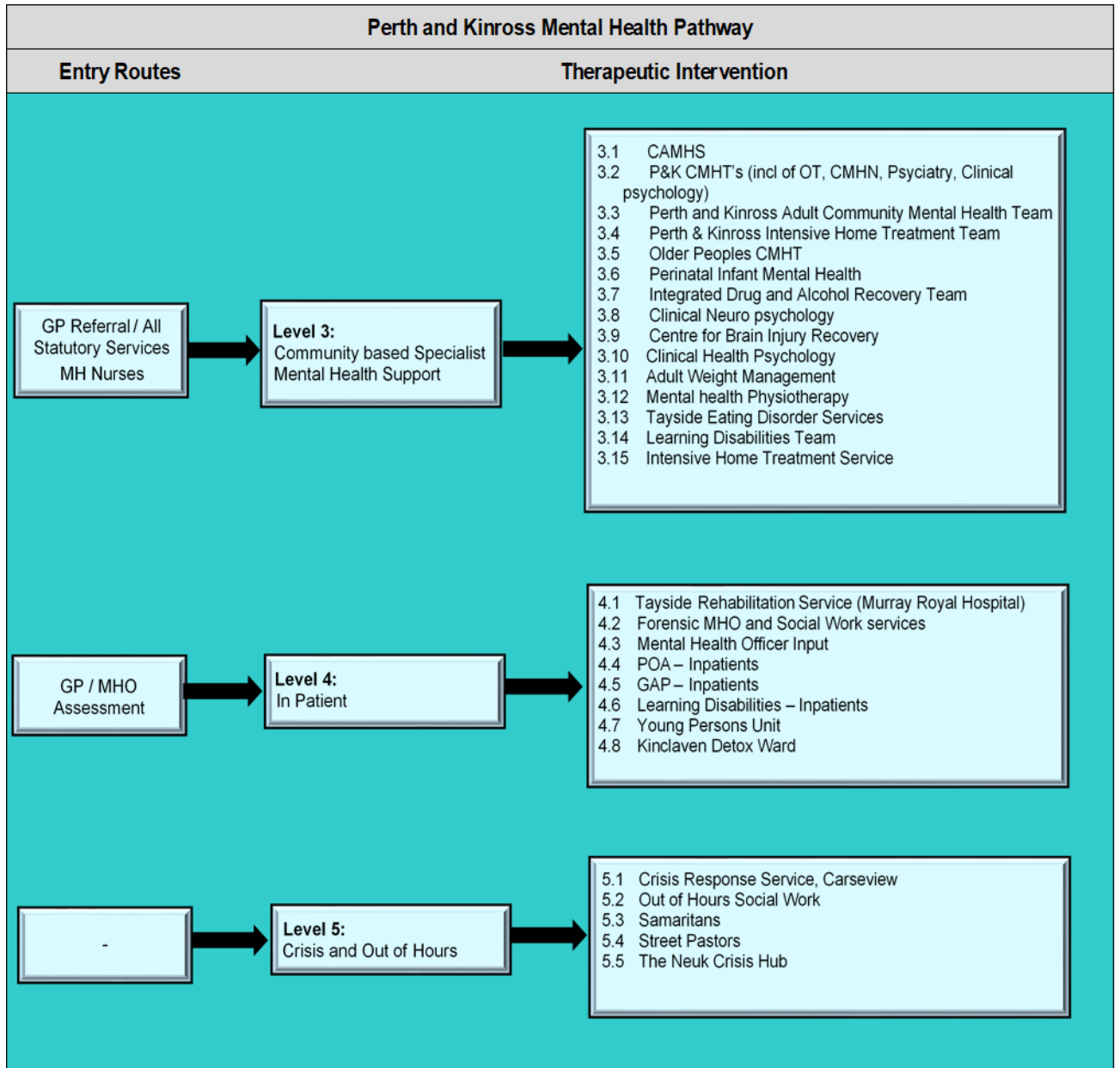
MHO	Mental Health Officer
MHWB	Mental Health and Wellbeing
MNPI	Maternity and Neonatal Psychological Interventions -service for families under the care of maternity and neonatal services
National Mental Health Improvement & Suicide prevention framework	Covers the promotion of good mental health, improving quality of life, tackling mental health inequalities, supporting people in distress or crisis, promoting recovery, preventing self-harm and suicide
NES	NHS Education for Scotland
P&K	Perth and Kinross Authority Area
Perinatal Mental Health	Problems which occur during pregnancy or in the first year following the birth of a child.
Person Centred Care	A framework that puts the service user at the heart of decisions and delivery of care for their needs
PKAVS	Perth & Kinross Association of Voluntary Service
PNIMH	Perinatal and infant mental health service
Quality Indicators	A set of performance metrics to monitor standards of service delivery
Quintiles	Five equal groups into which a population can be divided according to the distribution of values of a particular variable
Rehabilitation Pathway	Support structure to facilitate recovery from physical and non-physical conditions
SAE	Significant Adverse Event - Significant Adverse Event Reviews (SAERs) are carried out following events that have resulted in unexpected death or harm.
Scottish Recovery Network	An initiative designed to raise and support awareness of recovery from mental health problems
Social Prescribers	A position focusing on helping individuals decide what they would like to do to improve their own health, wellbeing and independence
Statutory Services	Public services required by law with legislations in place, set for them by the government
(NES) STILT	Scottish Trauma Informed Leaders Training – programme to support leaders of organisations developing trauma informed services
Tayside	Overarching region comprising of Perth and Kinross, Angus and Dundee authority areas
Third Sector	Umbrella term covering a range of different organisations that do not belong to either the public or private sectors
Trauma informed practice	Approach of raising awareness amongst staff about the wide impact of trauma and to prevent re-traumatisation in service settings that are meant to support and assist healing
Triangle of Care	Co-ordinated care plan agreed between the service user, carer and the professional supports
Young People	Minors, generally up to school age but can include older by exception

## Appendix 2: Pathway

This is the Perth & Kinross Mental health Services Pathway, as at November 2021.







## Appendix 3: Contributors

Thank you to all these individuals who contributed to the development of this strategy, with apologies to anyone who has unintentionally been missed off the list.

< List currently being collated - to be inserted as soon it is as completed >

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## PERTH & KINROSS INTEGRATION JOINT BOARD

01 DECEMBER 2021

### UPDATE ON THE REDESIGN OF SUBSTANCE USE SERVICES AND RECOVERY FROM COVID IN PERTH AND KINROSS

Report by Clare Mailer, ADP Chair (Report No. G/21/148)

#### PURPOSE OF REPORT

To update the IJB on the remobilisation of substance use services in Perth and Kinross following the lifting COVID restrictions, proposed use of National Mission monies and progress with the redesign of services.

#### 1. RECOMMENDATION(S)

It is recommended the IJB:

- 1.1. Notes the actions taken regarding the remobilisation of substance use services
- 1.2. Notes progress in the redesign of substance use services
- 1.3. Notes proposals for spend of National Mission monies
- 1.4. Requests an update in 6 months' time

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

##### 2.1 SUBSTANCE USE AND RELATED HARM AND RECOVERY FROM COVID

###### 2.1.1 Harm from Drugs

Figures for 2020 highlight the scale of the challenge that Scotland is facing concerning drug-related deaths. 2020 saw the highest number of drug-related deaths ever recorded with 1,339 deaths, an increase of 5% from the previous year. Perth and Kinross also recorded its highest number of drug-related deaths with 34 fatalities, an increase of 9 (36%) when compared with 2019 and an increase of 4 (13%) when compared with 2018.

For 2021/22, data for Quarters 1 and 2 (April to September 2021) shows that there were 11 suspected drug death notifications. This is a reduction of 4 when compared with the same period in 2020/21.

Concerning referrals for drug treatment, Quarter 1 saw a very significant increase in clients being referred. However, issues with recording as a result of the implementation of DAISy is thought to be at least partly responsible for this increase. This is supported by considering the data for Quarter 2, which saw referrals return to more comparable levels with past performance.

This highlights that while there are some early indications that the increase in drug-related deaths and continued increase in referrals may not be sustained in 2021/22, drug harm continues to be a significant concern for communities in Perth and Kinross.

**2.1.2** It should be noted that figures for drug deaths for the first two quarters of 2021 are suspected. This is because it takes time for analysis to take place regarding accidental or intentional overdose of substances, which substances (including alcohol) are present in the blood stream, any underlying physical cause of death and whether this is the primary cause or not. Anecdotal information is available within areas but this is not shared nationally, as to do so without proper analysis, would not be helpful.

### **2.1.3 Harm from Alcohol**

Figures for Scotland for 2020 highlight that the year saw the largest number of alcohol-specific deaths recorded since 2008, with 1,190 deaths. This is an increase of 17% when compared with 2019. In Perth and Kinross, 25 alcohol-related deaths were recorded in 2020. This is an increase of 2 when compared with 2019 and is 5 fewer than the number recorded in 2018.

Over the past year there has been an ongoing increase in the number of new referrals for alcohol treatment. The number of referrals for Quarters 1 and 2 is 252. This represents 51.1% of the total number for 2020-21 which suggests that the observed trend is continuing into the current financial year.

Therefore, while the number of alcohol-related deaths has remained relatively constant, the increasing number of referrals highlights that, as with drug harm, alcohol harm continues to be a significant issue for communities in Perth and Kinross.

## **2.2 RECOVERY FROM COVID**

Substance Use Services had to adapt their models of service delivery to respond to the challenges of COVID. Examples include:

- Implementing a virtual multi-agency assessment clinic and triage
- Delivery of Opioid Substitute Treatment (OST) prescriptions to people who were self-isolating or shielding
- Postal delivery of injecting equipment and Naloxone
- Provision of mobile phones to help people maintain contact with services and supports

- Virtual Recovery Cafes

Face to face services have now fully resumed. However virtual support is still available for people who prefer it.

### **3. NEXT STEPS**

In August 2021, the Scottish Government announced a national funding uplift for ADPs of £13.5 million each year for the financial years 2021-26. This funding is to be used to support the work of the National Mission to reduce drug related deaths and harms in three key areas: expand access to residential rehabilitation, address the key priorities of the National Mission, including faster access to treatment and implement the Whole Family Approach Framework.

Additional funding was also made available to ADPs to support the implementation of Medication-Assisted Treatment (MAT) Standards; the expansion of the rollout of Buvidal (long-acting buprenorphine); the expansion of Heroin-Assisted Treatment; the expansion of assertive outreach services; to support and improve Non-Fatal Overdose Pathways and support the involvement of people with lived and living experience in service developments.

In order to achieve these objectives, and support the ongoing implementation of a Recovery Oriented System of Care (ROSC) in Perth and Kinross, funding has been awarded to the following:

#### **3.1 INTEGRATION OF SUBSTANCE USE SERVICES**

Improving the coordination of all community-based services in Perth and Kinross is a priority for the ADP. During 2020, the Integrated Drug and Alcohol Recovery Team (IDART) was formed when the NHS Tayside Substance Use Service and the Perth & Kinross Social Work Drug & Alcohol Team integrated to form one team. This aims to improve the effectiveness and efficiency of support for people with substance use issues and their families.

In order to support the development of the new team, promote a focus on Recovery and enable it to effectively respond to increasing numbers of referrals, IDART has been awarded funding for a range of new posts including an occupational therapist, a psychology assistant, a social worker with a mental health officer qualification, two recovery workers and three nurses. This will support provision of a wider range of support including help for people to stabilise chaotic lifestyles so they can engage with therapeutic interventions, increased access to individual and group psychological therapies, support with independent living skills, integration into local communities including support with accessing employment and Further Education.

This investment will also support the ongoing development of the multi-agency assessment clinic and triage and the Non-Fatal Overdose pathway.

The IDART Service is currently based at Drumhar Health Centre. A lack of sufficient space to see people and challenges associated with working in a shared space with other services has resulted in a situation where alternative accommodation is required for IDART to deliver its full range of functions.

A longer-term plan of accommodating the service in Pullar House has been proposed. The ADP has identified funding to support alternative, interim accommodation over the next three years. Options are currently being explored in Perth City.

### **3.2 NON-FATAL OVERDOSE PATHWAY**

Information from the Scottish Ambulance Service, via NHS Tayside Public Health and Police Scotland, via Adult Support and Protection Vulnerable Person Reports regarding all non-fatal overdose incidents they attend are forwarded to the Non-Fatal Overdose Group. This group contains representatives from substance use services across the statutory and third sectors. Where a person is known to a service, they are contacted and offered an immediate appointment with their worker. If the person is not known, they are referred to an Assertive Outreach Worker who will make contact and offer support. Funding was previously provided to the third sector to recruit two Assertive Outreach Workers. Further funding has been made available through the National Mission uplift to recruit an additional Assertive Outreach Worker.

### **3.3 RESIDENTIAL REHABILITATION**

Improving access to residential rehabilitation is a key part of the Scottish Government's National Mission and the Government has provided ADPs with significant investment over the next five years to support this. The vision is that residential rehabilitation is available to everybody who wants it, when they need it and for whom it is deemed to be clinically appropriate.

Following review, a revised process for accessing residential rehabilitation has been implemented in Perth and Kinross including the establishment of a residential rehabilitation funding panel comprising colleagues from the statutory and third sectors. Support for people when they return to their local community after residential rehabilitation is being reviewed and improved.

### **3.4 GRASSROOTS RECOVERY COMMUNITIES**

Perth and Kinross ADP remain committed to ensuring that those with lived and living experience of substance use play a key role in shaping substance use services. In September 2021, Perth hosted the Recovery Walk Scotland. The event was organised by Scottish Recovery Consortium (SRC) and was part celebration, part remembrance of recovery journeys for people who have experienced a range of issues including substance use and mental health.

The event was attended by over 2,000 people and included a Roses in the River memorial, a procession through the city centre and a festival on the North Inch.

It is intended that the momentum from the event can be harnessed to help in the development of a grassroots Recovery Community in Perth and Kinross. A three year plan has been developed and as part of the plan, Perth & Kinross ADP has budgeted for a Recovery Communities Development Officer to support this work.

Perth and Kinross ADP has agreed to provide funding to the Scottish Prison Service and Hillcrest Futures for a recovery worker with lived experience to support the extensive programme of recovery work that is currently being developed in HMP Perth.

Perth & Kinross ADP had hoped to establish a Lived Experience Reference Group to act as a “critical friend” to the ADP Strategy Group and to have more robust representation of lived experience. However, this has not proved possible due to the challenge of the pandemic. The ADP remains committed to this and implementation is planned for 2022.

### **3.5 WHOLE FAMILY APPROACH**

A key strategic aim of the ADP is to ensure that a whole family/ system approach is embedded across services.

A short life working group has been established to test a different approach in engaging with families. The project will work with a small number of families across Perth and Kinross where there are children living in the family home and there are issues with drugs and/or alcohol and for whom there is a need for a service from more than one agency. The families will be assessed at home and offered support through the development of a joint plan which will encompass all elements of family’s needs and will be shared across participating services.

Funding has been awarded to recruit a Social Worker to support embedding the Whole Family Approach across Perth and Kinross.

### **3.6 ALCOHOL**

Alcohol continues to have a significant impact on communities throughout Perth and Kinross. While the long-term impact of the pandemic on drinking behaviour is still to be determined, national evidence suggests that people who typically consumed a higher level of alcohol drank more during the imposition of restrictions. The following actions have been taken to try and address this

- additional funding provided to Tayside Council on Alcohol (TCA) to increase its counselling resource

- funding provided for a Pan-Tayside Alcohol Brief Intervention (ABI) co-ordinator post to support the delivery and embedding of ABIs
- funding provided for the development of a multi-agency community alcohol detox service.

#### **4. ADP ANNUAL REPORT**

The Perth and Kinross ADP Annual Report for 2020-21 was submitted to the Scottish Government on 14 October 2021 and is attached as Appendix 1. As the report covers the period from April 2020 to March 2021, it describes the response to COVID in the four key areas of education and prevention; treatment and recovery; getting it right for children, young people and families and a public health approach to justice.

##### **4.1 DELIVERY PLAN**

The Perth and Kinross ADP Strategic Delivery Plan 2020-23 is attached as Appendix 2. The Plan focusses on the four priorities as noted above and are aligned with the Scottish Government's national substance use strategy. Progress against the Delivery Plan was paused as a result of the necessity to respond to the challenges of COVID. Following the resumption of key services, progress against the Delivery Plan will be reviewed quarterly at ADP Strategy Group meetings.

#### **5. ADP GOVERNANCE**

The Scottish Government and COSLA have coproduced the Partnership Delivery Framework for Alcohol and Drug Partnerships. The framework sets out the ambition for local areas to have the following in place:

- A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs
- Transparent financial arrangements
- Clear arrangements for quality assurance and quality improvement
- Effective governance and oversight of delivery

The Framework comprises four key actions supplemented by eight recommendations including:

- The requirement for ADPs to have SLAs in place with all partners specifying inputs and outputs
- Public Health Scotland are asked to produce an annual standardised needs assessment
- Chief Officer Groups of all ADP partners are asked to take responsibility for the reduction in substance use mortality
- HSCP Chief Finance Officer is asked to produce an annual finance report and ensure funding is carried forward to support the ADP Delivery Plan.



Proposals for the spend of the National Mission monies had to be approved by the Chair of the ADP and Chief Officer of the HSCP prior to submission to the Scottish Government.

## 6. PERFORMANCE

Performance of Perth and Kinross ADP is monitored by a set of Key Performance Indicators that are reported to the ADP Strategy Group on a quarterly basis.

In addition to the ADP Performance Framework, the Scottish Government has prioritised the introduction of Medication-Assisted Treatment (MAT) Standards from April 2022. The aim of the standards is to help reduce deaths, and other harms, and to promote recovery. The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centred to enable people to benefit from treatment for as long as they need. Perth and Kinross ADP is working with the Scottish Government's MAT Standards Implementation Support Team (MIST) to implement the standards in Perth and Kinross.

## 7. CONCLUSION

Substance Use Services demonstrated considerable resilience and flexibility during the pandemic to ensure the needs of people with substance use issues and their families continued to be met. As services continue the process of remobilising, the focus of Perth and Kinross ADP is on resuming the delivery of the priorities outlined in its Strategic Delivery Plan 2020-23.

Supported by significant investment from national funding, enhancements to the IDART service, Non-Fatal Overdose pathway, Recovery Community and residential rehabilitation are planned. These will contribute to the ongoing implementation of a Recovery Oriented System of Care in Perth and Kinross which will enable people affected by substance use and their families, to have access to the support they need on their recovery journey.

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