Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal Services
Dundee City Council

TO: ALL MEMBERS, ELECTED MEMBERS AND
       OFFICER REPRESENTATIVES OF THE
       DUNDEE CITY HEALTH AND SOCIAL CARE
       INTEGRATION JOINT BOARD

       (See Distribution List attached)

City Chambers
DUNDEE
DD1 3BY

11th December, 2020

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on <u>Tuesday 15th December, 2020 at 3.00 pm</u> and now enclose the undernoted items of business.

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

3   MINUTE OF PREVIOUS MEETING

The minute of previous meeting of the Integration Joint Board held on 27th October, 2020, copy attached.

16   PROGRAMME OF MEETINGS – INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE - 2021

(a)   INTEGRATION JOINT BOARD

It is proposed that the the programme of meetings over 2021 be as follows:-

Wednesday 24th February, 2021 - 10.00am
Wednesday 26th March, 2021 – 10.00am
Wednesday 21st April, 2021 – 10.00am
Wednesday 23rd June, 2021 – 10.00am
Wednesday 25th August, 2021 – 10.00am
Wednesday 27th October, 2021 - 10.00am
Wednesday 15th December, 2021 – 10.00am

All meetings will be held remotely unless otherwise advised by the Clerk.

(b)   PERFORMANCE AND AUDIT COMMITTEE

It is proposed that the programme of meetings over 2021 be as follows:-

Wednesday 3rd February, 2021 – 10.00am
Wednesday 24th March, 2021 – 10.00am
Wednesday 26th May, 2021 – 10.00am
Wednesday 15th September, 2021 – 10.00am
Wednesday 24th November, 2021 – 10.00am

All meetings will be held remotely unless otherwise advised by the Clerk.

17   DATE OF NEXT MEETING

Wednesday, 24th February, 2021 – 10.00am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a)   DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Non Executive Member (Chairperson)	Trudy McLeay
Elected Member (Vice Chairperson)	Councillor Ken Lynn
Elected Member	Councillor Roisin Smith
Elected Member	Bailie Helen Wright
Non Executive Member	Jenny Alexander
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	VACANT
Registered nurse	Wendy Reid
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher

(b)   DISTRIBUTION – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Chief Executive
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Executive Director of Corporate Services)	Greg Colgan
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Pauline Harris
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon
Dundee University (PA to Professor Rory McCrimmon)	Lisa Thompson
Proxy Member (NHS Appointment for Voting Members)	Dr Norman Pratt

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 27th October, 2020.

Present:-

Members	Role
Trudy McLEAY *(Chairperson)*	Nominated by Health Board (Non-Executive Member)
Ken LYNN *(Vice-Chairperson)*	Nominated by Dundee City Council (Elected Member)
Roisin SMITH	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald McPHERSON	Nominated by Health Board (Non-Executive Member)
Vicky IRONS	Chief Officer
Dave BERRY	Chief Finance Officer
Diane McCULLOCH	Chief Social Work Officer
James COTTON	Registered Medical Practicioner
Jim McFARLANE	Trade Union Representative
Eric KNOX	Third Sector Representative
Martyn SLOAN	Carer Representative

Non-members in attendance at request of Chief Officer:-

David SHAW	Dundee Health and Social Care Partnership
Kathryn SHARP	Dundee Health and Social Care Partnershi
Christine JONES	Dundee Health and Social Care Partnership
Jenny HILL	Dundee Health and Social Care Partnership
Lucinda GODFREY	Dundee Carers Centre
Shona HYMAN	Dundee Health and Social Care Partnership

Trudy McLEAY, Chairperson, in the Chair.

Prior to commencement of the meeting the Chairperson welcomed Christine Jones to her first meeting of the Integration Joint Board. Ms Jones had recently been appointed to the position of Partnership Finance Manager.

The Chief Officer also took the opportunity to appraise the Integration Joint Board of the current position in relation to the ongoing health emergency and operational management of this which was noted.

I   APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Jenny Alexander and Dr James Cotton.

II   DECLARATION OF INTEREST

No declarations of interest were made.

III   CHAIRPERSON AND VICE-CHAIR PERSON

(a)   CHAIRPERSON

The Integration Joint Board agreed to note that the term of office of Chairperson held by NHS Tayside had lapsed and that in terms of Standing Orders this would now be required to be filled by a voting member from Dundee City Council.

The Integration Joint Board agreed to note that position and that Dundee City Council had nominated Councillor Ken Lynn as Chairperson.

(b)   VICE-CHAIRPERSON

The Integration Joint Board agreed to note that term of office of Vice-Chairperson held by Dundee City Council had lapsed and that in terms of Standing Orders this would now be required to be filled by a voting member from NHS Tayside.

The Integration Joint Board agreed to note the position and that NHS Tayside had nominated Trudy McLeay as Vice-Chairperson.

IV   PERFORMANCE AND AUDIT COMMITTEE – APPOINTMENT OF MEMBERSHIP AND CHAIR

Reference was made to Article VIII of the minute of meeting of the Integration Joint Board held on 30th August, 2016 wherein it was agreed to establish a Performance and Audit Committee as a Standing Committee of the Integration Joint Board. The Terms of Reference were also agreed.

(a)   MEMBERSHIP

The Terms of Reference indicated that the Integration Joint Board shall appoint the Committee which would consist of not less than six members of the Integration Joint Board. The Committee would include at least four Integration Joint Board voting members (on the basis of two from NHS Tayside and two from Dundee City Council).

The Integration Joint Board agreed to note the position.

(b)   CHAIRPERSON

The Committee would be chaired by a person not being the Chairperson of the Integration Joint Board and would be nominated by the Integration Joint Board. The current voting membership on the Committee were Councillor Lynn (Chairperson), Bailie Wright, Jenny Alexander and Donald McPherson,

The Integration Joint Board agreed to appoint Trudy McLeay, Donald McPherson, Bailie Helen Wright and Councillor Roisin Smith as voting members on the Committee and that Trudy McLeay be appointed as Chairperson to serve on the Performance and Audit Committee.

V   MINUTE OF PREVIOUS MEETING

The minute of meeting of the Integration Joint Board held on 25th August, 2020 was submitted and approved.

The Integration Joint Board further agreed to note that the Clerk and the Chief Finance Officer would be meeting with the Auditor to discuss the content of the minutes of meetings of the Integration Joint Board and the Performance and Audit Committee following comments and observations made by the Auditor in this regard.

VI   **PERFORMANCE AND AUDIT COMMITTEE**

(a)   MINUTE OF PREVIOUS MEETING OF 22ND SEPTEMBER, 2020

The minute of the previous meeting of the Performance and Audit Committee held on 22nd September, 2020 was submitted and noted for information and record purposes.

(b)   CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB44-2020 by Ken Lynn, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

The Integration Joint Board agreed to note the content of the report.

VII   **PROGRESS UPDATE ON REVIEW OF 'A CARING DUNDEE: A STRATEGIC PLAN FOR SUPPORTINGNG CARERS IN DUNDEE' AND SHORT BREAKS STATEMENT**

There was submitted Report Number DIJB40-2020 by the Chief Officer providing an an update regarding the work of the Carers Partnership and the progress towards the revision of 'A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee' and Short Breaks Services Statement.

The Integration Joint Board agreed:-

(i)   to consider and approve the proposed plan to revise 'A Caring Dundee' and the Short Breaks Services Statement as outlined in section 4.1 of the report;

(ii)   to consider and approve the development of Dundee Carers Partnership COVID-19 Engagement Plan as outlined in section 4.2 of the report;

(iii)   to note the actions taken to further progress Adult Carer Support Plans and Young Carer Statements as outlined in section 4.3 of the report;

(iv)   to note the work being undertaken by Dundee Carers Partnership to ensure that we have a fuller understanding of the impact of COVID-19 on carers, young carers and their families; and

(v)   to instruct the Chief Officer to provide a further report in March 2021 to update on progress from the Carers Partnership.

Following questions and answers the Integration Joint Board further agreed:-

(vi)   to note that as advised by the Chief Finance Officer that the funding allocation from the Scottish Government referred to in the Financial Implications section of the report had not been ringfenced; and

(vii)   that the Chief Officer be instructed to provide an interim update report on the progress from the Carers Partnership at the meeting to be held in December 2020

VIII   ANNUAL PERFORMANCE REPORT 2019/2020

There was submitted Report Number DIJB41-2020 by the Chief Officer submitting the full version of the Health and Social Care Partnership Annual Performance Report 2019/2020 for approval.

The Integration Joint Board agreed:-

(i)   to approve the Annual Performance Report 2019/20 as outlined in Appendix 1 of the report;

(ii)   to instruct the Chief Officer to update the Annual Performance Report with financial year 2019/20 data for all National Health and Wellbeing indicators as soon as data is made available by Public Health Scotland; and

(iii)   to approve the planned approach to formatting, publication and distribution as outlined in section 4.2.4 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(iv)   to note that Diane McCulloch would share a report with the Chair on how statistics were recorded within Tayside in relation to discharges from hospital;

(v)   to note that the Chief Officer would arrange for further information to be provided to the Integration Joint Board on work being undertaken by the Team led by Arlene Mitchell who were looking at support for people being discharged from hospital from a mental health perspective;

(vi)   to note that it wasn't possible to provide benchmarking information against national health indicators and that Kathryn Sharp would discuss this matter further with Bailie Helen Wright if she wished;

(vii)   to note that in future years this report would include wider use of graphics and pie charts to allow further understanding of the content and that this would also include information from key workers at an operational level within the community and also any areas where experiences had been negative and what had been put in place to improve the position.

IX   GOVERNANCE ACTION PLAN UPDATE REPORT – ESCALATION FROM THE PERFORMANCE & AUDIT COMMITTEE

There was submitted Report Number DIJB42-2020 by the Chief Finance Officer providing the Integration Joint Board with an overview of the delays in progressing a range of governance actions as set out in the Governance Action Plan and outlined how these would be addressed.

The Integration Joint Board agreed:

(i)   to note the content of the report;

(ii)   to note the reasons why actions had not been completed within timescales initially proposed in the Governance Action Plan as outlined in Appendix 1 of the report;

(iii)   to note the tasks assigned to individuals in the Governance Action Plan and initiatives proposed as outlined in Appendix 2 of the report, in order to move these outstanding actions to a conclusion; and

(iv)   to instruct the Chief Officer and Chief Finance Officer to ensure these initiatives are implemented in order to strengthen the governance arrangements in place within the Integration Joint Board's governance framework.

Following questions and answers the Integration Joint Board further agreed:-

(v)   to note that it would be helpful for contact person to be identified with responsibility for achieving each of the actions set out in the report and the assurance given by the Chief Officer in this regard to give clarity to the areas of responsibility referred towards adhering to the Audit Plan as set out.

X   FINANCIAL MONITORING POSITION AS AT AUGUST 2020

There was submitted Report Number DIJB43-2020 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2020/2021 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

The Integration Joint Board agreed:

(i)   to note the content of this report including the overall projected financial position for delegated services to the 2020/2021 financial year end as at 31st August 2020 as outlined in Appendices 1, 2, 3 and 4 of the report;

(ii)   to note the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of the report; and

(iii)   to note that officers within the Health and Social Care Partnership would continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

Following questions and answers the Integration Joint Board further agreed:-

(iv)   to note that in relation to overspend in area of service delivery (Older People Peoples Services ECS) hosted by the Angus Partnership that the Chief Finance Officer would seek assurance from the Angus Partnership in this regard in respect of their Recovery Plan for this and report back to the meeting of the Integration Joint Board to be held in December 2020.

XI   SEASONAL FLU VACCINATION PROGRAMME 2020-2021

There was submitted Report Number DIJB45-2020 by the Chief Officer outlining the plans to deliver the flu vaccination programme for staff who were eligible for immunisation under the nationally agreed flu programme, and children and adults who fell into the agreed criteria for flu vaccination.

The Integration Joint Board agreed:

(i)   to note the requirements of the expanded seasonal flu programme as outlined by the Chief Medical Officer and detailed in section 4.1 and 4.2 of the report;

(ii)   to note the expected uptake of the vaccine as detailed in section 4.3 of the report;

(iii)   to note the actions planned to deliver this commitment within Dundee as detailed in section 4.4, including the development of a centralised team (Dundee Flu Vaccination team) as detailed in section 4.4.2 of the report; and

(iv)   to note and accept the risks associated with the programme as outlined in section 6 of the report.

Following questions and answers the Integration Joint Board further agreed:-

(v)   to note that Shona Hyman would check if there was any data on engagement and level of take up by both ethnic and vulnerable communities in relation to the flu vaccination programme and that she would also check whether or not the Vaccine Programme could help with the identification of unpaid carers

XII   CATEGORY ONE RESPONDERS

There was submitted an agenda note reporting that Jeane Freeman MSP, Cabinet Secretary for Health and Sport wrote to Jim Savege, Chair of the Scottish Resilience Partnership on the 24th September to confirm that Integration Joint Boards would be included as Category 1 responders for Scotland. This would require a change to the Civil Contingencies Act 2004. It was intended that the changes to the legislation would be carried out during Spring 2021, at which time partners including Integration Joint Boards would have the opportunity to contribute to any consultations relating to the proposed changes.

In making this change, Integration Joint Boards as Category 1 responders would be subject to the full set of civil protection duties, alongside emergency services, Local Authorities and Health Boards. Integration Joint Boards would be expected to participate in planning work, consider the impact for integrated health and social care services, across the piece and would formalise their role as a core responder to emergencies.

While Integration Joint Boards had no statutory responsibilities currently in their own right, members of staff from the partnership were fully involved in all civil emergency planning at a Tayside level and both the Chief Officer and the Head of Service attended the Tayside Resilience Partnership Meeting in response to Covid-19.

The Integration Joint Board agreed to note the position.

Following questions and answers the Integration Joint Board further agreed:-

(i)   to note that the Chief Finance Officer was not aware of any significant costs in relation to this proposal and that redeployment of resources to meet with this duty would be built in to emergency planning;

(ii)   to note as advised by the Chief Social Work Officer that the Partnership would undertake a review of operations and its duties when the Act was brought in;

(iii)   to note that the Partnership would highlight during the course of the consultation period the point that this would be an additional level of responsibility for the Partnership

XIII   MEETINGS OF THE INTEGRATION JOINT BOARD 2020 – ATTENDANCES

There was submitted a copy of the attendance return for meetings of the Integration Joint Board over 2020.

The Integration Joint Board agreed to note the content of the document.

The Integration Joint Board further agreed to note that the Chairperson had contacted NHS Tayside with a view to securing appointment to the vacant position of a Registered General Practitioner providing Primary Medial Care on the Integration Joint Board

XIV   DATE OF NEXT MEETING

The Integration Joint Board noted that the date of the next meeting would be advised in due course.

The Integration Joint Board took the opportunity to pay tribute to Trudy McLeay for her Chairmanship over the period of her appointment to this position and wished her well with her next appointment as Chairperson of the Performance and Audit Committee

Trudy McLEAY, Chairperson.

Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal Services
Dundee City Council

TO: ALL MEMBERS, ELECTED MEMBERS AND
     OFFICER REPRESENTATIVES OF THE
     DUNDEE CITY HEALTH AND SOCIAL CARE
     INTEGRATION JOINT BOARD

City Chambers
DUNDEE
DD1 3BY

(See Distribution List attached)

8th December, 2020

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Integration Joint Board which is to be held remotely on 15th December, 2020 at 3.00 pm. (Please note the later start time).

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434228 or by email at committee.services@dundeecity.gov.uk by 5pm on Friday, 11th December, 2020.

Apologies for absence should be submitted to Willie Waddell, Committee Services Officer, on telephone (01382) 434228 or by e-mail willie.waddell@dundeecity.gov.uk.

Yours faithfully

VICKY IRONS

Chief Officer

A G E N D A

1   APOLOGIES/SUBSTITUTIONS

2   DECLARATIONS OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3   MINUTE OF PREVIOUS MEETING

The minute of previous meeting of the Integration Joint Board held on 27th October, 2020, copy to follow.

4   PERFORMANCE AND AUDIT COMMITTEE

(a)   MINUTE OF PREVIOUS MEETING OF 24TH NOVEMBER, 2020**- Page 1**

(Copy attached for information and record purposes).

(b)   CHAIR'S ASSURANCE REPORT**- Page 5**

(Report No DIJB56-2020 by the Chairperson of the Performance and Audit Committee, copy attached).

5   MEMBERSHIP - DIRECTOR OF PUBLIC HEALTH

It is reported that, following the retirement of Dr Drew Walker on 18th October, 2020 from his position as Director of Public Health, that NHS Tayside have appointed Dr Emma Fletcher to that position. Dr Walker had previously been appointed by the Integration Joint Board to serve as a non-voting member in his capacity as Director of Public Health. The Integration Joint Board is asked to note the position and that his replacement on the Integration Joint Board will be Dr Emma Fletcher.

6   IMPACT OF COVID-19 PANDEMIC ON DELIVERY OF THE STRATEGIC AND COMMISSIONING PLAN – Page 7

(Report No DIJB50-2020 by the Chief Officer, copy attached).

7   FINDINGS FROM SURVEYS TO EXPLORE THE EXPERIENCE OF DUNDEE'S CITIZENS DURING THE COVID-19 PANDEMIC – Page 29

(Report No DIJB51-2020 by the Chief Officer, copy attached).

8   WINTER PLAN 2020/2021 – NHS TAYSIDE AND PARTNER ORGANISATIONS – Page 35

(Report No DIJB46-2020 by the Chief Officer, copy attached).

9   CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019/2020 Page – 113

(Report No DIJB47-2020 by the Chief Social Work Officer, copy attached).

10   DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME STATUTORY REVIEW – Page 189

(Report No DIJB48-2020 by the Chief Officer, copy attached).

11   DELEGATED BUDGET DEVELOPMENT 2021/2022 – Page 193

(Report No DIJB52-2020 by the Chief Finance Officer, copy attached).

12   FINANCIAL MONITORING POSITION AS AT OCTOBER 2020 – Page 197

(Report No DIJB53-2020 by the Chief Finance Officer, copy attached).

13   RESHAPING NON-ACUTE CARE IN DUNDEE - UPDATE – Page 215

(Report No DIJB54-2020 by the Chief Officer, copy attached).

14   TAYSIDE DRAFT MENTAL HEALTH AND WELLBEING STRATEGY – Page 221

(Report No DIJB55-2020 by the Chief Officer, copy attached).

15   MEETINGS OF THE INTEGRATION JOINT BOARD 2020 – ATTENDANCES – Page 375

(A copy of the Attendance Return for meetings of the Integration Joint Board held to date over 2020 is attached for information and record purposes).

16   PROGRAMME OF MEETINGS – INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE - 2021

Programme to follow.

17   DATE OF NEXT MEETING

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST

(a)   **DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS**

Role	Recipient
VOTING MEMBERS	
Non Executive Member (Chairperson)	Trudy McLeay
Elected Member (Vice Chairperson)	Councillor Ken Lynn
Elected Member	Councillor Roisin Smith
Elected Member	Bailie Helen Wright
Non Executive Member	Jenny Alexander
Non Executive Member	Donald McPherson
NON VOTING MEMBERS	
Chief Social Work Officer	Diane McCulloch
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	VACANT
Registered nurse	Wendy Reid
Registered medical practitioner (not providing primary medical services)	Dr James Cotton
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Eric Knox
Service User residing in the area of the local authority	Linda Gray
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher

(b)   **DISTRIBUTION – FOR INFORMATION ONLY**

Organisation	Recipient
NHS Tayside (Chief Executive)	Chief Executive
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	David R Martin
Dundee City Council (Executive Director of Corporate Services)	Greg Colgan
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Kenny McKaig
Dundee City Council (Members' Support)	Jayne McConnachie
Dundee City Council (Members' Support)	Dawn Clarke
Dundee City Council (Members' Support)	Fiona Barty
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Pauline Harris
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Linda Rodger
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Senior Audit Manager)	Bruce Crosbie
NHS Tayside (PA to Dr James Cotton)	Jodi Lyon
Dundee University (PA to Professor Rory McCrimmon)	Lisa Thompson
Proxy Member (NHS Appointment for Voting Members)	Dr Norman Pratt

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 24th November, 2020.

Present:-

Members	Role
Trudy McLEAY (Chairperson)	Nominated by Health Board (Non-Executive Member)
Lynne SHORT	Nominated by Dundee City Council (Elected Member)
Helen WRIGHT	Nominated by Dundee City Council (Elected Member)
Donald MCPHERSON	Nominated by Health Board (Non-Executive Member)
Dave BERRY	Chief Finance Officer
Tony GASKIN	Chief Internal Auditor
Vicky IRONS	Chief Officer
Diane McCULLOCH	Chief Social Work Officer
Martyn SLOAN	Carer Representative

Non-members in attendance at the request of the Chief Finance Officer:-

Kevin GRUBB	Health and Social Care Partnership
Christine JONES	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Anne Marie MACHAN	Audit Scotland
Fiona MITCHELL-KNIGHT	Audit Scotland
Amber OGILVIE	Audit Scotland
Kathryn SHARP	Health and Social Care Partnership
Sheila WEIR	Health and Social Care Partnership

Trudy McLeay, Chairperson, in the Chair.

I   APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Roisin SMITH	Nominated by Dundee City Council (Elected Member)
James COTTON	Registered medical practitioner employed by Health Board and not providing primary medical services
Raymond MARSHALL	Staff Partnership Representative

II   DECLARATION OF INTEREST

No declarations of interest were made.

III   PERFORMANCE AND AUDIT COMMITTEE MEMBERSHIP AND CHAIRPERSON

Reference was made to Article IV of the minute of meeting of the Integration Joint Board held on 27th October, 2020, wherein the membership of the Performance and Audit Committee was agreed and appointment was made to the position of Chairperson of the Committee.

The Committee noted that the membership of the Performance and Audit Committee was agreed as follows:- Councillor Roisin Smith, Bailie Helen Wright, Trudy McLeay, Donald McPherson, Diane McCulloch, James Cotton, Raymond Marshall and Martyn Sloan, and that Trudy McLeay was appointed to the position of Chairperson.

IV   MINUTE OF PREVIOUS MEETING

The minute of meeting of the Committee held on 22nd September, 2020 was submitted and approved.

V   AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2019/2020

There was submitted Report No PAC36-2020 by the Chief Finance Officer presenting the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31st March, 2020 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

The Performance and Audit Committee:

(i)   Noted the contents of the Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's report (attached as Appendix 2) including the completed action plan outlined on pages 28-33 of the report, and in particular that Audit Scotland have indicated they will issue an unqualified audit opinion on the IJB's 2019/2020 Annual Accounts;

(ii)   Endorsed the report as the IJB's formal response to the external auditor's report;

(iii)   Instructed the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by January 2021;

(iv)   Approved the Audited Annual Accounts (attached as Appendix 3) for signature and instructed the Chief Finance Officer to return these to the external auditor; and

(v)   Instructed the Chief Finance Officer to arrange for the Annual Accounts to be published on the Dundee Health and Social Care Partnership website by no later than Monday 30th November, 2020.

VI   MEASURING PERFORMANCE UNDER INTEGRATION 2020/2021

There was submitted Report No PAC32-2020 by the Chief Finance Officer seeking approval of an interim approach to assessing and reporting performance against Measuring Performance under Integration indicators set by the Ministerial Strategic Group for Health and Community Care (MSG) during 2020/2021.

The Performance and Audit Committee:

(i)   Noted the content of the report, including the need to agree a formal position in relation to the reporting of performance against Measuring Performance under Integration indicators for 2020/2021 as noted in section 4.2.3 of the report; and

(ii)   Agreed the proposal that Measuring Performance under Integration targets were not set for 2020/2021 but that data continued to be integrated into the Quarterly Performance Reports submitted to PAC as noted in section 4.2.6 of the report.

VII   CLINICAL, CARE AND PROFESSIONAL GOVERNANCE (CCPG) – PERIOD MARCH 2020 – JULY 2020

The Performance and Audit Committee noted that this report had been withdrawn. A verbal update was given by Matthew Kendall, Allied Health Professions Lead and the Committee noted the following key points:

- Risk Management – significant work was required in this area and the position had now improved however, additional work was required to bring the NHS and Council systems together;
- Governance Arrangements – education and peer support mechanism in place;
- Adverse Events – there was a reduction of adverse events with harm. Ongoing training was in place for staff. Noted a change in demographic in the patients in Psychiatry of Old Age and Medicine for the Elderly;
- Falls – work had taken place with the Scottish Ambulance Service to develop a dataset and additional funding had been received to continue work with the Service;
- Complaints – a new report was being developed to present the number of complaints received monthly over time.

The Performance and Audit Committee agreed that a written report would be brought to the next Committee for information.

VIII   GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC34-2020 by the Chief Finance Officer providing the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

The Performance and Audit Committee noted the progress made in relation to the actions set out in the Governance Action Plan as outlined in Appendix 1 of the report.

IX   DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC35-2020 by the Chief Finance Officer providing the Performance and Audit Committee with a progress update in relation to the current Internal Audit Plan.

X   MEETING OF PERFORMANCE AND AUDIT COMMITTEE 2020 - ATTENDANCES

There was submitted a copy of the Attendance Return PAC38-2020 for meetings of the Performance and Audit Committee held over 2020.
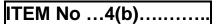
The Performance and Audit Committee noted the position as outlined.

XI   DATE OF NEXT MEETING

To be advised.

Trudy McLEAY, Chairperson.

Dundee Health & Social Care Partnership

REPORT TO:	**HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 15TH DECEMBER 2020**
REPORT ON:	**PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT**
REPORT BY:	**CHAIR, PERFORMANCE AND AUDIT COMMITTEE**
REPORT NO:	**DIJB56-2020**

This assurance report relates to the meeting of the Performance and Audit Committee of the 24 November 2020.

Instructions Issued by the Committee

The committee issued the following instructions and made the following decisions in relation to the business laid before it:

- Item V – Approved the Audited Annual Accounts for the year end 2019/20 for signature and instructed the Chief Finance Officer to return these to Audit Scotland and arrange for these to be published on the Dundee Health and Social Care Partnership's website by the 30th November 2020. Instructed the Chief Finance Officer to provide an update on progress of the action plan as a response to the external auditor's findings as set out in Audit Scotland's report by January 2021.
- Item VI – In relation to the Measuring Performance Under Integration national indicators, agreed to not set targets for 2020/21 but to continue to monitor the position through the quarterly performance reports.

Issues to highlight to the Board

- This was my first meeting as Chair of the Performance and Audit Committee and I welcomed members to the meeting, including Cllr Short, proxy member for Dundee City Council who attended in place of Cllr Smith.
- Anne Marie Machan and Fiona Mitchell-Knight from Audit Scotland presented their annual audit report and took the committee through their key findings following their assessment of the IJB's activities throughout 2019/20 and the period to date, including recognition of the challenges of the Covid-19 pandemic.
- They advised that their report was a balanced report and while there are a range of key findings and recommendations for consideration, there are no major concerns including with the annual accounts themselves. A number of governance improvements have been made however a significant number of other governance recommendations have been slow to progress and as highlighted by the Chief Internal Auditor in his annual internal audit report these need to be progressed as a matter of urgency. This also includes the expansion of minutes for the IJB and PAC which is now being addressed.
- Audit Scotland highlighted the low level of reserves now held by the IJB and the level of 2019/20 overspend which is likely to undermine how the IJB can deliver effective health and social care services. Further financial uncertainty has been created through the impact of the Covid-19 pandemic. The PAC heard how the development of a medium to longer term financial plan for the IJB is crucial in providing a strategic overview of the financial challenges and how these may be addressed through the Strategic and Commissioning Plan.
- Audit Scotland also noted concerns that despite requests from the IJB to NHS Tayside, the IJB has had no primary care medical practitioner on the Board for some time. The PAC shared these concerns.
- The PAC asked the Chief Finance Officer to make a couple of minor amendments to the management commentary to the annual accounts before approving for signing.

- A clinical and care governance report was tabled however it was noted that this was not the most up to date position and while some of the issues noted in the report were discussed, the committee agreed to withdraw this item as a formal report and accepted the verbal update.
- In relation to Measuring Performance Under Integration, the PAC heard that there has been no formal request from the Scottish Government for the IJB to set targets for a range of agreed national indicators for 2020/21 due to the Covid-19 pandemic. The committee was however satisfied that it will continue to receive performance information through the quarterly performance reporting reports presented to each PAC meeting.

Trudy McLeay
Chair

1st December 2020

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
15 DECEMBER 2020**

REPORT ON: **IMPACT OF COVID-19 PANDEMIC ON DELIVERY OF THE STRATEGIC
AND COMMISSIONING PLAN**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB50-2020**

1.0   PURPOSE OF REPORT

1.1   The purpose of this report is to: outline the anticipated high-level impact of the COVID-19 pandemic on the Partnership's ability to deliver the Strategic and Commissioning Plan 2019-2022; provide an update regarding discussion at the Strategic Planning Advisory Group regarding the full assessment of this impact and communication with stakeholders regarding that impact; and, inform the Integration Joint Board of early planning for the revision of the current Strategic and Commissioning Plan.

2.0   RECOMMENDATIONS

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

2.1   Note the content of the report and Appendix 1.

2.2   Instruct the Chief Finance Officer, working in collaboration with the Strategic Planning Advisory Group, to draft a statement summarising the impact of the pandemic on their ability to deliver the strategic plan to the scale originally envisaged (as described in section 4.8) and submit this to the Integration Joint Board for approval.

2.3   Instruct the Chief Finance Officer, working in collaboration with the Strategic Planning Advisory Group, to produce a detailed workplan to support the revision of the Strategic and Commissioning Plan 2019-22 (as described at section 4.12), to implement this workplan and to provide a further update to the Integration Joint Board no later than 30 April 2021.

2.4   Note the priority that has been given to work to revise the Strategic Needs Assessment and the planned approach and timescale for completion of this work (as described in sections 4.13 to 4.17).

3.0   FINANCIAL IMPLICATIONS

3.1   None.

4.0   MAIN TEXT

Background

4.1   In March 2019 the Integration Joint Board approved the Partnership's Strategic and Commissioning Plan 2019-2022 (Article VII of the minute of the meeting of the Integration Joint Board held on 29 March 2019 refers). The plan sets out an ambitious change programme, building on the achievements made since the establishment of the Integration Joint Board in 2016, with a focus on 4 key priorities: health inequalities; early intervention and

prevention; localities and engaging with communities; and, models of support / pathways of care. In addition, the plan committed to ensuring that the role of carers remains integral to all that we do and to maintaining a focus on shifting the balance of care from hospitals to community-based care.

4.2   In August 2020 the Integration Joint Board approved a report outlining the anticipated impact of the COVID-19 pandemic on strategic planning arrangements, including response and recovery planning and their impact on delivery of the Partnership's Strategic and Commissioning Plan 2019-2022 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2020 refers). At this time the IJB instructed the Chief Finance Officer to lead further work to more fully assess this impact.

Pandemic Impact of Delivery of the Strategic and Commissioning Plan 2019-22

4.3   Ongoing pandemic response and recovery activity sits within the wider context of the Partnership's current strategic and commissioning plan. It has therefore been necessary to consider their impact on our ability to deliver the commitments set out in the strategic and commissioning plan at the pace and scale original envisioned. Throughout the remaining duration of the plan (that is until March 2022) it is likely that the Partnership will have to sustain a COVID-19 response alongside 'business as usual' activity and developments, this will be particularly pronounced in the period until the end of the 2020/21 financial year.

4.4   The style and content of the strategic and commissioning plan was adjusted at the last substantive review to focus on providing a high-level statement of strategic intention, accompanied by a smaller number of high-level action points / areas; the previous strategic and commissioning plan had contained more detailed action plan content. Appendix 1 contains a list of the specific actions points identified under each strategic priority and an initial assessment of the risk to business as usual delivery arising from the pandemic, additional comments are also included where appropriate. In summary, Appendix 1 outlines that 25 actions have either been positively impacted by the pandemic context or there has been no effect on planned delivery, 30 actions have been adversely impacted to some extent and 9 have been significantly adversely impacted. Positive impacts have general been experienced where: there has been an enhanced focus on an area of work during the pandemic due to additional national requirements and / or resources; digital developments have been accelerated due to urgent necessity and the provision of enhanced IT infrastructure; work had already progressed to a relatively advanced stage pre-pandemic; and, where the focus of the action was on a very high priority of work across all Community Planning partners (for example, drug deaths) or was specifically focused on shifting the balance of care from acute to community settings. Adverse impacts on delivery have resulted from: challenges relating to reduced workforce capacity including the impact of deployment of staff to support critical service delivery; pausing of linked strategic programmes by other partner organisations; de-prioritisation of planned improvement work, including tests of change, to enable prioritisation of COVID response; unanticipated changes in profiles of need and demand arising from the impact of the pandemic; challenges regarding continued delivery of learning and organisational development activity and community engagement / co-production in the context of social distancing requirements; additional activity required to redesign services to accommodate a shift to digital delivery and unsuitability of some services for digital / remote delivery; restrictions on the accessibility of property due to public health guidance; and / or, delays associated with capital works (particularly disruption to construction activity).

4.5   In addition to the four strategic priorities identified in the plan there is also a commitment to mainstreaming work to support carers and embed personalisation. The strategic and commissioning plan does not contain specific actions relating to these areas of work. For carers, detailed actions are contained within the Carers Strategic Plan which is currently subject to review. The process of reviewing the Carers Strategic Plan will include significant consultation and engagement activity and a refreshed carers needs assessment, therefore there is an immediate opportunity to take account of the impact of the pandemic and to reflect this in the commitments made in the revised plan. A detailed action plan for personalisation also exists under the leadership of the Personalisation Board. This plan is continuously

reviewed by the responsible Integration Manager, supported by the wider Personalisation Board membership.

4.6   The overarching strategic and commissioning plan is also supported by strategic plans/ commissioning statements developed by a range of Strategic Planning groups. There are a wide range of groups and each has plans at different stages of development / life-cycle, with most focusing on a specific care group area or service pathway. Some Strategic Planning Groups have reconvened following easing of lockdown restrictions, however business as usual activity has not yet returned across the whole system (and is unlikely to do so fully within the next 6 months). The Strategic Planning Advisory Group has requested that Strategic Planning Group Chairs provide a short summary of their current level of activity and any progress made in assessing the impact of the pandemic on delivery of their strategic plan / work programme.

4.7   Based on the information available at the present time and the style and content of the strategic and commissioning plan it is recommended that that there is not a need to undertake an early full review of the plan. Indeed, this in itself would be extremely difficult until such times as a revised strategic needs assessment that accounts for the impact of the pandemic is available and this is unlikely to be the case before at least the end of the current financial year (2020/21). Our ability to undertake meaningful engagement and co-production with individuals and communities is also likely to be significantly restricted, including by social distancing regulations, for the foreseeable future. It is recommended that the full review and revision of the strategic plan is undertaken as planned in line with statutory timescales, i.e. by 31st March 2022. Please see section 4.9 onwards for further details.

4.8   Instead, it is recommended that the IJB publishes a statement summarising the impact of the pandemic on their ability to deliver the strategic plan to the scale originally envisaged, including a focus on any specific actions where progress is likely to be significantly restricted or must now be replaced with an alternative approach / focus. This statement would act as a communication tool with stakeholders, including the public, but remain within the framework of the existing strategic and commissioning plan.   The statement could also contain information about areas where deliver has been accelerated by the circumstances arising from the pandemic and any new actions that now require to be added. The overall focus of the statement being on pace and scale of delivery / impact rather than any fundamental change in priorities or areas of focus within these.

Full review of the Strategic and Commissioning Plan

4.9   The current strategic and commissioning plan is due to end on 31st March 2022. Under section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 the IJB must carry out a review of the effectiveness of its strategic plan prior to this date; this review must have regard to the views of the Strategic Planning Advisory Group and to the integration delivery principles and national health and wellbeing outcomes. Having completed the statutory review the IJB may decide to subsequently prepare a replacement strategic plan.   No timescale is set in the legislation for the preparation of a replacement strategic plan, but given the expiry date of Dundee's current plan provision would have to be made to either extend the current plan or replace it by 31st March 2022.

4.10   A broad timeline is set out below to support the statutory review requirement, and to make allowance for the possibility of preparation of a replacement plan by the deadline date. The leadership and active contribution of the Strategic Planning Advisory Group and supporting Strategic Planning Groups will be critical to the implementation of this work; it will be necessary for each stage of this process to be a significant focus of the Strategic Planning Advisory Group agenda / work for the next 18 months.

> **Revision of strategic needs assessment (October 2020 - March 2021)**
>
> - Review of the Partnership's high level strategic needs assessment and supporting locality needs assessment. This will include taking account of any emerging evidence regarding the impact of the pandemic on the short, medium and long-term health and social care needs of the population. Detailed planning for this work has commenced. Some elements may overlap with the stakeholder engagement and consultation stage as the needs assessment reflects both quantitative and qualitative information.

> **Stakeholder engagement and consultation (April 2021 - September 2021)**
>
> - Significant planning will be required for this activity to take account of the need to develop effective remote / virtual means for consultation. Depending on public health guidance at the time there may be some scope for more traditional face-to-face consultation and engagement activities. This stage will involve interaction with people who use services, carers, communities and organisational stakeholders (local, regional and national).
> - At the end of this stage there will be a need to analyse information and for the Strategic Planning Advisory Group to support the IJB to complete the formal statutory review of the current plan and make a final decisions regarding the need to replace the plan.

> **Preparation of replacement plan (as required) (October 2021 - March 2022)**
>
> - If the IJB concludes that a replacement plan is required this stage will focus on the production of that plan based on information generated in earlier stages. The preparation of a draft plan will be followed by further consultation and engagement activity prior to the plan being presented for approval.

4.11   As well as the main strategic and commissioning plan there will also be a need to consider the status of the companion documents to the plan as follows:

- Equality Outcomes and Equality Mainstreaming Framework – this is subject to separate statutory requirement (Equality Act 2010) of substantive review at least every 4 years. The IJB set equality outcomes in March 2019 for the period until 31st March 2022 to align to the strategic and commissioning plan cycle (with a mainstreaming progress report required under the same legislation in March 2021). Whilst the statutory review of the framework is not required for a further year, it is recommended that the mainstreaming framework and Equality Outcomes are revised by March 2022 to align to any revised strategic and commissioning plan. In addition to the benefits of aligning this with the strategic and commissioning plan this also gives the Partnership the opportunity to set equality outcomes that are able to take account of those due to be published by Dundee City Council and NHS Tayside in March 2021.

- Housing Contribution Statement – this was last updated in February 2020 following the agreement of Dundee's Local Housing Strategy at the end of 2019. The next Local Housing Strategy will be due to be produced in 5 years (2024), it is therefore anticipated that the current contribution statement can be refreshed (rather than fully revised) prior to March 2022 to align to any revised strategic and commissioning plan.

- Workforce and Organisational Development Strategy – the production of a revised Workforce and Organisational Development Strategy is a priority; the current strategy has not been revised since its creation in 2016. A full review and replacement will therefore be required to align to any revised strategic and commissioning plan.

- Market Facilitation Strategy - the production of a revised Market Facilitation Strategy is a priority; the current strategy has not been revised since its creation in 2017 and is due to expire in 2021. A full review and replacement will therefore be required prior to align to any revised strategic and commissioning plan.

- Participation and Engagement Strategy – this was last updated in December 2019, it is therefore anticipated that the current strategy can be refreshed (rather than fully revised) prior to March 2022 to align to any revised strategic and commissioning plan.

4.12   The programme of work required to review the strategic and commissioning plan and companion documents is significant; this is especially so given that the Partnership is likely to continue to face additional pressures related to the pandemic and restrictions on working methods for much of the next 18 months. It is therefore intended that a workplan that sets out leads for different areas and a more detailed timeline of activity is developed and agreed by the Strategic Planning Advisory Group as soon as possible.

Review of the Strategic Needs Assessment

4.13   The Strategic Needs Assessment is a companion document of the Strategic and Commissioning Plan and was last fully refreshed in 2018. Since then available resources have been focused on the production of supporting locality needs assessments. The current version of the Strategic Needs Assessment can be viewed in the publications section of the Partnership's website (https://www.dundeehscp.com/sites/default/files/publications/strategic_needs_assessment_version_2_final.pdf). The locality profiles are also available in the publications section of the Partnership's website (https://www.dundeehscp.com/publications/all?field_publication_type_tid%5B0%5D=20).

4.14   The 2018 refresh informed the revision of Dundee's Strategic and Commissioning Plan in 2019. There is now a need to prioritise the review of the current Strategic Needs Assessment to ensure that the needs of the population are fully assessed against the current strategic priorities and, alongside other sources of information, inform the statutory review of the Strategic and Commissioning Plan. The understanding gained from Strategic Needs Assessment is used to help make decisions about how to prioritise allocation of resources to meet the needs that have been identified. This requires an understanding of the health and wellbeing needs of the population in order to support improvement through health and care services and other initiatives including self-care. The Strategic Needs Assessment should also take into account wider health determinants such as deprivation, employment, housing and environment.

4.15   The development of the Strategic Needs Assessment involves three stages:
   1. assessing the level of need for health and social care services;
   2. describing the current pattern and level of supply of these services; and,
   3. identifying the extent of the gap between need and supply.

Strategic Needs Assessment is one component of the larger process of Joint Strategic Commissioning. Information contained within the Strategic Needs Assessment will support later stages of the strategic commissioning cycle, including agreeing desired outcomes and linking investment to these.

4.16   The Strategy and Performance Team of the Health and Social Care Partnership will lead activity to revise the Strategic Needs Assessment by March 2021. This will include close joint working with relevant colleagues from Public Health Scotland, Dundee City Council and NHS Tayside in relation to the gathering and analysis of relevant data and information. In addition to providing Partnership level information, there will be a continued focus on locality and neighbourhood levels (where available), as well as benchmarking against Scotland and other Partnerships. Attention will also be given to the Integration Joint Board's statutory duties under the Equality Act 2010 and information will be included in relation to protected groups where this is available. The Strategic Planning Advisory Group will have a key role in overseeing and supporting this work on behalf of the Integration Joint Board.

4.17 Since the publication of the Strategic and Commissioning Plan 2019-22 and the 2018 refresh of the Strategic Needs Assessment the COVID-19 pandemic has created additional health and care needs of the population. An investigation of available intelligence will be completed and included in the Strategic Needs Assessment where appropriate and available. However, it should be noted that within the timescale set out for the review available information will likely focus on short-term impacts and will not reflect medium to long-term consequences of the pandemic and associated response on the local population.

5.0   POLICY IMPLICATIONS

5.1   This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0   RISK ASSESSMENT

6.1   This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0   CONSULTATIONS

7.1   The Chief Finance Officer, Head of Service – Health and Community Care, members of the Integrated Strategic Planning Group and the Clerk were consulted in the preparation of this report.

8.0   DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

9.1   None.

Vicky Irons   DATE: 2 November 2020
Chief Officer

Kathryn Sharp
Service Manager, Strategy and Performance

Strategic Priority 1 – Health Inequalities

*Key

   	Significant adverse impact on scale, pace or nature of activity, significant risk that action will not be delivered as originally intended by March 2022.
   	Adverse impact on delivery scale or pace, some risk that action will not be delivered as originally intended by March 2022.
   	Positive impact or no impact from the pandemic on planned delivery.

25 actions have either been positively impacted by the pandemic context or there has been no effect on planned delivery, 30 actions have been adversely impacted to some extent and 9 have been significantly adversely impacted.

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
1.1 Seeking opportunities to bring a range of assessment and treatment services closer to local communities.	Amber	Work is underway with NHS Tayside re development of Community based diagnostic and treatment hubs, with DHSCP support secondary care has established a community-based phlebotomy clinic. Roll out of Community Care and Treatment services has been delayed due to a shift in clinical priorities during the COVID period (e.g. supporting shielding patients). Plans are being developed to align urgent care services on a locality basis and to develop a single point of contact for these. In some areas COVID is proving to be a catalyst to shift services from secondary care to community.
1.2 Continuing to provide training and support across all sectors to reduce the stigma of poverty	Amber	The dedicated training post within the Health Inequalities Service remains vacant and is under review. This impacts on the service's ability to provide training as do the COVID restrictions that do not allow for delivery of face to face training. Focus has shifted to incorporation of materials into e-learning modules through work with national and local partners.

1.3 Developing a city wide approach to social prescribing and enhancing the skills of GPs who use social prescribing approaches in their practice.		The Transforming Tayside programme which was earmarked potentially to help fund a scaled up social prescribing infrastructure across the region has been paused due to COVID. Locally, workforce development support is required to build skills for service providers more broadly to become social prescribers. The Health Inequalities Service has been able to provide some support to practice staff but does not have the capacity to support the workforce in all 24 practices in the city. A test of change working with one practice to upskill reception staff has been suspended due to COVID. In the interim, information on available support services has been compiled by the link worker team and made available to all practices.
1.4 Further developing the availability of health checks, including health checks for carers.		Arrangements established pre-COVID but operational delivery has been impacted by COVID restrictions.
1.5 Making better use of community resources such as community centres and community pharmacies to promote health and wellbeing, improve accessibility and tailor services to community need.		Community centres and many other local facilities have been closed for the duration of lockdown. Community centres have started to open with very limited programmes with a focus on promoting resilience and recovery and supporting people most affected by the pandemic to protect their health and wellbeing.
1.6 Continuing to embed gender-based responses to domestic abuse and other forms of violence against women, including the introduction of the Caledonian Programme and strengthening of the Safe and Together model and Multi-Agency Risk Assessment Case Conferencing.		A range of development work is progressing, including recent appointment of gendered services lead to work with mainstream services.
1.7 Changing the approach to employment support to increase employment particularly across marginalised groups.		Work is ongoing in Dundee but COVID will have significant impact on employment issues and potential increase in demand for support.
1.8 Developing the way in which we measure and report differences between service use and outcomes for people who experience health inequalities and in the general population of Dundee.		This has not progressed due to general capacity pressures within the Strategy and Performance Service. Planned for focus over the next 6 months prior to statutory mainstreaming progress report following some initial work in late 2019/early 2020.

Strategic Priority 2 – Early Intervention and Prevention

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
Asset building		
2.1 Making sure people have opportunities to contribute to their families, their community and to the city.		Despite the physical distancing requirements associated with the pandemic it has necessitated / supported many people making a significantly enhanced contribution to their family, community and the city through enhanced provision of unpaid care and through volunteering. There are emerging concerns about the maintenance of this level of contribution over the medium to long-term.
2.2 Supporting individuals to maximise their financial situation through work, access to learning and access to the benefits they are entitled to.		Economic impact of the pandemic will be a significant risk to delivery but equally will necessitate an increased focus on this area of work.
2.3 Working collaboratively with Children and Families Service and Community Justice Services to support families to understand and build on their strengths.		This will be accelerated by the new flexible family support developments being led by Children and Families Service.
2.4 Building capacity within the third sector to identify and meet needs in our communities that support people to live full and healthy lives.		Pandemic has seen enhanced focus on provider support and sustainability. Third sector remain central to the Partnership's strategic commissioning activities. Ongoing focus on third sector sustainability will be required in the post-pandemic period.
2.5 Building on current engagement methods to identify community need and initiatives and further develop community capacity.		There are significant challenges to redesign engagement approaches due to physical distancing requirements arising from the pandemic. However, new approaches are being utilised and tested such as the range of surveys completed or underway to explore the impact of the pandemic on Dundee's e.g. Engage Dundee, Fairness Commission, Food Insecurity Network, Carers etc.

Promote health and wellbeing		
2.6 Working with community health networks to promote and support positive health changes.		Networks unable to meet due to physical distancing requirements but shift to electronic distribution of information and virtual meetings to be tested before end of 2020.
2.7 Engaging people around health and wellbeing, to increase self-care, and avoid longer term ill health through a range of models at an individual level and community level.		Outreach/ community routes to engaging with more vulnerable people have been compromised during the pandemic although our teams have used food distribution pints and hostels. Many community buildings and facilities have been closed and are likely to remain so. Face to face groups/ activities have not been possible.
2.8 Developing services and supports to reduce isolation and loneliness by connecting individuals to others and supporting positive mental and physical health.		The pandemic and associated social distancing requirements have contributed to higher levels of need associated with isolation and loneliness. However, these circumstances have also contributed to an enhanced focus on mental health and wellbeing services and supports, including delivery through remote means. Commissioned services have provided lots of online opportunities to ensure some sort of social/ supportive contact.
2.9 Developing approaches that support lifestyle changes to improve health and address our key priorities of tackling obesity, improving mental health and wellbeing and reducing reliance on substances.		The work of the Healthy weight Partnership has been paused during the pandemic with strategic activity due to resume in late 2020. Work to deliver the Alcohol and Drug Partnership's Action Plan for Change has continued, however the pace of delivery has been impacted and a full review of the current action plan is being completed for submission to the Dundee Partnership in early 2021. Work has also continued to develop strategic plans for mental health and wellbeing, with the Tayside wide action plan currently being consulted on.
Service redesign		
2.10 Developing community health resources within neighbourhoods in line with developments across primary care services.		As reflected in actions 1.1, 1.3 to 1.5 and 2.6 to 2.7 the pandemic has impacted on the planned progression of areas of work, however it has also

	(orange)	provided opportunities for identifying new ways of working (including remote service delivery).
2.11 Developing community rehabilitation and enablement approaches which integrate pathways and further develop access to services by communities.	(orange)	Significant progress made pre-pandemic but focus has now changed within ongoing programme of redesign to take into account COVID rehabilitation needs.
2.12 Expanding the Enhanced Community Support Multidisciplinary Team for each G.P. cluster in line with Reshaping Non Acute Care Programme, to ensure individuals receive the appropriate health support at the right time.	(green)	Complete
2.13 Testing a mental health Patient Assessment Liaison and Management Service (PALMS) to support access to mental health specialists within a GP setting.	(orange)	The PALMS model is now operational across half of the city, covering 2 GP cluster areas. Challenges have been experienced securing appropriate staffing to support continued expansion.
2.14 Supporting health and social care employees to be part of the wider social prescribing workforce by identifying community resources and signposting/supporting individuals to access these resources.	(green)	Pandemic has accelerated work to establish web-based directory of available services. This was promoted widely and is being updated regularly. The resource includes self-help and online resources.
2.15 Ensuring care pathways, including in GP practices, are person focused not condition focused.	(green)	A range of pathways are being delivered across health and social care services. This work has continued during the pandemic.
2.16 Redesigning chronic pain pathways, including developing quality prescribing for chronic pain.	(green)	Pain pathways have been agreed. Work is ongoing to support these, including a number of prescribing incentive schemes within general practices.
2.17 Redesigning sexual and reproductive health service delivery.	(red)	Progress has been significantly impacted by the deployment of the workforce from this service to the Community Testing Team and to support critical testing activity during the pandemic.
2.18 Commissioning services with Children and Families Service, particularly in relation to substance misuse, mental health, obesity and parenting support.	(orange)	This has been limited but not specifically related to impact of the pandemic.
2.19 Working collaboratively with neighbourhood services, third sector and key partners to deliver joint approaches to preventing homelessness.	(orange)	During the course of the pandemic there was an increase in homeless applications and the need for temporary accommodation. Statutory and contracted providers, voluntary agencies are working together to support people affected by homelessness, by addressing their holistic needs.

2.20 Working with our public protection partners to re-design how we respond in an integrated way to concerns about people at risk.		Some delays to testing of new models of practice have arisen from the pandemic. All workstreams are now beginning to progress once again and it is anticipated that unless there are further periods of extended lockdown that key actions can be completed by March 2022.

Strategic Priority 3 – Locality Working and Engaging with Communities

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
Realigning service delivery to community need		
3.1 Continue to realign our services to the four service delivery areas in order to ensure people can access services where they are needed most. This also means increasing the level and range of services delivered in local communities, in line with the Tayside Primary Care Improvement Plan.	Amber	Pre-pandemic work had progressed to review the locality delivery model and where appropriate operational services have been realigned to the four service delivery areas. However, it has also been identified that for some services an interim step of moving to an East / West alignment is better suited to delivery safe and effective services. Further progress has been limited during the pandemic period, however learning has been gained through service redesign within the pandemic response regarding the most appropriate future alignment of services.
3.2 Work with Children and Families Service to align our services to similar service delivery areas.	Red	Very limited progress but this is not due to pandemic impact.
3.3 Further develop our carers locality support model to enable implementation across all localities of Dundee.	Green	Significant progress had been made pre-pandemic.
3.4 Work with commissioned and third sector services to realign service delivery to community need.	Green	Engagement with commissioned and third sector partners has continued throughout the pandemic albeit in a more virtual way. Despite the challenges the creative and flexible approaches to providing essential support has allowed these crucial services to be maintained either in totality or in a reduced or alterative format. As remobilisation discussions continue, it is planned to capture the impact of the pandemic, the learning, what worked and what should be implemented and/or changed going forward.

3.5 Develop a property strategy for the Partnership, in collaboration with NHS Tayside and Dundee City Council, that supports the realignment of services.		The pandemic has had a significant impact on property issues, including availability of office accommodation and acceleration of building closure programme within Dundee City Council.
Maintaining community engagement		
3.6 Continue to be involved in the development and delivery of Local Community Plans, making sure that communication initiatives resonate across all care groups, young and old.		The Health and Social Care Partnership and Public Health are key partners in the current Engage Dundee survey which will help to refresh the local community plans and identify key local actions.
3.7 Share data with communities to enable citizens to continue to inform the Partnership on what success should like from a citizen perspective.		This has been impacted by both capacity issues within the strategy and performance team and also now by physical distancing requirements meaning that a new approach to deliver will have to be developed.
3.8 Refresh the Partnership's Participation and Engagement Strategy to ensure an integrated approach with wider Community Planning Partners, particularly Community Learning and Development.		Framework was agreed in 2019. Further work will be required to produce complimentary toolkit that was agreed by the Integration Joint Board.

Strategic Priority 4 – Models of Support, Pathways of Care

Action Point	Level of Risk to Delivery (Red / Amber / Green)*	Comments
Cross-cutting		
4.1 Sustain and continue to review training, learning and development programmes for our workforce, to embed person centred practice.		Both capacity for and methods of delivery of learning and development have been directly impacted by the pandemic and associated physical distancing requirements. Focus will shift to meeting minimum requirements, developing safe models of delivery, shared approaches across Tayside and digital and remote learning.
4.2 Simplify our processes and systems to make access to care and support easier.		A single point of success is to be tested to Urgent Community Care Services – linking to the development of Community Assessment Centres and the future development of flow navigation hubs. This has been escalated due to the pandemic. A programme of work is being implemented to streamline assessments documents and processes and ensure a consistency of approach and alignment with the Self Directed Support (Scotland) Act 2013. A four stage process is being developed: triage assessment, personal outcome assessment, personal outcome plan and review. The draft process is currently being quality assured and relevant workflows, policies, procedures and public information will subsequently be reviewed.
4.3 Further develop systems and processes to ensure standards of quality and safety and best outcomes for individuals are achieved in the provision of services.		Clinical, care and professional governance activities have continued during the pandemic period. The Tayside wide Getting it Right for Everyone Group has continued to meet and

	<td style="background:green"></td>	progress workplans, with representation and contribution from the Partnership. Improvements have been implemented in relation to strengthening the Clinical Care and Professional Governance Forum and the interface and onward reporting to NHS Tayside clinical, care and professional governance groups. The infrastructure for Primary Governance Groups within the Partnership has been developed and is in the early stages of implementation.
4.4 Invest further in the workforce to develop integrated roles, improve quality and increase capacity.	<td style="background:green"></td>	Significant progress had been made pre-pandemic in relation to establishing an integrated operational management structure and integrated operational teams across some service areas. The pandemic has accelerated the identification of further opportunities for progressing integrated roles and re-design of some supports and services as part of the pandemic response has also allowed testing of new models of integrated working.
4.5 Commission internal and external services on a locality basis.	<td style="background:green"></td>	Locality commissioning continues to be progressed as required.
4.6 Increase the balance of care towards care at home services over the period of the plan.	<td style="background:green"></td>	This has been accelerated by the pandemic response.
4.7 Ensure that service developments are co-produced with people accessing the services and carers, addressing the needs and outcomes of both carers and the person they care for.	<td style="background:orange"></td>	This remains a core commitment but will require adjustment of approaches to reflect physical distancing requirements. Range of pressures on people using services and their carers may mean they do not wish to prioritise contribution to co-production at this time.
Service specific		
4.8 Primary Care Transformation and Improvement Plan – modernise primary care services, with a specific focus on general practice and the introduction of the new GP contract and the development of a multidisciplinary approach to primary care.	<td style="background:red"></td>	The Primary Care Improvement Plan is a key part of improving services to people, and the development of wider teams is a core part of that, so that people are supported to receive care from the professional with the right skills to do so. Some aspects of the plan were behind pre-COVID and have been delayed further, including urgent care and pharmacotherapy. Other areas, such as

		First Contact Physio, were rolled out more quickly to provide support to practice teams to focus on other care during the pandemic period. The plan will not be fully in place for March 2021. Recruitment and premises availability were both impacting pre-pandemic and continue to be pressures sue to the pandemic context. The deployment of staff undertake priority tasks during the pandemic has further impacted on progress with implementation.
4.9 Community Health Services – review the model of health interventions in the community to develop locality models that include Health and Community Care Centres, community-based clinics; integrated community health and care roles and a modernised community nursing service.		As reflected in actions 1.1, 1.3 to 1.5, 2.6 to 2.7, 2.10 to 2.12 and 2.14 the pandemic has impacted on the planned progression of areas of work, however it has also provided opportunities for identifying new ways of working (including remote service delivery). Pre-pandemic work had progressed to implement the requirements of the national review of community nursing, including applying the national workforce/workloads tool. The pandemic has delayed further progress as the community nursing workforce has focused on responding to additional demands arising from the pandemic.
4.10 Community Independent Living Services - remodel services to deliver an integrated model which supports early intervention, active and independent living and improved outcomes for people accessing the services and their carers.		Remodelling underway but pace slowed due to significant increase (approximately 30%) across community rehab referrals relating to earlier discharge from hospital and reduction in MFE hospital beds. There has also been significant unintended consequences of lockdown on deconditioning/ frailty in elderly.
4.11 Care at Home Services – remodel the in-house service to ensure it is person centred, efficient and responsive to the increasing needs of people accessing the service and their carers.		Work had been progressed in the pre-pandemic to support initial discussions regarding future models for delivery, however have not been progressed further in the pandemic period. Discussion with staff side representative / trade unions are planned to recommence before the end of 2020.
4.12 Substance Misuse – redesign integrated services for adults who use substances		The impact of the pandemic on implementation of

to improve access to recovery orientated treatment services and supports to improve outcomes for people and their families. Implement actions to support the prevention of drug related deaths, taking into account the findings of the Dundee Drug Commission.		the Drug Death Action Plan for Change is currently being fully assessed by the Alcohol and Drug Partnership and reported to the Dundee Partnership. Long-term strategic redesign of services has been delayed by the need to focus on critical service delivery, however this has resulted in some innovative practice that will inform future developments.
4.13 Mental Health and Wellbeing – remodel community services by developing early intervention services and crisis care models, including services delivered from GP practice and 'peer navigation' services within acute hospital and accident and emergency settings.		Increased availability of services and supports has been achieved through digital working. Peer Navigators are now fully established within the emergency Department at Ninewells. A range of support worker posts have been introduced within voluntary sector and are planned for introduction with the Mental Health Officer Team (delayed from initial timescale). The Distress Brief Interventions model is being introduced and is anticipated to be fully operational by February 2021.
4.14 Homelessness and Complex Needs – implement a lead professional model and undertake a redesign of temporary accommodation and rapid rehousing to improve access and coordination of support and outcomes for people who have a complex needs.		This has not been fully implemented on a consistent basis across the partnership, however examples of good practice by specific workers / services continue.
4.15 Sexual and Reproductive Health - redesign sexual health and reproductive services to maximise efficiency and a focus on outcomes while maintaining access to adults and young people with specialist sexual and reproductive health needs.		Progress has been significantly impacted by the deployment of the workforce from this service to the Community Testing Team and to support critical testing activity during the pandemic.
4.16 Learning Disability – increase the provision of community health supports and opportunities for adults with a learning disability and/ or autism to receive more personalised support in leisure, recreational and social activities, including in the evening and at weekends.		During the pandemic support for people and carers has in the main been limited to online and outside activities, as well as support within people's homes. There have been challenges progressing service and strategic planning due to the impact of the pandemic and technological limitations.
4.17 Carers – implement the Carers Strategic Plan and through this increase the identification and support to carers.		Implementation of the existing plan has continued however there have been delays to its revision due to the pandemic conditions. It is recognised that a full refresh is required due to the significant impact of the pandemic on the health and care

		needs of carers,
4.18 Palliative Care – remodel specialist services and develop pathways with people accessing services and their carers, to enable more people to live at home when they want to do so.		The pandemic response has accelerated work to remodel and enhance community-based palliative care links and strengthen links between the community and acute sectors. Additional investment has been made by the Unscheduled Care Board to further enhance integrated working between the acute sector and specialist services.
4.19 Transitions – work with Children and Families Service and other partners to enhance arrangements for transitions between child and adult services, including within public protection services.		Transitions Group has been established but progression of work has been delayed by the pandemic. Currently considering participation in a national pilot programme that would include additional improvement support capacity.
4.20 Protecting People – actively lead and contribute to the implementation of the Transforming Public Protection Programme.		Some delays to testing of new models of practice have arisen from the pandemic. All workstreams are now beginning to progress once again and it is anticipated that unless there are further periods of extended lockdown that key actions can be completed by March 2022.
4.21 Suicide Prevention – develop a plan that reflects the national priorities and reduces the number of suicides within the city.		Draft plan has been developed and is currently being revised in light of pandemic impact.
4.22 Community Justice – work with the Scottish Prison Service and other partners to support the planning and delivery of the Women's Custody Unit and enhance transitions from custody and resettlement for both male and female prisoners.		Work is ongoing. Although the pandemic may ultimately impact on the final delivery / opening date for the Community Custody Unit (due to delays in construction activity) the HSCP contribution to planning will continue.

Other actions contained within the plan

Action Point	Level of Risk to Delivery (RAG)	Comments
Information Technology		
5.1 The implementation of modern, secure, compatible, email systems.	■	Both NHS Tayside and Dundee City Council now working with Outlook mail systems.
5.2 The introduction of secure interfaces between recording systems to allow for streamlined systems, improved access to information and reduced duplication of data entry.	■	Secure interfaces are operational with several systems. However, a key area for development is the interface between NHS and Social care recording systems. This will be developed once the suitable NHS system has been chosen. Delays not directly related to COVID-19 pandemic.
5.3 Supporting our workforce with technology for mobile and flexible working.	■	The pandemic has necessitated an enhanced focus on this issue and in many ways has accelerated the move to remote working (both home working and remote means of service delivery). However, this has also exposed a range of risks regarding the availability and finance of suitable IT equipment.
Property		
5.4 Rationalising our centralised office based property through better use of flexible working arrangements and information technology. This will include supporting Dundee City Council and NHS Tayside to deliver their property rationalisation plans and managing the property implications of our Reshaping Non-Acute Care Programme.	■	The pandemic has necessitated an enhanced focus on this issue and in many ways has accelerated the move to remote working (both home working and remote means of service delivery). However, this has also exposed a range of risks regarding the availability and finance of suitable IT equipment and other supports for remote working.
5.5 Shifting the balance of service delivery from large centralised, office based accommodation to localised, shared accommodation. This will include considering how we move towards a property estate that supports co-location of general practice with other health and social care professionals in order to improve integrated care.	■	The pandemic has had a significant impact on the availability of office accommodation, including closure of a range of properties utilised by the partnership or changes to patterns of use. Due to the urgent need to respond this activity has not

		always been supported by a planned strategic approach. There will be a need to fundamentally reassess the availability of property post pandemic and to reconsider our strategic approach, both internally to the Partnership and with the corporate bodies.
5.6 Developing a range of accommodation for individuals with health and social care needs. Priorities within this include taking account of those people transitioning from young adult services to adult services, those people currently placed out-with the city in specialist services, and those people currently or likely to stay in hospital unless individually designed accommodation and support is available.		There has continued to be positive progress in terms of the Housing Contribution Statement and commitments within the Strategic Housing Investment Plan. In recent years the number of units (houses) introduced for the provision of Care at Home / Housing Support has exceeded the target set for particular needs housing. This is however offset to some extent by delays in building developments due to the pandemic.

Potential new actions required:
- Strategic Priority 2
    - Develop approaches and supports that respond directly to the anticipated impact that COVID-19 will have in the short, medium and longer term to the HSCP workforce, and that will be required to sustain optimum service delivery with a healthy workforce.
    - Further development of the Safe Zone Bus provision building on progress made during pandemic response.

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2020**

REPORT ON: **FINDINGS FROM SURVEYS TO EXPLORE THE EXPERIENCE OF DUNDEE'S CITIZENS DURING THE COVID 19 PANDEMIC**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB51-2020**

1.0 PURPOSE OF REPORT

1.1 To inform the Integration Joint Board of findings from a range of surveys undertaken in recent months to assess citizens' experience of using services and the impact of the Covid 19 pandemic/ lockdown more broadly, and to explore implications for Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

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

2.1 Notes the findings from the research undertaken across Dundee into the impact of Covid-19 as set out in this report.

2.2 Remits to the Integrated Strategic Planning Group to explore the implications of these findings for Dundee Health and Social Care Partnership.

2.3 Instructs the Chief Officer to use the findings where appropriate in the further development and implementation of Dundee Health and Social Care Partnership's remobilisation plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The onset of the Covid 19 pandemic, and the national lockdown in March 2020 in particular, brought far reaching implications and unprecedented challenges to populations, planners and service providers in Dundee. The city responded quickly to ensure that its citizens including the more vulnerable were cared for. Many services moved online and a range of local helplines and websites were made available. Volunteers came to the fore to provide emotional and practical support and many staff continued to provide frontline services in difficult circumstances.

4.2 People in deprived areas already experienced inequalities in health and national data is showing that the pandemic is impacting disproportionately on rates of death and illness from Covid 19, the consequences of lockdown measures, and uncertainty about the future. A review by Glasgow Centre for Population Health highlighted risks for disadvantaged communities by perpetuating poor mental and physical health, social isolation, job insecurity and unemployment and reduced access to information, advice and health services. A Mental Health Foundation survey (2020) reported anxiety related to financial and food insecurity and

showed that the unemployed were more than twice as likely to report suicidal thoughts as those in employment.

4.3   Dundee has high levels of poverty and disadvantage with associated effects on health and wellbeing. The likelihood is that the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse situations with little resilience or experience to cope.

4.4   Three surveys were undertaken by a range of partners to explore issues arising for people during the pandemic and assess experience of using services. The total sample size was 1535: Fairness Commission 452; Engage Dundee 892; Food Insecurity Network 192. The findings will help local decision makers, partnerships and service providers to understand more fully the impact of the pandemic, particularly on those who are most disenfranchised and find it hardest to be heard.

4.5   The Dundee Fairness Commission survey conducted in July 2020 explored the impact of the pandemic on its three priority areas: disability, mental health, and fuel poverty. The survey received 452 responses which were analysed by specialists in the NHS Tayside Directorate of Public Health and Dundee City Council's Research and Information Team. Of the 452 respondents almost one third had been shielding during lockdown.

4.6   The key themes emerging from the survey were:

- reduced access to services and support;

- the day to day challenges of being locked down including home schooling and home working;

- uncertainty and concerns about the ongoing nature of the pandemic including infection and future restrictions;

- mental health more broadly;

- social isolation, loneliness and separation from family and friends;

-financial and job insecurity and the likely effects on life circumstances.

4.7   Of the 168 respondents who stated they had a disability, over two thirds felt that lockdown had affected their ability to access vital services and of these 72% had concerns about daily living over the next 6 months due to the nature of their disability.

4.8   Of 285 respondents who answered the question on mental health, almost 9 in 10 stated their mental health, or that of someone they know, had been affected by lockdown and two-thirds (186) had concerns for their mental health in the coming months.

4.9   Of 268 responses on fuel poverty, one third had a pay as you go/ top up meter. Almost ¾ of all respondents noticed an increase in fuel consumption during lockdown but those with a top up meter were much more concerned than those with a dry meter about running out of fuel during lockdown and costs of fuel moving into winter.

4.10   In relation to difficulties in accessing healthcare, respondents mentioned cancelled appointments including heart tests, cancer treatments, pulmonary rehab, speech therapy, podiatry, audiology, physiotherapy, dental services, optometry and eye screening, and hyperbaric treatments. Some reported access to GPs and medication being difficult.

4.11   Dundee City Council Community Learning and Development service undertook the Engage Dundee survey in August 2020 as part of the city's Local Community Planning Process. The DCC/ HSCP Community Health Inequalities Manager devised a question in partnership with colleagues in Public Health to explore the nature of mental health impacts specifically.

4.12 The survey received 892 responses which were analysed by DCC Research and Information Team. Almost ¾ of respondents were female, the majority were working age, almost one fifth lived alone, over ½ were in some form of employment, 27.4% were in receipt of Benefits, and 45% had a long-term condition.

4.13 Findings show that the most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/ support (32%); physical health advice/ support (30%); food parcels/ delivery (29.2%); and money/ benefits advice and support (23.5%).

4.14 There were varying degrees of satisfaction expressed for using services; highest for websites/ self-help resources (78.9%), food parcels/ delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use/alcohol support (16.3%).

4.15 The survey explored whether respondents were experiencing certain difficulties and the highest responses were for mental health (37%), healthy lifestyle (31%), family/ household relationships (18%), physical health (18%), and income/ money (20%).

4.16 The survey explored mental health in more detail. Of 867 responses, 63.9% reported experiencing fear/anxiety/stress, 56.4% low mood/depression, and 36.3% social isolation/ loneliness. Of the 553 respondents who stated they were experiencing fear/anxiety/stress, 411 were also experiencing low mood/depression and 269 social isolation/ loneliness.

4.17 Some respondents felt there had been positive developments due to lockdown/Covid restrictions. 57.7% reported less traffic, 41.5% reported spending more time with their family, 30.2% made more use of green space, and 28% exercised more.

4.18 Projects involved in Dundee Food Insecurity Network provided emergency parcels/delivery, food larders, and/or meals to people struggling to access food during lockdown. Money advice leaflets were also circulated to service users. A survey was conducted in June 2020 to gain feedback from beneficiaries and a total of 191 questionnaires were returned by 17 projects.

4.19 Respondents came from all wards in the city and all age groups. 35% were using a food larder, 25.1% a drop-in, 24.7% were receiving food delivery and 14% lunch delivery. The highest proportion of respondents were single adults (40.8%).

4.20 Respondents were using the service for a range of reasons and often multiple reasons such as low income/ financial difficulties, lockdown, furlough and delays in accessing Benefits. The most common reason for accessing services was long term low income (28%). A fifth of respondents were receiving support prior to lockdown and 27.7% thought they would need ongoing help.

4.21 39.5% of respondents stated they were experiencing mental health pressures, 37.2% financial pressures, 18.8% social isolation, and 14.1% family/relationship pressures. Reasons included services being unavailable, not being able to visit family and friends, reduction in income, and increased costs due to being at home more often.

4.22 Satisfaction with the service was explored. Many comments were provided which reflected not only provision of emergency food but also social interaction/ emotional support from staff and volunteers, access to information about other services, and provision of other items such as period products, pet food, toiletries and clothing.

4.23 Potential improvements were highlighted by respondents including easing of lockdown restrictions, reinstatement of services, help with budgeting, drop-in support, and better communication/ information on support available.

4.24 Results from these surveys show emerging themes regarding the impact of the pandemic during and moving out of lockdown and reflect to varying degrees the themes highlighted in 4.5. The most common themes across the surveys related to mental health impacts, reduced access to services, social isolation and financial insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

4.25 The findings suggest that accelerated efforts should be considered by a wide range of partners including Dundee HSCP to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons
Chief Officer

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Community Health Inequalities Manager, DCC Housing and
Communities/ Dundee HSCP

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –**
                     15 DECEMBER 2020

REPORT ON: **WINTER PLAN (2020/21) – NHS TAYSIDE AND PARTNER**
                     ORGANISATIONS

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB46-2020**

1.0   PURPOSE OF REPORT

1.1   To inform the Dundee Integration Joint Board of the Winter Plan (2020/21) – NHS Tayside
       and Partner Organisations (the Winter Plan) to be submitted on behalf of NHS Tayside and its
       partner organisations to the Scottish Government.   The Winter Plan sets out the
       arrangements across Tayside to support seasonal variations across health and social care
       services and describes the level of preparedness. A copy of the Winter Plan is attached at
       Appendix 1.

2.0   RECOMMENDATIONS

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

2.1   Approves the Winter Plan as presented at Appendix 1 and the submission of the Winter Plan
       to Scottish Government.

2.2   Notes the detailed actions for the Dundee Health and Social Care Partnership as detailed in
       Section 4.6 of this report and Section 6.2 of the Winter Plan.

3.0   FINANCIAL IMPLICATIONS

3.1   A budget of £1,500,000 was agreed by NHS Tayside for both the Unscheduled Care
       Programme and Winter Funding. This resource is managed through the Unscheduled Care
       Programme Board who have allocated the resources to support service initiatives – a
       summary of the Winter Preparedness Funding can be found at Appendix 1 of the Winter Plan.
       The majority of this funding is offset against the Scottish Government allocated funding for the
       programmes (Preparing for Winter 2020/21 - £757,000 and 6 Essential Actions Unscheduled
       care £523,000).

4.0   MAIN TEXT

4.1   Each year NHS Boards and IJB's are asked by the Scottish Government to prepare a Winter
       Plan which ensures that plans and systems are in place to support early interventions in
       response to points of pressure and to minimise the potential disruption to services during the
       winter period. Winter planning is significantly more complex this year. To take account of the
       this, the Winter Plan is supported by the work of the Unscheduled Care portfolio; including the
       Redesign of Urgent Care Programme and the Six Essential Actions: Building on Firm
       Foundations Programme.   In developing the plan, consideration is given to the winter
       guidance and checklist. All three Health and Social Care Partnership plans sit within the
       overarching Winter Plan demonstrating the continued level of partnership thinking and
       integrated working.

4.2 In previous years, the success of the Winter Plan has been through a focus on increasing what we already do well and ensuring that the appropriate capacity, workforce, skills and senior decision makers are available at key times. This year the Winter Plan will focus on the same key priorities, enhanced with learning from the initial response to COVID – 19. The Winter Plan will apply to the whole system and aligned to the Scottish Government guidance with a focus on the following key areas:

- Management of Viral Illness: COVID– 19/Seasonal Influenza like illnesses/Respiratory Disease; and the potential impact of Noravirus.
- Maintaining Unscheduled and Planned Care: a flexible service delivery model has been developed as part of the plan.
- Capacity and demand analysis with a Command Centre enabling Hub including surge capacity and analysis that adheres to safe distancing within the hospital.
- An enhanced Influenza Vaccination Programme for patients and Health and Social Care staff.
- Test and Protect and impact of COVID-19 on near me/rapid patient testing for viruses which is fully operational locally.
- Respiratory and Critical Care pathways planning for the safe management of severe COVID-19 and Influenza, including the modification of the estate where required to further reduce the risk of nosocomial transmission.
- Integration of key partners/services.
- Resilience and business continuity plans tested with partners, including adverse weather planning.
- Out of Hours resilience and links with wider system.
- Workforce planning including festive rotas across primary and secondary care, in and out of hours.
- Mental Health (added locally)
- Paediatrics (added locally)

4.3 The Winter Plan will be delivered, within a framework approach of Prevent, Inform, Respond, and Communicate with corresponding key actions as follows:

Prevent - Illness and Admissions within our population and staff:
- Infection Prevention and Control - prevent illness in the first place
  - Influenza Campaign, Respiratory Diseases Pathway
- Community Based Care: Enhanced Care Support (ECS) especially in the frail elderly population.
- Rehabilitation at home or community rather than hospital.
- Shared decision making: Professional to Professional advice with use of virtual shared assessments and a Navigation Flow Hub.
- Assess to Admit - Ninewells and Perth Royal Infirmary.
- Rapid Assessment and Testing for Winter Viruses including SARS-CoV2 and Influenza.

Inform - Whole System Escalation Framework:
- Understanding System Pressures with data driven trigger warnings & planned escalation.
- Regular Safety and Flow Huddles across 7 days.
- Data Intelligence - using and applying information and intelligence to planning with a dashboard command centre.

Respond - Local and Organisational Business Continuity Planning:
- Action and respond to local, organisational and national triggers.
- Departmental/sector winter Action Cards/Escalation and Business Continuity Plans.
- Communication plan – covering staff, patients, the pubic and partners.
- Regular multi-agency Winter Plan planning meetings (already established and ongoing).

Communication – Informing our staff, patients and the public in Tayside
- Communicate identified pressures and the action needed to maintain access to planned and unscheduled care in hospital and in community and homely settings.
- Robust local Business Continuity Plans.
- Communicate whole system approach with improved visual aid communication of key pathways and escalation processes to staff.
- Final Winter Plan agreed by acute services, Integrated Joint Boards and NHS Tayside Board.
- Tayside-wide Winter Communication Campaign keeping our staff, patients and the public informed.
- Festive signposting messages and directory of key services and contacts communicated across Health Social Care & Partner Organisations.

4.4   A Winter Planning Sub Group was established to consider learning from the winter of 2019/20 and to proactively plan for initiatives which will maintain key services over public holidays and periods of increased illness. In line with the aims of the Unscheduled Care Programme Board, the plans place an emphasis on the prevention of illness through self-care and the maintenance of people out-with hospital settings through appropriate triage and support. The Unscheduled Care Board will hold responsibility for monitoring the implementation of the Winter Plan and will use measures to assess impact of the plan. Escalation measures have been tested, with resilience and business continuity plans in place.

4.5   Tayside has been highly commended over recent years for its integrated approach to delivering unscheduled care pathways and performance against the 4-hour emergency access standard. During the initial response to COVID-19, Tayside has remained the highest performing territorial board. The approach within the Winter Plan is aimed at continuing and building on this success. The winter planning approach is also aligned with the Cabinet Secretary's expectations that significant steps will be made this winter to implementing a consistent approach to urgent care pathways with the ultimate goal of developing a model across all urgent care that is 24/7, that encompasses ED, MIIU, Primary Care, Mental Health, SAS and NHS 24. Tayside continuously strives to meet local and national standards which focus on delivering high quality, safe, person-centred care. Specific to this Winter Plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%).
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards).
- Weekend Discharge Rates - Day of Discharge weekday vs weekend discharges
- Reduction in delayed discharges.
- Early initiation of Influenza vaccination programme to capture critical mass of staff within the enhanced Flu Vaccination Programme. The aim is to increase vaccination uptake to 70 -75%. This will include Health Care, Social Care, Care Home staff and Residential staff
- Site surge plans to optimise care.
- Use of information and intelligence from HPS, Primary Care, OOH Services and NHS 24, co-ordinated by our Business Unit, to predict demand across the system.
- Standardised approach to departmental action plans.
- Using whole system triggers and escalation with clear and timely communication
- Plans to maintain urgent and urgent suspicion of cancer pathways, and then deliver in line with clinical prioritisation of patients waiting and to achieve the activity plan submitted through our remobilisation plan.
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer

4.6   Section 6.2 of the Winter Plan highlights the key actions to be taken by Dundee Health and Social Care Partnership and include:

- Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.
- Building on the Frailty at the Front Door model already successfully implemented in Acute Medicine for the Elderly unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.
- Expansion of the existing social care/community nursing assessment service developed in response to the COVID-19 Hub model to support community triage.
- Further development of Enhanced Community Support/Dundee Enhanced Community Support Acute to support Hospital at Home.(H@H) Identified as pilot site for Health Improvement Scotland H@H trial.
- Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.
- Strengthening of Third Sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.
- Development of a 7-day model of working across Partnership services.
- Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.
- Development of intermediate care provision for older people with mental health problems.
- Remodelling of Integrated Discharge Hub to support improved patient flow.
- Ongoing home care and deteriorating improvement work in the community.
- Additional investment in the falls and community rehabilitation pathways through Remobilisation monies.
- Continued development of an amputee pathway to improve patient flow.
- Expansion of the Medicine for the Elderly Frailty model, into Surgical and Orthogeriatric to improve patient experience.
- Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.
- Implementation of a Flu campaign which covers patients over 55, vulnerable groups and staff.
- Development of community diagnostic services - initially phlebotomy.
- Further investment in social care to support early discharge over winter.
- Refinement of stroke pathway to improve patient experience.
- Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.

4.7 The Scottish Government allocates additional funding to NHS Boards to support the implementation of the local Winter Plans. The aim for 2020/21 is to proactively invest in work that will aim to maintain access to planned and unscheduled care, minimise disruption to services, and prevent deterioration in health and escalation in care where possible. This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as Influenza, COVID -19 and inclement weather.

4.8 For the Tayside Board area the Winter Fund allocation for 2020/21 was £757k, with £523k allocated for Unscheduled Care. To ensure we are address the anticipated challenges, NHS Tayside has made available additional financial resources to support both programmes of work, bringing the funding to a total of £1,500k. This resource is allocated through the Unscheduled Care Programme Board. To support the delivery of social care provision within Dundee, financial resources were provided to Dundee IJB from the Winter Fund and the Unscheduled Care Fund to deliver the following projects:

- Additional resources for social care services to support winter pressures across social care.
- Home First (Community/Inpatient Remodelling) - test a transitional team aligned to the community hubs to triage people before they arrive at the hospital front door, and potentially redirect them to enhanced care at home.

- Palliative Care and End of Life Support for People in the Acute Services Over 7 Days – this further test improved access to specialist support over the weekend including proactive review, access to specialist care for new referrals and admissions into the acute sector, preferred place of care, support for families and friends and will build on a change in practice introduced in response to COVID - 19.
- Amputee Hospital/Community Transfer - amputee outreach Physiotherapy and Occupational Therapy to work across the hospital / home transition to provide ongoing specialist amputee assessment and interventions to enable earlier step down to rehabilitation beds across Tayside or (preferable) discharge to the patient's own home where possible.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	While every effort has been made to anticipate the potential implications of the winter period, should there be unprecedented exceptional circumstances, the Winter Plan may be insufficient to manage the increased demand for services and any implications for staffing, capacity or service delivery. In these circumstances there would be a negative impact on: - Inpatient capacity and flow; - Discharge of patients from hospital; - Ability to deliver community services; - Emergency Department attendance
Risk Category	Service Delivery, Health and Wellbeing, Financial
Inherent Risk Level	Likelihood 2 x Impact 5 = 10
Mitigating Actions (including timescales and resources)	Winter Plan is robust and agreed across partners. Regular communication with escalation procedures agreed. Resources allocated to support initiatives.
Residual Risk Level	Likelihood 2 x Impact 2 = 4
Planned Risk Level	Likelihood 2 x Impact 2 = 2
Approval recommendation	Agree to implement Winter planning arrangement as described within the Winter Plan.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside. There are no directions required through this report.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	**x**
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

9.1   None.

Vicky Irons   DATE: 26/11/2020
Chief Officer

Diane McCulloch
Head of Health and Community Care

Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

2020/21

Contents

Executive Leads for Winter

Lorna Wiggin, Director of Acute Services, NHS Tayside
Gail Smith, Interim Chief Officer, Angus, Health & Social Care Partnership
Vicky Irons, Chief Officer, Dundee, Health & Social Care Partnership
Gordon Paterson, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Operational Leads for Winter

Dr David Connell, Clinical Lead, Winter Planning
Susan Bean, Care Group Manager, Elective Medicine
Jillian Galloway, Interim Head of Adult Health, Angus HSCP
Diane McCulloch, Head of Service Health & Community Care, Dundee HSCP
Evelyn Devine, Head of Health, P&K HSCP

Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service, and other key stakeholders continue to take a collaborative approach towards preparedness and planning for winter 2020/21 through the Tayside Unscheduled Care Board and other key Winter Planning groups across these organisations.

The NHS Tayside Unscheduled Care Programme Board formed in 2016 has responsibility for supporting and facilitating the implementation of the National Unscheduled Care Programme across NHS Tayside and the three Health and Social Care Partnerships, with the aim of delivering the right care, in the right place, at the right time, first time, improving patient safety, flow and sustainable performance in unscheduled care.

The Board members have agreed that a whole system Health and Social Care approach to developing an integrated Winter plan is essential. Acute services, Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) and staff side partners have been involved in the development of the NHS Tayside Winter plan to ensure timely access to the right care in the right setting. Third sector involvement has been through the Health and Social Care Partnerships.

Winter planning is significantly more complex this year due to the requirement to respond to the unprecedented demands of the COVID-19 pandemic. The Tayside Winter Plan has been developed in line with the principles of the national Unscheduled Care programme including the Redesign of Urgent Care, Six Essential Actions - Building on Firm Foundations, and taking full account the priorities for winter set out within the Scottish Government's Re-Mobilisation Plan correspondence to Boards on 21st July 2020. The work also takes cognisance of the Scottish Government's extant winter guidance and checklist. All three Health and Social Care Partnership plans sit within the overarching Tayside and Partners Winter Plan demonstrating the continued level of partnership and integrated working. The Winter Plan articulates the resilience and response NHS Tayside and its partner organisations will have in place to cope with expected winter pressures, within the COVID-19 landscape.

Learning from previous winter challenges as well as building on what has worked during recent months in response to managing COVID-19 has informed winter planning this year. Investments in initiatives have been aligned to maintain key services over public holidays and periods of increased illness as well as to try and prevent illness and unscheduled admissions. NHS Tayside continues re-design services in preparation of expected winter pressures within a COVID landscape, with this work detailed throughout the winter plan building on the information contained in the NHS Tayside remobilisation plan. Specifically, the Plan focuses on further developing evidenced success in managing unscheduled care, avoiding admission, and integrating pathways of care across primary and secondary care. As part of this, Tayside teams will utilise rapid testing for SARS-Cov-2 alongside Influenza and other winter viruses to ensure patients are placed in the most appropriate setting for their care. Agreed and co-ordinated responses to predicted and actual demand, driven by data, will support safe care for patients, with the best utilization of resources over the winter period. Finally, an enhanced and ambitious Influenza vaccination programme across Tayside sits at the forefront of our plan this year.

The winter plan has been developed with a focus ensuring early intervention and prevention and a timely response to need. In particular, continuous improvement and collaborative work with our Partner organisations will help reduce attendances, manage and avoid unnecessary admissions, and support the Emergency Department and acute service areas to focus on timely patient care and flow through our care settings. This will be achieved whilst still delivering high quality cancer, mental health, and outpatient services, and as far as possible continuing to deliver against national standards over this winter. Our approach is strengthened by resilience planning and business continuity arrangements to provide a comprehensive plan to NHS Tayside Board, Scottish Government, and our population for winter period December 2020 – March 2021.

1. Introduction

1. Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Acute Services, and Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes is key to effectively manage the potential demands associated with this more complex and challenging winter period of 2020/21.

This is to ensure that Tayside is prepared as far as possible for the coming winter period in order to minimise any potential disruption to services or diminished experience for patients and carers.
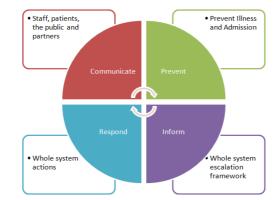
1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources; has involved extensive planning, discussions and feedback, including learning from previous experience; has assessed winter risk and developed shared approaches for winter 2020/21. These sources include:

- Unscheduled Care National Programme; 6EA Building on Firm Foundations Programme; and Redesign of Urgent Care Programme
- Tayside Winter Planning Group
- NHS Tayside local Review of Winter 2020/21
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- Scottish Government Health & Social Care: Local Review of Winter 2018/19 Report (May 2019)
- Scottish Government Preparing for Winter correspondence & Winter Preparedness: Self Assessment Guidance 2019/20
- Scottish Government's Re-Mobilisation Plan correspondence 21st July 2020

Review and local feedback has informed that this winter period within a COVID-19 landscape creates a number of challenges for all partners delivering health and social care services. The main challenges are reflected by the Scottish Government's recommended areas for consideration (July 2020) detailed below in the approach taken to deliver the winter planning aims.

1.3 Approach

The success of Tayside's winter plan in previous years has been through a focus of increasing what we already do well and ensuring the appropriate capacity, workforce, skills and senior decision makers are available at key times. This year the plan will focus on the same key priorities, enhanced with learning from the initial response to COVID-19.

The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government guidance:

- **Management of Viral Illnesses**: COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease; and the potential impact of Norovirus.
- **Maintaining Unscheduled and Planned Care**
- **Capacity and Demand Analysis**: with a Command Centre enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff.
- **Test and protect and impact of COVID-19 on near/rapid patient testing for viruses**.
- **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of nosocomial transmission.
- **Integration of key partners/Services**.
- **Resilience and Business continuity plans tested with partners**.
  - ○ Inc Adverse Weather
- **Out-of-Hours**.
- **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours.
- **Mental Health** (added by our Board).
- **Paediatrics** (added by our Board).

The plan will be delivered, with each of the key areas underpinned by the following approach of Prevent, Inform, Respond, and Communicate with corresponding key actions as follows:

Prevent
-The prevention of Illness and Admissions within our population and staff
- Infection Prevention and Control: Prevent illness in the first place
  - ○ Influenza Campaign, Respiratory Disease Pathways

- Community based care: Enhanced Care Support especially in the frail elderly population.
- Rehabilitation at home or community rather than hospital.
- Shared decision making: enhanced Professional to Professional advice with use of virtual shared assessments and a Navigation Flow Hub.
- Assess to Admit: Ninewells and Perth Royal Infirmary - >65% discharge rate.
- Rapid Assessment and Testing for Winter Viruses including SARS-CoV2 and Influenza.

Inform
-A Whole System Escalation Framework
- Understanding System Pressures with data driven Trigger warnings & planned Escalation.
- Regular Safety and Flow Huddles across 7 days.
- Data Intelligence - using and applying information and intelligence to planning with a dashboard command centre.
    - Use of common themes in all learning
    - Predictive Data:
        - Out-of-Hours, NHS 24, General Practice
        - 'System watch" for unscheduled admissions
        - Health Protection Scotland (HPS) data, tailored to Tayside
        - Command Centre, with system triggers
        - Public Health information

Respond
-Local and Organisational Business Continuity Planning
- Actions/Response to local, organizational, and national triggers.
- Departmental/sector winter Action Cards/Escalation and Business Continuity Plans.
- Hospital site safety & flow framework.
- Communication plan : covering staff, patients the public and our partners.
- Regular multi agency Winter Plan planning meetings already established and ongoing.

Communicate
-Informing our staff, patients, and the public in Tayside
- Communicate identified pressures and the action needed to maintain access to planned and unscheduled care in hospital and in community and homely settings.
- Robust local Business Continuity Plans.
- Communicate Whole System Approach with improved Visual Aid communication of key pathways and escalation processes to staff.
- Final Winter Plan agreed by acute services, Integrated Joint Boards and NHS Tayside Board.
- Tayside wide Winter Communication Campaign keeping our staff, patients and the public informed.
- Festive signposting messages and directory of key services and contacts communicated across Health Social Care & Partner Organisations.

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight of the allocation of winter planning funding for 2020/21.

The aim for 2020/21 is to proactively invest in work that will aim to maintain access to planned and unscheduled care, minimising disruption to services, and preventing deterioration in health and escalation in care where possible. This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as Influenza, COVID -19, and inclement weather.

The table below outlines the financial commitment towards the Winter Plan as well as the level of national funding which has been made available to date:

	£000's
Winter Plan Funds Committed - 20/21	1,500
Funding Received From SGCGVD	
- Preparing for Winter 2020/21	757
- 6 Essential Actions Unscheduled Care	523
Total Funding Available	1,280
Surplus / (Shortfall)	(220)

£1.5 million has been committed to in terms of ensuring adequate resource is available to support the Tayside Winter Plan 2020/21.

This is consistent with the approach taken in previous years. Dialogue continues with Scottish Government Finance representatives around a further tranche of winter monies before the end of the financial year..

Preparing for winter funding as well as the Unscheduled Care Programme funding will be allocated across the target areas detailed throughout the Tayside Winter Plan 2020/21. In accordance with national recommendations funding will be specifically targeted on the following areas:

- Management of viral illness
- Delivering care closer to home
- Integration of key Partner/Services
- Reducing Avoidable Attendances and admissions, scheduling attendances wherever possible
- Maintaining access to Unscheduled and Planned Care
- Maintaining Capacity and effective patient flow
- Workforce: ensuring appropriate levels of staffing are in place across the whole system - with adequate staff available across acute, primary and social care settings

The funding has been allocated across the bids for Unscheduled Care and winter initiatives aligned to the Unscheduled Care portfolio, and the approach taken for winter planning:

<u>Prevent</u> - Initiatives to support Unscheduled care, optimising care closer to home, and avoidance of admissions:

Additional funding has been confirmed across all three Health and Social Care Partnerships to avoid admissions to hospital, keeping patients close to home wherever possible, and supporting discharges. In addition, funding has been allocated to the Out of Hours Service.

Initiatives funded include:

- Enhanced Care at Home Services
- Care at Home Winter Support
- Overnight care
- Home First/Prevention of falls
- Discharge Co-ordinator/Hospital Discharge Team
- Additional Social Care Hours

<u>Assurance and Maintenance of Services</u> - Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow across areas including:

- Increased Workforce - including Medical and Nursing
- Surgery/Orthopaedics/Specialist Surgery
- Medicine/Medicine for the Elderly
- Emergency Medicine
- Front Door Support
- Labs/Rapid Testing
- Respiratory
- Cardiology
- Theatres
- Transport
- Palliative Care
- Mental Health

Appendix 1 details the level of investment allocated against the areas.

As part of the governance and reporting arrangements of the Unscheduled Care Programme Board, as these funding allocations are to support services to rapidly redesign and enable tests of change to be implemented over the winter period, it is expected that a progress report is completed and submitted to the Unscheduled Care Board. This report will include details around each initiative, funding allocated, spend to date with any variance, aligned outcome measures, progress update, and exit strategy.

1.5 Approval of Plan

The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the table below:

Table 1.

Date	Format	Committee / Board
29th October 2020	Draft Approval	Gold Command
20th November 2020	Final Approval	Operational Leadership Team
23rd November 2020	Final Approval	Executive Leadership Team
27th October 2020	Approval	Dundee Integrated Joint Board
9th December 2020	Final Approval	Perth & Kinross Integrated Joint Board
28th October 2020	Approval	Angus Integrated Joint Board
17th December 2020	Final Approval	NHS Tayside Board favourite

1.6 Governance Arrangements

- The Winter Plan will be presented to Silver & Gold Command for approval.
- The Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care for Dundee Health & Social Care Partnership, and will use measures to assess the impact of the plan.
- An Unscheduled Care Programme Team is in place supported by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key measures to enable an overall risk score to be presented. This is presented and discussed at each NHS Tayside Board meeting.
- Weekly Senior Operational Leadership meeting chaired by Medical Director with senior clinical and managerial input.
- Clinically-led and managerially-enabled operational structure for acute services.
- Whole system Safety and Flow Huddle processes including an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays.
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, and where to go for services and public health messages.

2. Key Drivers and Changes from Previous Winters

Key drivers for winter planning this year include learning from previous winters and building on what has worked well over during the COVID-19 pandemic period. Key themes relate to the Re-design of Urgent Care, building on the firm foundations of the Six Essential Actions Unscheduled Care Programme; delivering care closer to home, with prevention of admission where possible; ensuring optimal patient flow through the hospital journey as well as ensuring a robust whole system approach to communication and planning for winter.

This Winter Plan has been developed with a commitment to the Unscheduled Care Programme, using a collaborative approach across Health and Social Care Partnerships to whole system planning across the local system and services. Progress of the unscheduled care local improvement work is continuous, focused on key actions to improve unscheduled care in all settings.

The Unscheduled Care Programme key priorities for redesign and improvement for 2020/22 are illustrated in Appendix 2 with the key drivers and framework for winter planning illustrated in Appendix 3.

2.1 Striving To Deliver High Quality, Safe, Person-Centred Care

Tayside has been highly commended over recent years for its integrated approach to delivering unscheduled care pathways and performance against the 4-hour emergency access standard. During the initial response to COVID-19, Tayside has remained the highest performing territorial board. This has been achieved through working together with partner agencies, developing approaches to care provision with acute and community services, primary care, Scottish Ambulance Services (SAS) and NHS 24. The approach within the winter plan is aimed at continuing and building on this success. The winter planning approach is also aligned with the Cabinet Secretary's expectations that significant steps will be made this winter to implementing a consistent approach to urgent care pathways with the ultimate goal of developing a model across all urgent care that is 24/7, that encompasses ED, MIIU, Primary Care, Mental Health, SAS and NHS 24. Tayside continuously strives to meet local and national standards which focus on delivering high quality, safe, person-centred care.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%).
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards).
- Weekend Discharge Rates - Day of Discharge weekday vs weekend discharges
- Reduction in delayed discharges.
- Early initiation of Influenza vaccination programme to capture critical mass of staff within the enhanced Flu Vaccination Programme. The aim is to increase vaccination uptake to 70 -75%. This will include Health Care, Social Care, Care Home staff and Residential staff
- Site surge plans to optimise care.
- Use of information and intelligence from HPS, Primary Care, OOH Services and NHS 24, co-ordinated by our Business Unit, to predict demand across the system.

- Standardised approach to departmental action plans.
- Using whole system triggers and escalation with clear and timely communication
- Plans to maintain urgent and urgent suspicion of cancer pathways, and then deliver in line with clinical prioritisation of patients waiting and to achieve the activity plan submitted through our remobilisation plan.
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
  - ➢ 31-day target from decision to treat until first treatment, regardless of the route of referral.
  - ➢ 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets. Appendix 4 illustrates a snapshot of the Unscheduled Care Dashboard.

This winter plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all of our patients throughout winter and beyond.

2.2 Lessons Learned from Winter 2019/20

The following section outlines the key lessons learned from the review of the 2019/20 winter period as well as what has worked well during the management of Covid-19.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2020/21.

NHS Tayside performed extremely well over the winter period. Much of this was a result of whole system planning and preparation for increased demand. NHS Tayside has adopted a "Clinically led, managerially enabled" model. In practice this has led to senior doctors, managers and lead nurses working together in an honest and supportive way. Staff came through winter resiliently. Winter 'started' in September but we were able to maintain 79-84% occupancy even at peak demand.

Summary of Successes and Key Achievements

ED Performance:
This was first class when set against national data.
- In 2017 Tayside followed the trend of a drop in performance but less than the rest of Scotland. This year's performance had been maintained throughout the winter period.
- All areas recognise that we have a role in pulling patients through from ED and back home again.
- Culture of respect and communication.

Length of stay for older people:
By identifying frailty and preventing deterioration, we have reversed the trend that older people have the longest stay in hospital. This has had a significant effect on occupied bed days. Community alternatives to admission kept hospital admissions low, but safely, with no increase in readmissions.

Bed occupancy/ Delayed discharges:
We detected that delayed discharges were increasing and the Unscheduled Care Board challenged partner organisations to try and reduce patients waiting for discharge. This occurred just before the festive season and optimised our admission capacity and can be seen in the maintenance of ED performance. Delivery of increased social care was jointly funded by Health and Social Care Partnerships and winter planning funding.

Maintaining Elective Capacity:
Use of an elective stand down period over public holiday period allowed a reduction in cancellation rate and planning to use increased day case capacity to maintain elective activity but still retain capacity for increased emergency admissions. Only 9 patients were cancelled from September 2019 onwards.

FLUCON: 'Flu Contingency Planning

- Staff vaccination rose from 18% 3 years ago to 57%.
- Influenza planning group started early in summer 2019.
- Use of Near Patient Testing, with half of patients going home on antiviral treatment after a 20 min test.
- Escalation plan for increased admissions with cohorting to protect other patients. No ward was closed, and this was achieved in collaboration with laboratory services, and Infection and Prevention Control Teams.
- Stewardship of testing to maintain financial control.
- This approach was at the heart of the COVID-19 response and the Winter Team worked closely with the Executive Team to prepare and respond.

Summary of Learning from Winter 2019/20

- Planning through the Unscheduled Care Board, with a whole system approach to winter planning and one single plan for Tayside.
- Finance at the heart of planning, with allocation of money early to allow homecare and partnerships to recruit. Reallocation of funding that can't be spent on areas that can.
- Senior medical engagement and visible senior leadership at Huddles.

Unscheduled Care and Covid-19 Review

Review sessions were held on 6th & 12th May 2020 involving members of the Unscheduled Care Board with a wide range of representation across acute and community and partner organisations. The aim of these sessions was to establish what has worked well during the management of COVID-19 and highlight priority areas for consideration going forward into winter and beyond as part of the wider Unscheduled Care Work Plan for 2020/22.

Areas highlighted that worked well and taken forward to inform the development of the Winter Plan includes:

- Inpatient Modelling/Pathways work
- Discharge Pathways
- Interface Communications
- Continued Development and use of IT Systems in supporting remote and digital consultations
- Integrated Care Models

- Primary Care Assessment Models
- Pathways: COVID-19, Shielded and Palliative
- Care closer to home/Self Care at Home
- Workforce development and capacity

3. Winter Plan 2020/21

The Tayside Winter Plan 2020/21 is set out in accordance with the key priority areas aligned to the Scottish Government recommendations July 20/21:

- **Management of Viral Illnesses**: COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease; and the potential impact of Norovirus.
- **Maintaining Unscheduled and Planned Care**
- **Capacity and Demand Analysis**: with a Command Centre enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff.
- **Test and protect and impact of COVID-19 on near/rapid patient testing for viruses**.
- **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of nosocomial transmission.
- **Integration of key partners/Services**.
- **Resilience and Business continuity plans tested with partners**.
  - Inc Adverse Weather
- **Out-of-Hours**.
- **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours.
- **Mental Health** (added by our Board).
- **Paediatrics** (added by our Board).

3.1 Resilience and Business Continuity Plans

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside-wide groups involving all partner organisations such as the Local Resilience Partnership (LRP) meet regularly with a Winter Pressure Plan in place describing the structure and key areas to be addressed in the Tayside response to extreme winter pressure. The purpose of the Tayside Winter Plan is to:

- Provide information about the potential effects and local impact of the winter pressure
- Identify early and longer term actions for LRP
- Identify strategic objectives for the LRP during winter pressures
- Describe the multi agency structure for co-ordination and delivery of outcomes

3.2 Adverse Weather

Themes highlighted from previous local reviews of winter in relation to the effects of adverse weather were mainly in relation to staff transport and accommodation. Transport due to adverse weather whilst managing COVID-19 will provide an additional challenge this winter. Areas to be considered for this coming winter include:

- Staff will be encouraged to be self resilient. Staff are requested to sign up to Met Office weather alerts so that sufficient advance warning of adverse weather can inform operational readiness.

- Organisational weather alerts will only be circulated via the Communications Team for Amber/Red Weather Warnings.
- Duty Executive awareness of status – linked into daily huddle meetings via the Whole System Safety and Flow Framework
- Links to existing plans, Adverse Weather Policy, and Departmental Business Continuity Plans
- Link to HR policies
- Ownership is operational rather than service specific
- Accommodation arrangements to be clarified for 'essential' staff in the event of adverse weather in collaboration with Service Leads
- Catering arrangements to be clarified for 'essential' staff in the event of adverse weather in collaboration with Soft Facilities Management
- Transport arrangements to be confirmed for 'essential 'staff in the event of adverse weather in collaboration with Service Leads and Transport Hub
- Early and continued engagement with Local Resilience Partnership
- Establishment of a Transport Hub or equivalent to manage and co-ordinate transport requirements for staff and patients in the event of extreme/adverse weather
- COVID/Adverse Weather will be reflected in service/areas Business Continuity Plans.

The final appendix **(8)** within this Winter Plan includes a list of useful websites for ease of reference to inform resilience planning as part of winter preparedness.

3.3　Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP)[1] Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity, or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances for example, the cancellation of all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:-

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there

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[1] Scottish Ambulance Service. 2016.Version 6., Generic Contingency Plan, Capacity Management Incorporating the Resource Escalatory Action Plan – REAP

- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

Hospital Ambulance Liaison Officer (HALO)

Within Tayside sits the Hospital Ambulance Liaison Officer (HALO) whose role is to work in close liaison with its Health and Social Care Partners to discuss patient flow, bed status etc in an effort to improve hospital flow and turnaround times. The post holder will report regularly to senior SAS managers to ensure early appraisal of any arising issues in order that plans can be executed or adapted effectively and resources directed appropriately.
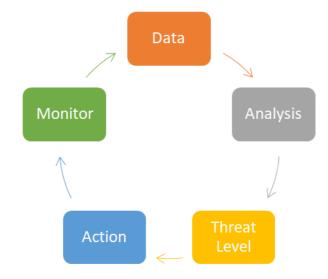
The HALO is a member of the Tayside winter planning group which meets weekly.

3.4   Escalation Strategy

It is recognised that meeting the demands of winter this year will be more challenging than ever before. Given the potential competing of a continued response to COVID-19 and maintaining access to both unscheduled and planned care, it is essential we have an effective Escalation Strategy and plans in place to support an appropriate response to increased demand across health and social care services.

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on what has worked during recent months in response to managing COVID-19. NHS Tayside continues to redesign services in preparedness of expected winter pressures within a COVID landscape with more integrated work at between primary and secondary care to support safe care of patients in the most appropriate setting.

The Whole System Escalation Framework was reviewed in advance of the previous winter, however in light of the current Covid-19 landscape this year's Escalation Strategy is being re-designed to ensure it reflects the changed demand and inclusion of a dedicated assessment and admission stream for patients with suspected or confirmed Covid-19. We are creating an comprehensive series of data streams, combining to make a site-wide threat-level that will result in a series of actions designed to reduce the threat, which can be reviewed at senior level at least twice-weekly. Data includes COVID community and hospital activity, non-COVID clinical activity, and staffing. Our process will be as follows:

Escalation Strategies will seek to:

- Enable local systems to maintain quality and safe care.
- Provide a consistent set of escalation levels, triggers and protocols for acute services and HSCPs alongside local services to align with their existing business as usual and escalation processes.
- Set clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies.
- To work within consistent terminology across partner organisations for person centred care.

The Command Centre and Safety & Flow Framework will continue to be fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

Actions in progress as part of winter preparedness and planning include:

- Leaders group established to lead on the development of an Escalation Strategy , reviewing/building on current arrangements
- Identification of Triggers (including in response to anticipated surges in COVID-19 activity), and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams
- Potential Use of Local Winter Action Cards reviewed version of 2018/19 template

3.5   Pressure Period Hospital Site Huddle Framework

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures, in real time.

The current arrangement of daily Safety & Flow Huddles across 7 days as outlined in Appendix 5 provides Consistent senior managerial and professional nursing leadership across the acute hospital sites with daily calls facilitating engagement with partner organisations.

There are currently four safety & flow huddles across NHS Tayside acute hospital sites each day with input from the Health and Social Care Partnerships and partner agencies. There are professional nursing leads on each site, supported by a Clinical Care Group Manager a Duty Executive.

The Safety & Flow Hub is located in an area within the main Ninewells hospital site which was refurbished last year with modern video conferencing equipment to facilitate cross site communication and access to the Command Centre System. There is co-location of the flow team and the hospital at night and hospital at weekend team to identify an area for teams to meet to promote collaborative working.

The aim is to support real time flow management and medium term planning, using data and triggers from the Command Centre Dashboard, which will include data on loco-regional COVID-19 activity as well as our usual predictive data. This will be used to inform the implementation of escalation plans discussed above to manage the pressures on service capacity due to winter and also COVID-19 specific demands.

3.6 Winter Planning Activity/Departmental/Sector Winter Action Cards

A template is available for local services to develop their own Winter Action Plan was developed to bring consistency of approach to winter preparedness. The Action Card used in previous winters has been reviewed for 2020/21 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

- Prevent illness and admission
- Inform of pressures and escalation
- Response required to maintain Business as Usual
- Communicate: when to de-escalate and recover

A draft Action Card Template is attached in Appendix 6. This may be reviewed and updated in line with local triggers and escalation plans.

The card is a single sided document that allows all services from a whole clinical care group to a small team of specialist nurses to organise their response to winter pressure. The aim is that it can be held by the team to co-ordinate planning for public holidays as well as combining to describe a whole system approach.

3.7 Safety and Flow - Using and Applying Information and Intelligence to Planning and Preparedness

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning. Data intelligence from the following services will be considered to inform threat planning as discussed above:

- OOH
- NHS 24
- General Practice
- Health Protection Scotland (HPS)
- Public Health
- NHS Tayside Command Centre Dashboard

Public Heath will co-ordinate and report HPS data around COVID-19 activity to support better use of data for predictive decision making as part of threat level generation. The Infection and Prevention Control Team (IPCT) also share data from HPS regarding the current epidemiological picture on Influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch along with the development of the Command Centre Dashboard will be used with the above PH and IPCT input locally to support forecasting of demand and capacity, providing triggers for local and system wide escalation. The enhanced version of the Command Centre Dashboard will be available in advance of winter 2020 with development of local processes linked to the daily Safety and Flow Huddles, to make full use of this predictive data.

Summary of Key Actions for Resilience

Adverse Weather
- Links to across resilience and contingency planning and adverse weather policies arrangements across Health and social care Partnerships
- Staff accommodation, catering and transport arrangements
- Transport Hub or equivalent to manage transport requirements in the event of extreme weather conditions

SAS
- REAP - for capacity management and contingency planning
- Additional directives regarding adverse weather planning
- Additional winter funding for extra ambulance crew/vehicles
- Hospital Ambulance Liaison Officer

Escalation Strategy
- Development of an Escalation Strategy, designed around the specific COVID-19 appropriate requirement of Winter 2020-21, and reviewing/building on current arrangements
- Identification of Triggers and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams

Pressure Period Hospital Site Huddle Framework
- Established Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process

Sector Action Cards
- Use of Winter Actions Cards to support resilience planning across services

Safety and Flow Using and Forecasting and Applying Information Intelligence to Planning
- Effective forecasting and data intelligence for unscheduled and elective winter demand, planning accordingly through the use of predictive data systems
- Command Centre Data and Triggers to inform escalation plans in the management of viral illness such as Influenza and COVID-19, as well as other system pressures

4. Management of Viral Illness

Winter planning considers the required actions to ensure the safe management across Tayside of a large volume Influenza-like-illnesses which will include those patients with potential for COVID-19, from primary care to critical care. This will sit alongside an enhanced Influenza vaccination campaign in Tayside, and improved rapid management of seasonal GI viral pathogens such as Norovirus. In this section, we deal with Influenza vaccination, PPE, and Norovirus, returning to the management of Influenza-like illnesses and COVID-19 in Section 5.

4.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing Norovirus in Care Settings* along with the HPS National Infection Prevention and Control Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

4.1.1 Norovirus Training and Communications

There is an established communications process between the IPCT and the Health Protection Team to optimise resources and response to a rapidly changing Norovirus situation. In addition there is established communication with Health & Social Care Partnership Leads and via Governance Forums to ensure the partnerships are aware of Norovirus publicity materials and are prepared to distribute information internally and locally as appropriate, to support the 'Stay at Home Campaign' message.

To further support the communications and training requirements in preparation for Norovirus the following is in place:

IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.

- Winter preparedness and raising awareness through education sessions for staff
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: NHS Tayside prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also supports the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

4.1.2 Norovirus Planning and Control

IPCT plans are in place to support the execution of the Norovirus Preparedness Plan before the season starts. Norovirus Control Measures are accessible to all staff across Health and Social Care Partnerships on NHS Tayside's Staffnet intranet site, or on HPS website.

Communications regarding hospital demand and norovirus related ward closures will be managed through an agreed distribution list which will detail bay or ward closures due to a known or suspected infection is in place.

IPCT will ensure that the health & social care partnerships and NHS Tayside are kept up to date regarding the national norovirus situation by communicating HPS national prevalence data on a weekly basis. Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure any system modifications required to reduce the risk of future outbreaks. The HPS Hot Debrief tool is currently used with clinical teams for this purpose.

Lessons learnt are shared as required across clinical teams and at Safety, Clinical Governance and Risk Meetings and Professional Forums.

Winter funding will be made available this year for the purchase of a rapid test programme for GI pathogens, including PCR testing for Norovirus. This will enable more rapid diagnoses and appropriate isolation 7 days a week.

To ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period there will be an on-call microbiologist available 7 days per week.

4.2 PPE Procurement (Management of Viral Illness)

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal influenza like illness, norovirus and Covid-19 that might coincide with severe weather and festive holiday periods.

Key actions for this winter include:

- Staff are face fit tested for FFP3 facemasks and a staff face fitting programme is maintained
- Early procurement current stock management of PPE co-ordinated via Bronze PPE Group
- Assurance of governance for respiratory powered hoods
- Sign posting to educational resources for donning and doffing of PPE

4.3 An Enhanced Influenza Vaccination Programme

This year within the context of the COVID-19 pandemic, and in line with national recommendations, NHS Tayside aim to deliver a seasonal influenza programme that prioritises vaccinations to protect the most vulnerable, as those most at risk from flu are also the most vulnerable to COVID-19.

In addition to offering seasonal influenza vaccination to the groups eligible groups in line with the 2019/20 programme, the Scottish Government have broadened the eligible cohorts for influenza vaccination including an extended age range for adult influenza; household contacts of individuals who are shielding; and expansion of the health care worker (HCW) programme to include social care workers (SCW) providing direct care to vulnerable groups.

An enhanced Influenza Vaccination Programme for patients and Health and Social Care Staff commenced in late September 2020.

4.3.1 Assessment and Delivery Staff Flu Campaign

The staff flu programme offers flu vaccinations for all eligible NHS Tayside employees which equates to 13,258 staff. The extension of the programme to include eligible social care staff, working in residential care, nursing homes and domiciliary care settings will account for a further 9909 individuals across Tayside. This means an overall cohort population of 23,167 eligible health and social care workers in Tayside.

4.3.2 Staff Uptake Target

As well as expanding the eligible cohorts it is anticipated that concerns about COVID-19 may increase the demand for influenza vaccination this year. In recent years the target has been set at 60% however for this year the target has been increased. Locally, it has been agreed that staff flu vaccination planning should be based on ambitious uptake target of 75% of the Tayside eligible staff cohort. Consequently a considerable increase in resources and development of the current delivery model is required to facilitate the administration of a significantly greater number of vaccines for staff. A 75% target, coupled with the extension to

social care workers would require a significant increase in vaccine administration from 7000 vaccines administered 2019/20 to planned delivery of 17,375 vaccines in 2020/21.

Plans to significantly increase staff flu vaccinations across health and social care systems to meet target of >75% are in place and include:

- 'Flu vaccinations scheduled clinics (to maintain social distancing) began in late September within Occupational Health in Ninewells and PRI.
- Enhanced Peer Vaccination has also started early in clinical areas to boost the staff uptake of the 'Flu vaccination, and has seen excellent uptake so far.
- Additional venues have been identified to carry out vaccination of Health and Social Care Staff safely.
- Staff also able to attend participating community pharmacies to be vaccinated.
- Volunteers recruited through Health have the opportunity to get their Influenza vaccination as part of the Influenza Vaccination Programme.
- Plan to use in-hospital vaccination to "catch up" vulnerable patient who have missed community vaccination.
- Use of IT systems to book vaccination appointments in addition to the collation of vaccination uptake data.

4.3.3 Influenza Communication Campaign

The NHS Tayside Communications Team in collaboration with Angus, Dundee and Perth & Kinross Health and Social Care Partnerships have a communication plan in place specific to seasonal 'flu vaccination. The influenza vaccination campaign will be promoted to all NHS Tayside, Health and Social Care, Care Home staff and volunteers, as well as members of the public in at-risk groups.

The Communication strategy includes the following:

Communication and Engagement Plan developed
Updated information to NHS Inform regarding local contact arrangements
General Practice to distribute letters
Copy and circulation of consent forms for staff via payslip distributor
Early communications release re change of programme and appointment basis to staff
Communication with all clarifying how appointments are made in each locality
Weekly communications to Scottish Government/NHST/HSCPs/GPs/ISD re uptakes and progress
Vaccination cards and stickers prepared for distribution to people vaccinated
Communication re: how to access training to vaccinate and different vaccinations materials
Update of website re guidance for links on training
Update and maintenance main 'Flu webpage
Regular promotion of all clinics and how to access on staffnet, Social Media, press etc
Comms to review HSCPs FAQs and provide over arching FAQ for programmes

> Information to be gathered re: pharmacies and clusters of pharmacies delivering vaccinations for social care staff available in each area

In addition, as in previous year's key messages about protecting yourself and your family, your patients and the service will be available. Regular updates about staff clinic sessions are shared through weekly e-bulletin LowDown, standalone e-bulletins targeted at staff on individual sites and on the homepage of NHS Tayside's staff intranet and dedicated intranet flu page. Myth-busting digital assets, photographs and quotes from staff getting vaccinated and 'talking head' videos using members of staff are also shared widely with staff and the public.

Appendix 8 illustrates examples of poster communications sent to staff as part of the Communications Campaign to promote the uptake of the Influenza Vaccination.

4.4. Test and protect and impact of COVID-19 on near patient testing for Influenza

Plans are in development to ensure rapid and safe identification of viral illnesses, including COVID-19 and Influenza, across the organisation from primary care to secondary care. Two main areas of focus are:

- Enhanced Rapid Assessment Centres at Ninewells and Perth Royal Infirmary with rapid testing for respiratory viruses including SARS-CoV2.
- Frontloading diagnostics and senior clinical decision making as early in the patient pathway as possible; this will be done in conjunction with plans for Navigation Flow Hubs (see Section 6), part of the Scottish Government's plans for the Re-Design of Urgent Care 2020.

4.4.1 Enhanced Front Door Assessment/Winter Rapid Assessment Centres

Work is ongoing to develop clinical pathways for those patients who would benefit from an enhanced assessment in advance of admission to a downstream hospital bed. This will primarily be those who require a rapid viral test or those who it is felt could avoid admission with access to diagnostics, further clinical assessment or referral to community support services.

Use of an "assess to admit" model will also ensure that inpatient bed resource is only utilised for those patients who cannot be safely cared for in another setting. The Rapid Assessment Centres will work closely with Primary Care COVID assessment Centres (CAC), GPs, GP OOH and community teams. If admitted to hospital, NHS Tayside has, and will develop further, defined, comprehensive, and accessible COVID-19 and Influenza Clinical Management Pathways involving clinical assessment, therapeutics, and access to research studies (see Section 6).

4.4.2. Place of Care Testing

Discussions are ongoing nationally around a solution for rapid place of care testing; NHS Tayside has strong representation within these groups. When available, rapid testing will be made available in PRI, Acute Surgical Receiving Unit (ASRU), COVID-19 Assessment Unit (Ward 42) and the Tayside Children's Hospital.

From the beginning of November, it is anticipated that a "hot lab" in Ninewells Hospital will provide testing for SARS-CoV2 and Influenza A/B with a running time of approximately 30-45 minutes.

Summary of Key Actions for Managing Viral Illness

Norovirus:
- IPCT plans in place to support the execution of Norovirus Preparedness Plan in advance of season
- Communications, Guidance and training for staff by IPCT
- Prioritisation Flow chart to aid decision making at the 'front door'
- Staff access to and adherence to national guidance on Preparing for and Managing Norovirus in Care Settings
- Planning and Control
- Norovirus Control Measures and plan available to all staff across health and social care partnerships
- Rapid Testing for Norovirus and GI Pathogens for rapid diagnosis

PPE
- Procurement and adequate resource availability

Enhanced Influenza Vaccination Programme
- Plans to increase staff Flu Vaccination Uptake: Programme - commenced late September for staff with convenient clinic locations; vaccination by appointment to ensure safety and infection control measures in a COVID-secure manner; peer vaccination programme to increase uptake
- Staff uptake target >75%
- Influenza Communications Campaign and supporting action plan

Test and Protect
- Rapid and Near Patient Testing for COVID-19 and Influenza
- Winter Rapid Assessment Centres for assessment and management of suspected serious COVID-19 and Influenza, closely linked to community COVID Assessment Centres
- Enhanced front door assessment

Other
- IPCT guidance on Staff website and HPS Website
- Communication Campaign specific to seasonal illnesses

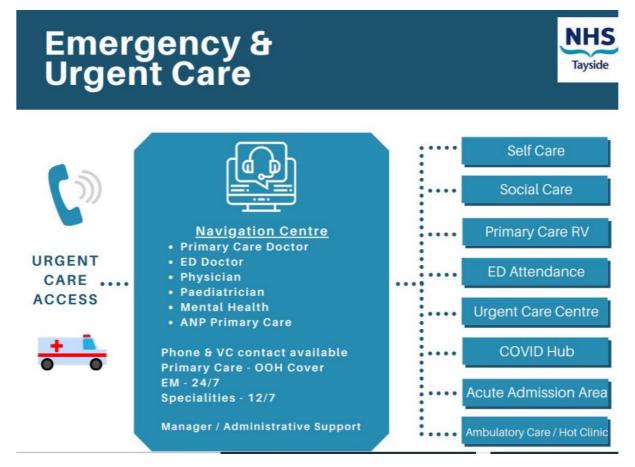
5. Unscheduled and Elective Care Preparedness

Unscheduled and Planned Care preparedness and planning for winter include:
- Capacity and Demand analysis including surge capacity that adheres to safe distancing (See Section 3 for details of this)
- Signposting to the most appropriate place of care with a Navigation Flow Hub
- Scheduling unscheduled care
- Maintaining an ability to deliver a separate COVID stream

- Unscheduled and Planned Care including Surgery Escalation Pathways and an improved hospital environment
- Respiratory and Critical Care Pathways planning for the safe co-ordinated management of Severe COVID-19 and Influenza within hospital
- Support the delivery of as much elective care and treatment as possible
- Integration of key partners/ Services
- Integrated Care between Primary and Secondary streams
- Workforce Planning including Festive rotas across primary and secondary care, in and out of hours

5.1 Navigation Flow Hub

This is under development as part of the Re-design of Urgent Care, and will support the Winter Strategy of scheduling as much Unscheduled Care as possible. The figure below demonstrates the Flow Navigation Centre Model:

5.1.2 Enhanced Community Model

A key component of avoiding admissions this winter will be access to enhanced care at home and support for patients out of hospital.

Winter funding has been allocated to support this ambition and through the collaborative approach to winter planning already described, pathways that cross community and hospital boundaries.

5.1.3 Emergency Department (ED) - Winter Preparedness

Attendances at EDs have increased as lockdown measures have eased and it is anticipated that this will continue as progress is made through the phases of the Scottish Government Routemap.

The ability to safely isolate both COVID-19 possible patients requiring immediate resuscitation and shielding patients who require emergency treatment remains.   There is insufficient Emergency department capacity to manage all unscheduled secondary care COVID-possible presentations and a separate COVID-19 assessment unit will be maintained as part of the Winter Rapid Assessment Centre described in section 5.

As attendances increase and restrictions on visiting in hospital are relaxed, maintaining social distancing in the Emergency Departments will be challenging, particularly in communal waiting areas. A number of innovative tests of change will be carried out in advance of winter with the aim of implementation, which will be led by the Clinical Director for Emergency, Urgent and Integrated Care. These include:

- Virtual Waiting Room – Potentially pilot virtual waiting room for referrals to ED from NHS 24 as part of national Unscheduled Care Programme.
- Quality Improvement project looking at Avoidable Attendances from Care Homes.
- Exploring options for patients who are stable and awaiting results of investigations to inform their plan of care either in alternatives to clinical bays in ED ("Fit to Sit") or return to a hot clinic (potential for virtual consultation) or, ambulatory area.

Tayside's Unscheduled Care Board and unscheduled care performance remains the highest nationally and the Unscheduled Care Board is represented by all relevant health and care partners and has identified key priorities for the integrated remobilisation plans.

5.1.4 Bed Modelling & Surge

There has been considerable change to the bed model within Ninewells Hospital throughout 2019/20 with the required current bed modelling work continuing to have major changes on the configuration of services this year.

As part of the identified escalation plans, inpatient bed configuration will be flexed between covid and non covid demand, as required.

5.1.5 Inpatient Modelling & Pathways

There will be a specific focus on inpatient modelling across both acute main sites, building on the successes of the remodelling of inpatients during COVID-19. In addition, pathways work across Surgery and Medicine will continue as a priority within Unscheduled Care and Winter plans, as well as further development of the Assess to Admit models at the Front Door. Robust discharge pathways are essential going forward, involving the continued discharge planning and collaborative work across acute, community and discharge teams.

5.1.6. Integrated Community Care Hubs

Integrated Community Care Hub Models are also a priority development, strengthening and building upon recent successful whole systems and interface communications. Collaborative efforts are aimed at preventing admissions, assessing and treating patients in a community setting closer to their home. Rapid testing in relation to respiratory illness and timely access to diagnostics are key components of the Assess to Admit and Integrated

Community Care Hub Models alongside collaborative working across Out of Hours and NHS 24 promoting a multi-professional, whole system approach.
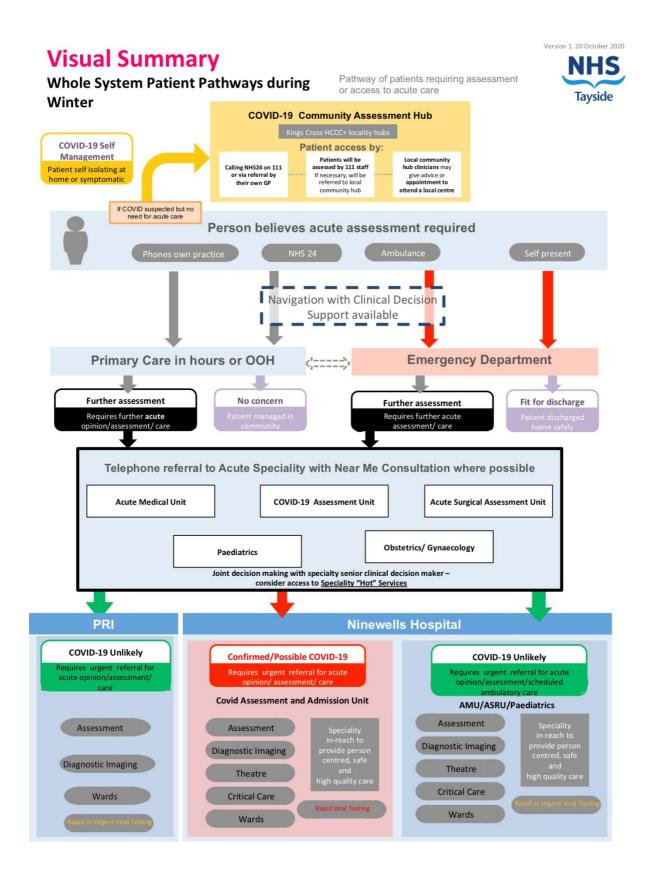
5.1.7 Pathways: building efficient pathways to support patient care for Winter

As outlined above, pathways are being developed to safely manage the range of respiratory viral illness, including COVID-19 and Influenza, this winter. This includes:

- Building on what has been developed for COVID-19 (dedicated viral assessment area)
- Implement a sustainable system for timely access to professional to professional clinical advice, including a Navigation Flow Hub
- Assess to Admit area with rapid viral testing to be able to determine the best pathway for each patient. This will include a rapid turnaround time for testing and diagnostics such as bloods, x-ray, and other diagnostic requirements.
- Perth Site to be able to adapt capacity to meet demand and avoid the need for patient transfer to Ninewells for capacity reasons alone

Bed Footprint
- We will build on Current Escalation Plans
- Work collaboratively across the organisation
- Use guidance from Working Groups around bed spacing to this to inform clinical area setup

Visual Summary
Whole System Patient Pathways during Winter

Pathway of patients requiring assessment or access to acute care

Version 1. 20 October 2020

NHS Tayside

COVID-19 Self Management
Patient self isolating at home or symptomatic

COVID-19 Community Assessment Hub

Kings Cross HCCC+ locality hubs

Patient access by:

| Calling NHS24 on 111 or via referral by their own GP | Patients will be assessed by 111 staff. If necessary, will be referred to local community hub | Local community hub clinicians may give advice or appointment to attend a local centre |

If COVID suspected but no need for acute care

Person believes acute assessment required

| Phones own practice | NHS 24 | Ambulance | Self present |

Navigation with Clinical Decision Support available

Primary Care in hours or OOH ⟷ **Emergency Department**

Further assessment
Requires further **acute** opinion/assessment/ care

No concern
Patient managed in community

Further assessment
Requires further acute assessment/ care

Fit for discharge
Patient discharged home safely

Telephone referral to Acute Speciality with Near Me Consultation where possible

| Acute Medical Unit | COVID-19 Assessment Unit | Acute Surgical Assessment Unit |

| Paediatrics | Obstetrics/ Gynaecology |

Joint decision making with specialty senior clinical decision maker – consider access to Speciality "Hot" Services

PRI

COVID-19 Unlikely
Requires urgent referral for acute opinion/assessment/ care

- Assessment
- Diagnostic Imaging
- Wards
- Rapid or Urgent Viral Testing

Ninewells Hospital

Confirmed/Possible COVID-19
Requires urgent referral for acute opinion/ assessment/ care

Covid Assessment and Admission Unit

- Assessment
- Diagnostic Imaging
- Theatre
- Critical Care
- Wards

Speciality in-reach to provide person centred, safe and high quality care

Rapid Viral Testing

COVID-19 Unlikely
Requires urgent referral for acute opinion/assessment/scheduled ambulatory care

AMU/ASRU/Paediatrics

- Assessment
- Diagnostic Imaging
- Theatre
- Critical Care
- Wards

Speciality in-reach to provide person centred, safe and high quality care

Rapid or Urgent Viral Testing

5.1.8 Respiratory and Critical Care Pathways

The management of Respiratory illness - particularly those patients with severe Influenza and COVID-19 - is a significant consideration for this winter's plan.

We continue to strive to provide timely access to routine Respiratory Care through the winter, recognising that there will periods where this may be impacted by the requirement to provide unscheduled care in response to changes in threat level. In doing so, we will aim to continue to provide virtual outpatient appointments, recognising that ensuring complex chronic respiratory illness is vital in preventing clinical deterioration through the winter. A key part of this is the significant network of Respiratory Liaison Nurses across Tayside – both in the hospital, and in the community. We will continue to develop this winter the robust use of this network to both avoid admissions for respiratory disease where possible, and to smooth transitions of care between the community and hospital.

Respiratory was one of the first departments to remobilise Face to Face New Assessments at NHS Tayside and will aim to provide as much capacity for this as possible in a COVID-secure way, this winter. Cancer and bronchoscopy services have been re-modelled to provide ongoing critical services in times of enhanced COVID activity.

Dedicated respiratory pathways for acute COVID-19 and Influenza pneumonic illnesses which require inpatient and critical care input remain active from the initial Covid response 1, with the ongoing and flexible safe provision of Level 1, Level 2, and Level 3 respiratory care for patients with confirmed COVID-19, possible COVID-19, and for those without COVID-19. We have enhanced training of staff in our Acute COVID Assessment Unit (Ward 42) for the delivery of CPAP and NIV, and have developed in-house pathways for the management of both Severe Influenza and COVID-19 available on our relevant Staffnet pages. These will remain under active review.

Respiratory staffing will be modelled to allow as much inpatient activity as possible to enhance the front-door and inpatient senior decision-making as in previous winters. This will improve our ability to provide safe ambulatory management of patients where possible, and to ensure discharge to the community is safe and timely in a period where acute respiratory illness is a challenge.

Planning for an increase in provision of critical care capacity is essential to enable us to be prepared for the anticipated surge in patients presenting to secondary care in acute respiratory distress over winter is critical. Taking account of the normal winter pressures exacerbated by the impact of COVID 19, there is a risk that predicted demand may exceed critical care capacity within days to weeks depending on the rapidity of rise of patients. Our Level 3 Critical Care Escalation Plan, submitted to the Scottish Government, outlines how we can increase our capacity by 4 times the number of Level 3 beds that we provide in the region under business as usual service conditions. Our plan for intensive care is to maintain a separate COVID ICU over the winter period. Following assessment of the hospital footprint to take account of critical infrastructure requirements to support assisted mechanical ventilation, we have dedicated our Theatre Admission Suite footprint for this purpose.

However, workforce remains a critical risk for all escalation plans and it is recognised that care of a critically ill patient requires specific expertise, knowledge and skills within the critical care environment. Our continued challenge remains the number and competency of

the medical (junior and senior), nursing and Allied Health Professions staff to provide safe care for high numbers of critically ill patients. The last wave showed the very high ICU mortality and prolonged length of ICU stay of those who survived to ICU discharge.

Plans are in place to supplement the ICU Nurse Workforce primarily by the release of Theatre Nursing Staff including Anaesthetic Assistants, Recovery Nurses and Scrub Nurses. The guidance within the Joint Statement on developing immediate critical care nursing capacity has been used to support the development of this plan and critical care nurses will provide supervision and expertise in delivery of critical care, forming small teams with the redeployed workforce. Critical care nurses will be required to take a team working approach rather than a ratio approach to patient care in order to deal with a surge in patients requiring critical care support. The planning assumption is based on the release of one theatre team per increase in 1 ICU bed, thus elective activity will be detrimentally affected by 10 sessions per week per ICU bed increase.

Plans are in place to supplement the Allied Health Professions critical care workforce. In Physiotherapy, this supplementation will come primarily from staff experienced in respiratory care and on-call who work from other areas of the service. The planning assumption is one Physiotherapist per 4 additional critical care beds. Occupational therapy, Dietetics and Speech and Language therapy are undertaking modelling and workforce planning to support clinical need and increased demand. The deficits created by this deployment of staff will be minimised and mitigated where possible through implementation of the pan-Tayside AHP contingency planning model and mutual support but it is recognised that it may detrimentally affect other elements of service delivery.

We have a deficit of registered nurses to scale up to a total of 44 ICU beds, therefore beyond 22 ICU patients capacity we would be looking to invoke our "mutual aid" protocols from other adjacent health boards.

5.1.9 Frailty

NHS Tayside will continue to take forward the national initiatives to deliver older people's standards in the community and through improving the management of frail patients when they present to hospital. This will be part of the Frailty at the Front Door Project which is key in supporting the Tayside Winter Plan.

In addition, enhancing the care for surgical and orthopaedic frailty assessment and management is a key focus for the Unscheduled Care Board, supported by the Winter Plan, to work towards a reduced length of stay and rapid rehabilitation where required in a setting closer to home.

This integrated model with care as close to the patient as possible with rapid access to specialty advice is central to the vision for service delivery and local mobilisation plans. This will be underpinned by technology to enable virtual review and consultation across the Tayside geography.

Community based facilities for services such as routine phlebotomy are being considered for mainstreaming and pilots of new chronic disease management models will continue throughout the next phase of mobilisation ensuring that the most effective elements of the

initial response to the pandemic can be made sustainable and spread, where appropriate to support winter demands.

5.2 System Wide Planning

Digital and Remote Consultations

The Digital Directorate has committed to a range of system upgrades and interface developments that will support the requirements of the winter planning groups. Point of Care testing will be enhanced by the implementation of an interface from TrakCare (Patient Administration System) to provide patient location information at the point of testing, along with upgrade and additional interfacing to the patient infection control system ICNet. These developments will ensure more robust support, safety and efficiency to the testing and infection control methods in time for the winter period. This will be beneficial to the safety of patients and staff.

Remote Consultations and the continued development and use of IT is agreed as a key area for Unscheduled Care, with further growth and spread in the use of Near Me in particular as well as Referral Guidance Help, Consultant Connect systems and the continued promotion of telephone consultations. The "Digital by default" approach is a priority area of development for unscheduled care and will be a critical consideration of winter plans.

5.2.1 Transport

Sustaining and continued support to the long term establishment of the Transport Hub is central to supporting unscheduled patient care and transportation requirements. This includes hospital site transfers, hospital admissions from community to acute, as well as patient stepdown and discharge.

5.2.2 Delayed Discharges

To prevent and manage delayed discharges, NHS Tayside constantly benchmark using national data, working as a team with our social care partners to minimise delays through daily dialogue and action via the Safety and Flow Framework and Flow Hub. This will continue through the winter period, involving senior managerial colleagues when required.

The use of a data driven "threat level" for winter will allow unambiguous communication of capacity and drive specific actions. We recognise that our delayed discharges are lower that other areas but recognise that these are patients who should be cared for in other areas, most commonly at home or a more homely setting. We continue to improve our response to delayed discharges as we recognise the effect of delays on patients as well as flow though our system.

In consideration of the priority areas for winter planning 2020/21 there are specific actions described from an Acute and Partnership perspective aimed at reducing the level of delayed discharges. These in addition to all the improvement and redesign work which is being progressed via the Unscheduled Care Programme.

During the winter period, Tayside aim to maintain delayed discharges within agreed levels:.

<u>Inter-hospital delays</u>

No more than 2 delays for hospital transfer in:
Dundee

Angus Community Hospitals/Psychiatry of Old Age (POA)
Perth Community Hospitals and Tay Ward
Fife
Hosted services (Palliative care and the Centre for Brain Injury Rehabilitation)

TOTAL of 10

Acute delayed discharge

Angus 3
Perth 4
Dundee 5
Fife 3

TOTAL 15

Acute hospital RAG status, based on this is:
Green 25 or less
Amber 26-35
Red more than 35

These delayed discharge levels are monitored daily within the Flow Hub as a key component of the Safety and Flow Framework.

5.2.3 Workforce Planning

Workforce planning is a critical consideration for all acute and community services. This will be a key consideration in Unscheduled Care and throughout winter aiming to develop an agile and flexible workforce to meet the needs of uncertain and changing demand. Planning will be required to consider a workforce which is mobile, available over 7 days working across service boundaries, where required.

The aim is to have the appropriate levels of staffing and resilience in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods. As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

- Additional senior decision makers in place over the public holiday/festive period particular to the high demand specialties of Gastroenterology and Respiratory
- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy: Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- Consideration will be given to skills and education requirements for staff being moved or deployed to new areas. As far as possible, this will be agreed before winter and if possible, align individual staff to identified wards where they will have confidence to be redeployed during the winter months

- Within surgery there is a twice weekly senior charge nurse (SCN) staffing huddle to review next 72 hour period and identify concerns which may be mitigated through an internal plan
- Additional medical staff (including junior doctors) resource
- Seven day working over winter period across NHS Tayside and partner organisations i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

6. Integration of key partners/ Services

The Winter Plan from NHS Tayside encompasses all our partner organisations, including the relevant HSCPs, who have been integral in the development of this year's plan. A brief summary of their involvement and contribution to enhanced care this winter follows.

There is ongoing engagement from the Scottish ambulance Service and HSCPs in the weekly multi agency winter planning meeting and threat level determination discussion.

6.1 Angus Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Angus Health and Social Care Partnership include:

- Development of the Angus Care Model continues, incorporating a full review and utilisation of community hospitals including a review and redesign of the Psychiatry of Old Age (POA) discharge pathway. Angus Care Model work to develop joint working opportunities and improve communication between AHP's/Enablement Response. Team (ERT) and work to further develop Enhanced Community Support (ECS)/ERT
- Discharge checklist established for patients being discharged to Care Homes from Community Hospitals.
- The range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision) acknowledging the access to respite is dependent on the COVID-19 situation and restrictions.
- Anticipatory Care Planning (ACPs) all reviewed as part of COVID-19 response and this will continue and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs from a clinical, personal and legal perspective
- Enhanced Community Support (ECS) continues to work effectively. An action plan is currently being developed to enhance and focus the rehab/enablement ethos of ECS, particularly the AHP and ERT interfaces. Further review of the MDT meeting that is core to ECS is due to commence shortly, including the availability of adequate IT facilities to enable effective remote MDT meetings.
- Senior Nurse for Unscheduled Primary Care has been appointed and recruitment to a Senior Nurse Primary Care post is currently underway to support both scheduled and unscheduled pathways.
- Palliative and End of Life Care (PEOLC) Improvement Plan has been established - this work includes:
  - robust identification of carers support needs
  - ongoing educational support for Care Homes, Care at Home and Community Nursing teams
  - supporting families to administer as required sub-cut medicines
  - promoting use of Near Me technology as a means of reviewing patients

- Enablement and Response Team continues to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This has been reviewed and additional capacity is required.
- Personal Care Services operate 7 days/week and we are attempting to strengthen co-ordination/matching processes.
- Help to Live at Home is in its concluding stages. Resource Allocation Meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity.
- Continue to promote the National Power of Attorney Campaign across Angus.
- Providers are supportive of 7 day discharges; however, discharge planning from Acute Hospital requires review. ERT operate 7 days per week to support 7 day discharge.
- Support care homes and ensure safe transfer of patients.
- Scoping underway to move towards six/seven day services for AHP. Limited workforce capacity to undertake this on a voluntary basis at present. Test of change with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells.
- Tests of Change continue within Surgical and Orthogeriatrics units at Ninewells with a view to developing an Integrated Discharge hub.
- Weekly Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff and rota developed for weekly attendance at the winter planning huddles.
- Joint working with discharge hub at Ninewells to improve pathway from acute to community.
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination.
- Reinforce the priority of staff testing in the community.
- Review the option for the Monday PH of the Christmas and New Year weeks be considered as an opportunity to therefore reducing long weekends to three days.
- AHSCP website to be updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIIU opening times and arrangements for community pharmacies, dentists etc.
- Successful funding through the Community Trust for 14 KOMP technology units to support falls prevention.
- The Integrated Overnight Service in Angus (IONA), where MIIU staff and the out of hours GPs provide a multi-disciplinary approach to overnight care and offer a more flexible service by seeing patients at home, will continue.
- CARES (Covid-related Advice on Rehabilitation, Enablement and Support) is a new service developed in Dundee but for all the Tayside population. The advice line is staffed by Physiotherapy and Occupational Therapy and they have links to local services across Tayside that they can refer callers to, as required. Since the service began in July of this year, 20 Angus callers have accessed the service. Patients have been referred to Speech and Language therapy, Nutrition and Dietetics, Community Listening Service as well as local PT and OT services.
- Support a co-ordinated public messaging communication campaign.
- Support staff to work flexibly through the use of technology.
- Complete readiness assessment for the combined impacts of COVID-19 second wave, winter and BREXIT.

6.2 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership include:

- Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.
- Building on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.
- Expansion of the existing social care/community nursing assessment service developed in response to the Covid Hub model to support community triage.
- Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS H@H trial.
- Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.
- Strengthening of 3rd Sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.
- Development of a 7 day model of working across Partnership services.
- Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.
- Development of intermediate care provision for older people with mental health problems.
- Remodelling of Integrated Discharge Hub to support improved patient flow.
- Ongoing home care and deteriorating improvement work in the community.
- Additional investment in the falls and community rehabilitation pathways through Remobilisation monies.
- Continued development of an amputee pathway to improve patient flow.
- Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.
- Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.
- Implementation of a flu campaign which covers patients over 55, vulnerable groups and staff.
- Development of community diagnostic services - initially phlebotomy.
- Further investment in social care to support early discharge over winter.
- Refinement of stroke pathway to improve patient experience.
- Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.

6.3 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources.   This year's planning is more challenging than previous years as we are not only preparing for winter but also a potential resurgence of COVID-19, therefore this year's plan will be underpinned by P&K HSCP remobilisation plan.

The key developments are;
- Review and update Business Continuity Plans, Festive Directory, and Winter Action Cards.

- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults in localities.
- Work in partnership with General Practice to deliver the seasonal flu vaccination programme.
- All health, social care and care home staff will be encouraged to accept the flu vaccination.
- Enhance capacity at PRI Front Door to rapidly assess and turn around patients, where appropriate to be managed at home.
- Test an integrated evening and overnight service aligned to the Locality Integrated Care Service (LInCS) to provide rapid triage, assessment and support for deteriorating patients to prevent admissions and support discharge.
- Enhance the Hospital Discharge Social Work Team to support the flow through hospital for those with more complex assessment needs and statutory support such as Adults with Incapacity Act (AWIA).
- Promote and expand the Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Extended AHP Weekend Working for OT and PT staff within acute services to facilitate assessment and discharge.
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings.
- Integrate the Discharge Hub and Hospital Discharge Team and put in place a rota for weekend / public holiday cover.
- Collaborate with Third Sector for additional volunteer drivers as and when required.
- Review of Care Home liaison staff to support complex discharges to Care Homes from hospital settings.
- Recruit to additional district nursing resource to enhance the support provided to care homes. This is in line with Scottish Government's National Guidance to NHS Boards and HSCP's to ensure appropriate clinical and care professionals take direct responsibility for the professional support required for each care home in each area.
- Develop and implement a Specialist Community Respiratory Service across Perth & Kinross.
- Enhance the LInCS and MFE model with additional Advanced Nurse Practitioners.
- Develop Clinical Fellow MFE model into community hospitals to support capacity and flow.
  .

6.4 Fife Health and Social Care Partnership

North East Fife is a key area for NHS Tayside. Their Acute and Community plan for winter preparedness will be submitted as the NHS Fife Winter plan; however we recognise the need to work with our partners in Fife and will continue to develop links to ensure continuity of services.

Current improvement work as part of the Unscheduled Care and Transforming Tayside Programmes include collaborations across Tayside and Fife Health and Social Care Partnerships to reduce delayed discharges. The work involving discharge teams across all localities is aimed at supporting an effective, timely, person-centred discharge process with the development of a fully integrated acute hospital discharge service, working 7 days per week and functioning via the same agreed planned date discharge pathway across the localities.

6.5 Primary Care

Primary care will continue to work across partnerships and interfaces to maximise efficiency and effectiveness of community care. This will be led by a strong collaboration both at partnership level and across primary care at the Primary Care CCT.

We will collaborate across partnerships and with public health to deliver the expanded influenza vaccination programme noting that this will be the largest ever influenza vaccination programme ever delivered.

We will continue to work both in hours and out of hours to champion and excel in community-based care wherever this is the safest and most appropriate care option for patients in multidisciplinary teams.

Primary Care will continue to provide a dynamic and responsive model for management of COVID-19 and patients with symptoms of COVID-like illness as set out in our escalation plan. We will utilise the expertise of the patient's own GP where this is most suitable but retaining the utility of the CAC for patients who require an assessment in person.

If a Flow Hub is created, patients can continue interact with primary care and community services as always. Patients can still call their own GP practice for urgent care too and are supported to get the right care, in the right place.

Paediatrics and General Practice continue to work together in developing their successful models of unscheduled care including use of technology such as near me, combined working within covid assessment centres, developing educational opportunities and close professional to professional support.

A proposed escalation plan for COVID assessment centres across Dundee, Perth and Angus is set out below.

- Stage minus 1 – very low prevalence/demand
    - CAC Fall back from Kings Cross to Ninewells
    - Advantages: no requirement for as much GP/nursing/practice input; rapid COVID POC test
    - Disadvantages: Less GP input and less broad expertise in assessment. Risks on capacity at Ninewells
- Stage 0 – low prevalence/demand
    - Stable CAC Kings Cross salaried input with regular HCSW/ANP support
    - GP practice hot rooms, CAC where needed, GP practice triage
    - Advantages: Sustainable, less requirement for ad hoc input
    - Disadvantages: Limited capacity
- Stage 1 – increasing prevalence/demand
    - Maintained CAC with salaried GP, extra ad hoc GP/supporting HCSW
    - GP practice hot rooms, CAC where needed, GP practice triage
    - Escalation 'into' practices if required from salaried GPs
        - Advantages: sustainable potentially, best person triages, keeps CAC requirements lowest, least likely to overwhelm systems
        - Risks: increase pressure on practices potentially
- Stage 2 – moderate prevalence/demand
    - Increase use of CAC; cluster hubs/PRI as needed and redirecting ?COVID triage to 111 where required.
    - Increase workforce to support CAC structure including GPs, paediatrics and other secondary care input
        - Advantages: Maintains practice/main CAC structure
        - Risks: CAC/Cluster might not be able to cope without more resource; like stand down some primary care services
- Stage 3 – high prevalence/demand
    - Escalate back up local CACs and full redeployment from practices back to CAC Kings Cross, Angus and P&K.
        - Advantages: Provides logistical structure beyond practices
        - Risks: Must stand down other primary care services to provide workforce

> **Summary of Key Actions for this Sections 5 & 6**
>
> Acute Sector
> - Workforce Planning/Flexible Staffing plans
> - 7 Day working across multiprofessions and partner services i.e. SAS, Pharmacy and AHP
> - Acute Frailty Pathway
> - 7 Day and extended hours in Ambulatory Care
> - Enhanced Respiratory and Critical Pathways
> - Theatre Scheduling
> - Planned escalation in response to identified triggers
> - Agreed clinically prioritised service delivery model
>
> Health and Social Care Partnerships
> - Enhanced Community Support Services
> - Anticipatory Care Planning/ Planned End Of Life Care in Care Homes
> - Discharge Hubs supporting discharge planning
> - Workforce Planning
> - Enhanced support to Care Homes
> - Further development of acute frailty models
> - Promotion of Flu vaccinations across community HSCP workforce
> - Development of Community Diagnostics Service
>
> Primary Care
> - Cross Partnership collaborations and working
> - Use of IT technology – digital consultations
> - A proposed escalation plan for COVID assessment centres across Dundee, Perth and Angus

7. Out of Hours (OOH) Preparedness

It is anticipated that the winter period will be much busier this year due to an expected increase in COVID and COVID type presentations in addition to the anticipated increase in demand for unscheduled care. In order to continue to provide safe, effective care, Tayside OOH plan to increase capacity across the three main areas of:
- Telephone consultation and advice
- Face to face assessment
- Home visiting.

The OOH service will increase the number of clinical shifts that are available, throughout the winter months (November to February) by offering additional evening shifts in Dundee and Perth and for the busiest times of the weekends.

The following specific challenges and solutions have been identified:

- There is a risk that not all shifts will be filled due to known workforce challenges. Escalation is an important aspect of our winter planning along with identifying early problem areas and having agreed contingency processes in place.

- OOH is operationally responsible for the CAC, currently operating on a regional basis 24/7. Tracking activity and having the appropriate trigger mechanisms in place in order to move to the next phase of escalation and adapting the delivery model accordingly is being articulated both in our local plans and in conjunction with secondary care colleagues on a system wide basis. OOH is represented in all the major groups and forums.
- This year there is a 4 day Public Holiday General Practice shut down for both Christmas and New Year. We await a decision as to whether Practices may be asked to open on some of these days.
- Usage of Near Me/Attend Anywhere will be increased
- In anticipation of paediatric contacts increasing this year, there is a plan to implement a model that has dedicated GP(s) working weekends collaboratively with colleagues from Paediatrics. Again by utilising technology we hope to prevent unnecessary admissions and keep appropriate cases in the community.
- The 'flu vaccination campaign will be supported both by offering peer vaccinations and undertaking opportunistically where this is appropriate
- OOH has well developed staffing contingency in place and robust procedures for dealing with inclement weather.

Summary of Key Actions for Out of Hours

- Resource availability over the winter season including arrangements for dealing with influenza and Covid-19
- Resource availability over the Festive period
- Demand management - resources targeted around priorities across Tayside
- OOH Escalation Process in place - agreed with key stakeholders
- Additional Triage/ Professional Advice to support whole system working
- Enhanced collaborations/consultations with Acute and Paediatric Colleagues
- Increased use of digital technology to support digital consultations

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8. Mental Health and Learning Disability

Access to Mental Health & Learning Disability Services is both a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are as unscheduled care and, as such, we continue to include this as one of our key priorities for winter and recognise that this must continue beyond winter.

Winter plans for mental health services will adopt a multi-disciplinary and person-centred approach to that of unscheduled acute care to improve patient safety and flow and performance through:

- Ensuring patient safety, flow and sustainable performance against the 4 hour emergency wait standard (this will include patients arriving at the emergency department and those presenting for Crisis Care assessment).
- Developing rapid review system for any patient breach of 4 hour standard.
- Ensuring winter preparedness and response in a COVID-19 endemic time period maintaining and building upon our COVID and Non COVID pathways of care for

patients who may have symptoms and also require mental health care and treatment.

- Proactively working to manage demand for inpatient admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care.
- Enhanced implementation of safe and timely discharge of patient from hospital.
- Effective inter-agency planning between inpatient service and community mental health teams.
- Proactively building and deploying partnership working to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model with the capacity to engage with community based mental health services and discharge HUBs.
- Participation in the staff vaccination programme with targets set to increase the numbers of staff uptake.
- Reduce footfall in all departments using flexible working, home working and digital technology wherever practicable.
- Reduce cross service re-deployment of staff to safeguard mental health and learning disability services.
- Work towards the establishment of a real-time capacity and flow dashboard, linked to the Tayside Command Centre using key metrics to monitor crisis referrals, liaison referrals, inpatient occupancy, inpatient admissions, inpatient discharges and home treatment caseloads.
- Work with the Scottish Ambulance Service to establish direct referral pathways to crisis care with connections to the Flow Navigation Centre.
- Monitoring and refreshing Winter Action Cards to respond reflexively to developments throughout the winter months.
- Implementing measures to enable staff to support reach others wellbeing.
- Maintaining Business Continuity Plans and Hospital Evacuation Plans.
- Undertake a programme of COVID-19 Infection Prevention and Control Audits to strengthen preparedness.
- Optimising inter-services opportunities to avoid admissions and access alternative resolutions to known bed management challenges that arise over the winter period, to improve patient experience of mental health treatment and manage unscheduled care demands.
- Contributing to the corporate risk management of EU Exit arrangements and proactive service management of related risks in regard to unscheduled care demand.

Mental Health & Learning Disability inpatient services will continue to use the National Unscheduled Care Six Essential Actions, Building of Firm Foundations Programme as a framework to underpin and continuously improve their approach to safe and effective patient flow.

> **Summary of Key Actions for Mental Health**
>
> - Winter preparedness and response in a COVID-19 endemic time period maintaining and building upon our COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment
> - The avoidance of admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care
> - Building partnerships to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model.

9. Communication Strategy

The NHS Tayside Communications Team has communication plans in place specific to the winter period including vaccination strategy, adverse weather, and seasonal illness including COVID-19, Influenza, and Norovirus. The NHS Tayside communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike.

As in previous years, the Communications Team support the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the NHS Tayside website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website.

The Communications Team will continue with a media campaign around access to healthcare when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10. Paediatrics

The Paediatric Winter Plan for NHS Tayside very much builds on the key concepts of the Tayside Winter Plan. Paediatrics is a seasonal specialty with children and young people < 16 years old accounting for 25% of the population and at least 25% of unscheduled health contacts over winter, effectively managing the flow of unwell children is key to supporting the winter plan.

The key concepts and actions for this winter are:

Illness prevention (patient)
- Ensuring safe treatment and escalation plans are in place for clinically vulnerable children
- Promoting and supporting influenza vaccination for this group
- Asymptomatic staff testing for those working with vulnerable groups as defined by Scottish Government

Illness prevention (staff) and promoting attendance
- Promoting Influenza vaccination in staff
- Ensuring adequate supplies of PPE
- Managing all patients with infectious illness in appropriate level of PPE as per HPS guidance
- Ensuring a supportive environment for staff to support resilience by embedding reflective practice sessions into clinical team regular meetings, continuing with learning from excellence, supporting leave requests
- Ensuring adequate staffing to account for anticipated absence with test and protect and isolation

Staying informed
- Access and contribution to the Command Centre Dashboard
- Contributing to safety huddle

Unscheduled care - supporting flow

Admission avoidance
75% of patients referred to the Paediatric Assessment Unit (PAU) are discharged within 2 hours of arrival independent of source of referral or time of day. The Paediatric Assessment Unit does provide a vital service for short term observation and investigation but previous attempts at joint working with referrers has changed referral practice and over the last 2 years referrals to PAU have decreased by 19%. Conversely attendance for primary care assessment, NHS 111, SAS contacts and ED attendances have all significantly increased. We will continue to support this with enhanced joint working:

- Adjusted referral pathways direct to specialty ie Dermatology and Orthopaedics rather than referral via Paediatrics
- Use of Consultant Connect
- Supporting a cohort of GPs to develop a Paediatric interest and work jointly with Paediatrics and Primary Care OOH
- Utilise Near-me for joint assessment with Primary Care
- ED support to SAS and NHS 111 via navigation flow hub call line
- Providing increased Paediatric support to a medically unwell child assessment stream in ED

Appropriate utilisation of isolation rooms and cohort areas
- Covid triage questions applied to both patient and carer
- Appropriate room prioritisation plan in place
- Supported by rapid or point of care testing when available

Enhanced level 2 and 3 support
- Room adaptation to provide safe AGP environment in ward 29
- Agreed national retrieval pathways in the context of Covid
- Agreed NHST pathways for managing Level 3 Paediatric care should transfer to national service be delayed/ capacity exceeded

Supported discharge
- Early morning discharge round between 7-8 am
- Nurse led discharge criteria for common conditions particularly respiratory
- Access to "take home medications" for common discharge prescriptions
- 7/7 access to AHP support

- Link with transport hub for patients with no means of transport home 24/7
- Enhanced Paediatric Community Nursing team support on discharge

Scheduled Care – maintaining services

- **Outpatients.** > 50% of Paediatric outpatient space has been converted into PAU space. To maintain service the majority of consultations are on Near-me. Paediatric procedures clinics have been set up closer to home for patients. There are adequate facilities for patients who require face to face consultation.
- **Day Case Medical Admissions –** Clinical Investigation Unit space enhanced to free inpatient bed spaces. Capacity and prioritisation may alter if local Covid prevalence increases significantly.
- **Elective Surgery.** Will be preserved as much as possible however Paediatric Level 2 care capacity may limit some major surgery. Should local Covid prevalence increase significantly capacity and prioritisation may need altered accordingly.

Staffing

To support anticipated increase in admission numbers and complexity of managing high volumes of patients in a high risk Covid pathway
- all part time nursing and medical staff have been offered additional hours
- additional shifts have been supported in GP OOH by primary care medical team and in ED by paediatric senior medical team
- enhanced domestic services provision has been requested for "hot cleans"

Appendix 1 Winter Preparedness Funding Summary

Funding	Description		
NHS Tayside/Scottish Government		1,500,000	
Commitment against Priority:			
PREVENT	**Initiatives to support unscheduled care, optimising care closer to home preventing admissions**	**USC & Winter**	**£**
	Funding across all three Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges: Out of Hours additional funding	**Perth & KInross**	265,000
		Angus	200,000
		Dundee	263,000
		OOH/Primary Care	100,000
ASSURANCE & BUSINESS AS USUAL	**Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow**		
	Workforce Planning for winter demands inc Medical and Nursing Surgery/Orthopaedics/Specialist Surgery Medicine/Medicine for the Elderly Emergency Medicine Front Door Support Labs/Rapid Testing Respiratory Cardiology Theatres Transport Palliative Care Mental Health	**Acute**	534,000
		Tayside Wide	78,000
		Mental Health	60,000
TOTAL OF BIDS		**£1,500,000**	

Tayside USC Priorities 2020/22

- ReMobillisation Plan (USC)
- Redesigning Urgent Care Programme
- Unscheduled Care Programme Board
- Programme Fundamentals
- Winter Plan
- 6EA Building of Firm Foundations Programme

National Priorities

Redesigning Urgent Care Programme	Fundamentals	Winter Planning	6EA Building of Firm Foundations Programme

Workstreams

Redesigning Urgent Care Programme	Fundamentals	Winter Planning	6EA Building of Firm Foundations Programme
Single Point of Access	Data & Monitoring	•Management of Viral Illnesses: COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease, and the potential impact of Norovirus	Optimising Care Closer To Home
Local Flow Centres Urgent Care Hubs	National Messaging	•Unscheduled & Planned Care •Respiratory & Critical Care Pathways	Developing Clinical Pathways across Whole System supporting care at the right time
Virtual Health/ Digital Technologies.	Workforce	•Test & Protect – Rapid Testing •Enhanced Influenza Vaccination Programme	Focus on Same Day Emergency Care and rapid assessment to manage at home
Scheduling Attendance – wherever possible	Population Health/ User Insights/ Co-production	•Integration of key partners/ Services •Resilience & Continuity Plans inc Adverse Weather	Enhance Discharge Processes to avoid delays in transfer of care
		•OOH •Workforce planning including festive Rotas across Acute & Primary Care	
		•Mental Health •Paediatrics	

TRANSPORT

DELIVER TIMELY DIAGNOSTICS

Appendix 3 Winter Plan Framework

Unscheduled Care Portfolio
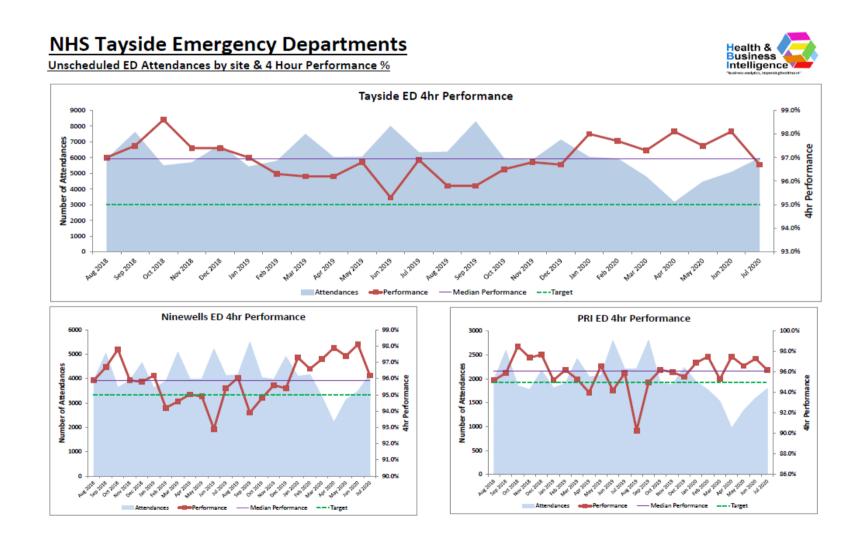
Winter Plan Priority Areas	Approach	Deliverables

Winter Plan

1. Management of Viral Illnesses
2. Unscheduled and Planned Care
3. Capacity and Demand analysis
4. An enhanced Influenza Vaccination Programme for patients and Health and Social Care Staff
5. Test and protect and impact of COVID-19 on near/rapid patient testing for Influenza
6. Respiratory and Critical Care Pathways
7. Integration of key partners/ Services
8. Resilience and Business continuity planning Inc Adverse Weather
9. Out-of-Hours
10. Workforce Planning
11. Mental Health
12. Paediatrics

PREVENT
Illness and Admissions within our population and staff

INFORM
Whole System Escalation Framework

RESPOND
Whole System Escalation Framework & Business Continuity Planning (Health Social Care & Partner Organisations)

COMMUNICATE
Whole System Approach Planning and Messaging

Illness and Admissions within our population and staff:
Infection Prevention and Control
Community based care: Enhanced Care Support (ECS) especially in the frail elderly population
Rehabilitation at home or community rather than hospital
Shared decision making: enhanced Professional to Professional advice with use of virtual shared assessments
Integrated Care Hubs
Assess to Admit

Whole System Escalation Framework:
System Pressures, Triggers & Escalation(and De-escalation)
Safety and Flow Huddles
Data Intelligence - using and applying information and intelligence to planning
Predictive Data:
    Out-of-Hours, NHS 24, General Practice
    'System watch" all can access
    Health Protection Scotland (HPS)

Whole System Escalation Framework & Business Continuity Planning:
Actions/Response to local triggers
Departmental/sector winter action cards
Pressure period hospital site huddle framework
Communication plan – local knowledge & use of escalation & response processes
Winter Plan planning meetings becoming operationally focused from September

Communicate identified pressures and actions
Communicate Whole System Approach with improved Visual Aid communications
Tayside wide Winter Communication Campaign (internal/external)
Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations
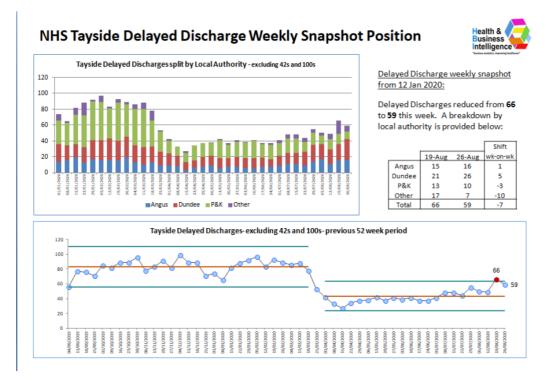
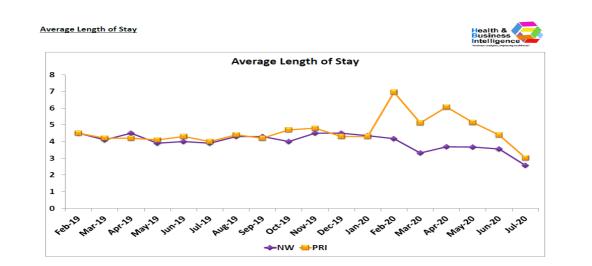## Appendix 4 Unscheduled Care Pack Snapshot of Measures

ED Performance

Delayed Discharge Snapshot

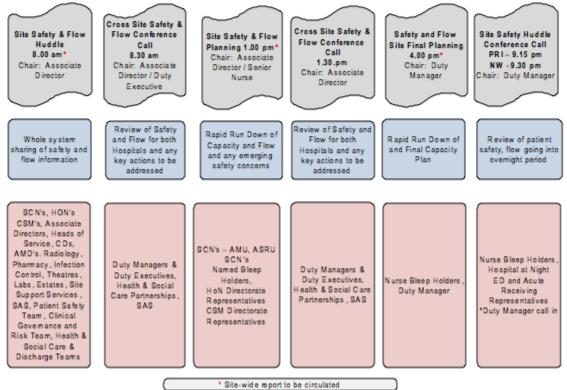<u>Delayed Discharges</u>

Average Length of Stay

Appendix 5 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

Safety & Flow Framework for Business as Usual, Weekend and Public Holiday Working

Figure 1: Monday to Friday Huddle Arrangements

NHS TAYSIDE SAFETY & FLOW FRAMEWORK
Monday to Friday (non public holidays)

Site Safety & Flow Huddle 8.00 am * Chair: Associate Director	Cross Site Safety & Flow Conference Call 8.30 am Chair: Associate Director / Duty Executive	Site Safety & Flow Planning 1.00 pm * Chair: Associate Director / Senior Nurse	Cross Site Safety & Flow Conference Call 1.30 pm Chair: Associate Director	Safety and Flow Site Final Planning 4.00 pm * Chair: Duty Manager	Site Safety Huddle Conference Call PRI – 9.15 pm NW – 9.30 pm Chair: Duty Manager
Whole system sharing of safety and flow information	Review of Safety and Flow for both Hospitals and any key actions to be addressed	Rapid Run Down of Capacity and Flow and any emerging safety concerns	Review of Safety and Flow for both Hospitals and any key actions to be addressed	Rapid Run Down of and Final Capacity Plan	Review of patient safety, flow going into overnight period
SCN's, HON's CSM's, Associate Directors, Heads of Service, CDs, AMD's. Radiology, Pharmacy, Infection Control, Theatres, Labs, Estates, Site Support Services, SAS, Patient Safety Team, Clinical Governance and Risk Team, Health & Social Care & Discharge Teams	Duty Managers & Duty Executives, Health & Social Care Partnerships, SAS	SCN's – AMU, ASRU SCN's Named Bleep Holders, HoN Directorate Representatives CSM Directorate Representatives	Duty Managers & Duty Executives, Health & Social Care Partnerships, SAS	Nurse Bleep Holders, Duty Manager	Nurse Bleep Holders, Hospital at Night ED and Acute Receiving Representatives *Duty Manager call in

* Site-wide report to be circulated

Appendix 6 Winter Action Card Template

WINTER ACTION CARD

DEPARTMENT:
LOCATION: (e.g. Ninewells, PRI)

YEAR ROUND PLANNING – BUSINESS AS USUAL (Summary of Activity)

Example:
Workforce Planning and development, Staff duty rotas
Support Services – equipment, stores and transport
Information Technology
Risk of patient becoming delayed on their pathway is minimised

WINTER PREPAREDNESS – PLANNING AHEAD

Develop activity plans for winter: Festive shutdown, elective and urgent care
Ensure timely and continuous access to local infrastructure services including:
Workforce Capacity Plans, Staff duty rotas
Sufficient levels and numbers of senior decision makers from all sectors are duty rostered at all times
Support Services - equipment, stores and Transport(SAS), Information Technology

Data Intelligence to inform planning, monitoring and action for winter capacity, activity, pressures and performance

Instigate discharge planning at weekends & before pressure periods/public holidays

Communication internal/external

ALERT/TRIGGERS

Consider triggers: seasonal illness, adverse weather, effects on staffing, service pressures:
Pressures on timely and continuous access to local infrastructure services including:
Workforce capacity – staff duty rotas
Support Services - equipment, stores and transport, Information Technology

Use of predictive data from partner agencies to inform alerts/triggers and actions to be taken
Communication of Demand Capacity pressures via Hospital site huddle Framework

Communication internal/external

ESCALATION – Action & Response

What do we need to know?

Staffing levels
Local Priorities
Roles/responsibilities
Demand capacity data from hospital site huddles/partner agencies
Communications internal/external

Consider:
7 day working
Duty rota cover
Flexible ways of working

DE-ESCALATION - Stepdown

How will we know we can step down?

Workforce capacity levels
Demand Capacity levels etc

Appendix 7 Resilience Useful Websites

RESILIENCE PLANNING – WINTER PREPAREDNESS – USEFUL WEBSITES
Resilience>Winter Preparedness

- **Preparing Scotland: Scottish Guidance on Resilience**
  http://www.scotland.gov.uk/Publications/2012/03/2940
  "Core" guidance on resilience, covering resilience philosophy, principles, structures and regulatory duties

- **Ready Scotland**
  http://www.readyscotland.org/
  Is a site to assist with preparing for and dealing with emergencies with dedicated severe weather pages, themed to the main weather risks
  - Cold, snow and ice
  - Storms and strong winds
  - Rain and flooding

- **Traffic Scotland**
  http://trafficscotland.org/
  Real time and future traffic information for Scotland

- **Dundee City Council**
  Dundee City Council webpage which provides further links and information you may need during adverse weather conditions.
  http://www.dundeecity.gov.uk/winterweather/

- **Perth and Kinross Council**
  http://www.pkc.gov.uk/

- **Angus Council**
  Website relating to business continuity and emergency planning issues.
  http://www.angus.gov.uk/emergencyplanning/

- **Fife Council**
  Homepage of Fife Council
   http://www.fifedirect.org.uk/

- **Met Office**
  http://www.metoffice.gov.uk/
  As the UK's official weather service the Met Office plays a vital role in helping the country to be aware of and cope during times of extreme weather. The Met Office can help you plan your day-to-day activities by providing accurate and reliable weather forecasts on TV and radio, in print, and online.
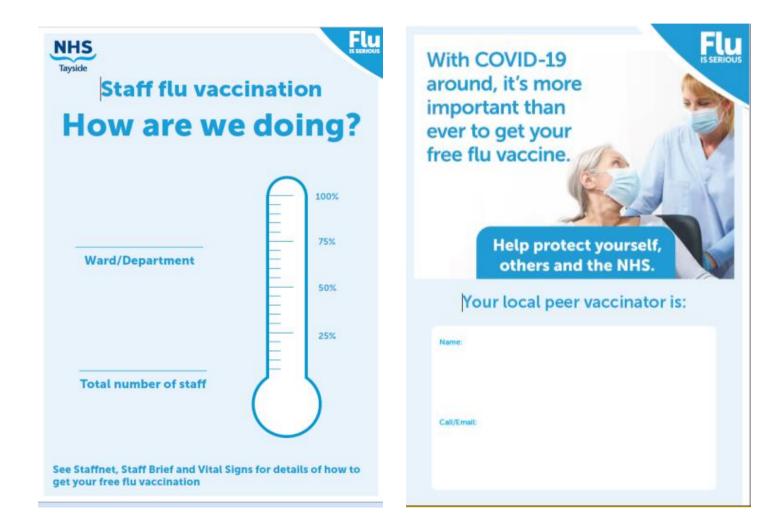
- **Scottish Environment Protection Agency (SEPA)**
   http://www.sepa.org.uk/
  SEPA's main role is to protect the environment and human health.
  SEPA is also responsible for delivering Scotland's flood warning system.
  http://floodline.sepa.org.uk/floodupdates/

- **Keep in Touch via Social Media**
  Facebook and Twitter – NHS Tayside, Police Scotland, Tayside Division and the Local Authorities all regularly update their social media accounts with relevant information, especially over the winter.

Appendix 8

NHS Tayside

Staff flu vaccination
How are we doing?

Flu IS SERIOUS

100%

75%

Ward/Department

50%

25%

Total number of staff

See Staffnet, Staff Brief and Vital Signs for details of how to get your free flu vaccination

With COVID-19 around, it's more important than ever to get your free flu vaccine.

Flu IS SERIOUS

Help protect yourself, others and the NHS.

Your local peer vaccinator is:

Name:

Call/Email:

Dundee Health & Social Care Partnership

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
15 DECEMBER 2020

REPORT ON: CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2019-20

REPORT BY: CHIEF SOCIAL WORK OFFICER

REPORT NO: DIJB47-2020

1.0   PURPOSE OF REPORT

1.1   This report brings forward for Integration Joint Board members' information the Chief Social Work Officer's Annual Report for 2019/20, attached as Appendix 1.

2.0   RECOMMENDATIONS

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

2.1   Note the content of the Chief Social work Officer's Annual Report for 2019/20, attached as Appendix 1.

2.2   Note the key developments and achievements across social Work functions achieved during 2019/20 (section 4.3) and priorities for future development during 2020/21 (section 4.5).

3.0   FINANCIAL IMPLICATIONS

3.1   None.

4.0   MAIN TEXT

4.1   The requirement that every local authority has a professionally qualified Chief Social Work Officer (CSWO) is set out in Section 5 (i) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. Associated regulations state that the CSWO should be a qualified Social Worker and registered with the Scottish Social Services Council (SSSC).

4.2   The CSWO provides a strategic and professional leadership role in the delivery of Social Work services, in addition to certain functions conferred by legislation directly on the officer. The overall objective of the role is to ensure the provision of effective, professional advice and guidance to Elected Members and officers in the provision of Social Work and Social Care services.

The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain Social Work functions to an integration authority but the CSWO's responsibilities in relation to local authority Social Work functions continue to apply to services which are being delivered by other bodies under integration arrangements. Responsibility for appointing a CSWO cannot be delegated and must be exercised by the local authority itself. The CSWO also has a role in providing professional advice and guidance to the Integration Joint Board (IJB).

4.3   National guidance requires that the CSWO produces and publishes an annual summary report for local authorities and IJBs on the functions of the CSWO and that the approved report is forwarded to the Scottish Government to contribute towards a national overview of Social Work services. The information in this report complements other more detailed service specific reports on Social Work and Social Care services which have been reported in other ways.

As can be seen in this year's report, Social Work and Social Care services have continued to deliver quality support which improves lives and protects vulnerable people, whilst also responding to many challenges across the wider public sector and Social Work specific landscape. There are a number of highlights in the report alongside a description of ongoing challenges and priorities ahead. Some specific achievements include:

- The implementation of a wide range of approaches to service user and carer involvement and empowerment which demonstrate that co-production is increasingly becoming embedded in strategic planning, operational improvement activities and service planning and in the planning and delivery of Social Work and Social Care services to individuals / families.

- The completion of a range of self-evaluation activities the findings of which will inform future improvement activities. This includes further development of public protection datasets, single and multi-agency case file audits, case review activity and a range of team / service specific activities, and improvement planning in response to the findings of external scrutiny inspections.

- A diverse range of positive collaborations between Social Work and Social Care services delivered by the Council and Health and Social Care Partnership and commissioned services in the third and independent sectors. This includes the development of a range of commissioning and procurement approaches aimed at enhancing the range of supports available to individuals and families.

- The development and implementation of a range of learning and development activities to support the Social Work and Social Care workforce to deliver high quality services and acquire the knowledge and skills to lead and manage increasingly integrated responses to health and social care needs.

- Positive performance across a range of statutory Social Work functions. In Children's Services we have maintained a high proportion of children and young people on the Child Protection Register for less than 12 months and have seen reductions in the overall number of Looked After Children, as well as in emergency placements and the number of care experienced children excluded from school. Child Protection Orders have increased but work continues to monitor the number and quality of applications and a focus is being maintained on continued low levels of attendance of care experienced children at school. In Community Justice there has been an increased level of diversion from prosecution. In Health and Social Care, the trend of increased numbers of adult concern reports has continued, including referrals from NHS Tayside where focused awareness raising activity with the workforce has been undertaken. In mental health services, levels of Compulsory Treatment Orders, emergency detentions and compulsion orders have remained relatively stable. There have been further improvements in relation to unscheduled care, but a deterioration in delayed discharge performance. Despite this Dundee remains one of the best performing Partnerships in Scotland in relation to delayed discharge.

4.4   As this annual report covers the period from 1st April 2019 to 31st March 2020 it does not reflect the Social Work and Social Care response to the COVID-19 pandemic in any level of detail. The CSWO's annual report for 2020/21 will report on the response provided and the impact that this had on vulnerable individuals, families and communities. This will include an overview of the wide range of adaptions that have been made to support continued delivery of essential Social Work and Social Care services, the rapid redesign of service delivery models to protect the health and wellbeing of both service users and the workforce in-line with public health guidance, and the commitment and flexibility of the workforce throughout the pandemic response.

4.5   The 2019/20 annual report is also forward looking and identifies the key challenges and opportunities for the coming year across Children's Services, Community Justice and Health and Social Care. Recovery Plans for the Health and Social Care Partnership and Council Children and Families Service set the context within which wider improvement activities will be progressed during 2020/21 and will have a significant impact on capacity and resources available. Therefore, a small number of improvement priorities have been identified for the CSWO to support across the Social Work and Social Care workforce and with partners over the next 12 months alongside COVID-19 recovery work:

- Across all services, continued implementation of the Transforming Public Protection Programme with the Care Inspectorate with a focus on the roll out of new approaches to chronologies and risk assessment and further development of options appraisal for the future delivery of multi-agency screening functions.

- In Children's Services, continue to progress the work of Centre of Excellence for Looked After Children in Scotland (CELCIS) Addressing Neglect and Enhancing Wellbeing (ANEW), What Matters to You (WM2Y) and Fort which alongside the Permanence and Care Excellence (PACE) program and our improvement plan are aligned to our commitment to implement the findings of the Independent care review in Dundee whilst at the same time ensuring defensible practice which supports children and addresses risks.

- In Community Justice, work with partners to continue to develop new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years at risk of custody and young people. This will be particularly challenging given the impact of the pandemic on delaying Court processes and rising levels of imprisonment.

- In Health and Social Care, continue to strengthen our arrangements for responding to adults at risk and improvement activities in response to complex delayed discharge and unscheduled care. We will also focus on continuing our work with partners to implementation action plans in responses to the Dundee Drugs Commission and Independent Inquiry into Mental Health Services in Tayside.

- In Health and Social Care, participate in the national review of adult social care, sharing our experiences and learning from the integration of health and social care services.

- In all areas, continue to address major financial challenges which will continue to require new ways of working, the active involvement of communities in service redesign, joint work with neighbouring authorities and prioritisation of resources towards key needs.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Officer, Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

9.1   None.

Diane McCulloch   DATE: 2 November 2020
Chief Social Work Officer

Kathryn Sharp
Service Manager, Strategy and Performance

Dundee City Council

Chief Social Work Officer Annual Report

2019-20

Preface

I was delighted to take on the duties of the Chief Social Work Officer in August 2019 following the retirement of Jane Martin and have welcomed the opportunity to contribute to the continued development of social care and social work services in Dundee. As in previous years, this report has been written for Elected Members, Social Work staff, other Council staff and partner organisations to provide a summary of activity over the last 12 months. It includes information about leadership; partnerships; statutory decisions made on behalf of the Council; finances; the involvement of service users; and on performance across all service areas. The report is not intended to be exhaustive but gives an indication of key trends, achievements, challenges, opportunities and priorities.

At the time of writing we are continuing to respond to the COVID-19 pandemic. The onset of the pandemic was in late March 2020 and therefore a detailed account of our social care and social work response sits out-with the scope of this annual report. Nonetheless, this wider context is reflected throughout the report in terms of our future plans and priorities. My annual report for 2020/21 will include a full account of our pandemic response and the learning we have gained from that. It will also recognise the commitment of our social care and social work workforce to maintaining the delivery of lifeline services under some of the most difficult circumstances we have faced in recent decades.

In my role as CSWO I am pleased to be able to report continued progress in our approach to co-production with people who use our services, carers and wider communities. A range of developments across children's and adult services demonstrate our strong commitment to person-centred care and support, focused on personal outcomes. Particular progress has been made in this regard in relation to some of the most vulnerable people in Dundee, including Looked After Children, vulnerable women with multiple and complex needs, people who use substances and people who have poor mental health and wellbeing.

We have continued our commitment to multi-agency working and strategic commissioning over the last year. This is demonstrated by the wide range of new initiatives and continued development of existing services that involve partnerships between statutory services and the third and independent sectors. Innovative work has been developed to respond to areas such as step-down accommodation in adult services, the needs of refugees resettling in Dundee, family support and domestic abuse. Our social care commissioning arrangements have continued to have a strong focus on quality of service delivery and on supporting a range of investment in the city from national funding sources. A focus on quality, best practice and innovation has also underpinned our extensive learning and development activities throughout the year.

Throughout the year I have continued to closely monitor our performance in relation to statutory social work functions. In Children's Services we have maintained a high proportion of children and young people on the Child Protection Register for less than 12 months and have seen reductions in the overall number of Looked After Children, emergency placements and the number of care experienced children excluded from school alongside improvements in placement stability, educational attainment and positive destinations. Child Protection Orders have increased but work continues to monitor the number and quality of applications and a focus is being maintained on continued low levels of attendance of care experienced children

at school when compared with their peers. In Community Justice, there has been increased levels of diversion from prosecution In Health and Social Care, the trend of increased numbers of adult concern reports has continued, including referrals from NHS Tayside where focused awareness raising activity with the workforce has been undertaken. In mental health services, levels of Compulsory Treatment Orders, emergency detentions and compulsion orders have remained relatively stable. There have been further improvements in relation to unscheduled care, but a deterioration in delayed discharge performance. Despite this Dundee remains one of the best performing Partnerships in Scotland in relation to delayed discharge.

The achievements I am reporting this year could not have been secured without the commitment of our social care and social work workforce, as well as contributions from our multi-agency partners in Dundee, Tayside and beyond. Social justice, anti-discrimination, empowerment, human dignity and worth are central to the practice of all social care and social work staff. I am proud to have supported and been part of a workforce that has impacted so significantly on the lives of many of Dundee's most vulnerable citizens over the last 12 months.

Diane McCulloch
Chief Social Work Officer

Contents

1 Introduction

This report details the arrangements within Dundee which enable the Chief Social Work Officer (CSWO) to fulfil their responsibilities as outlined in Section 5 (1) of the Social Work (Scotland) Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994. The post is a senior one designed to promote leadership, standards and accountability for Social Work services, including commissioned services. Statutory guidance outlines requirements of the CSWO to:

- Report to Elected Members and the Chief Executive any significant, serious or immediate risks or concerns arising from his or her statutory responsibilities.
- Provide appropriate professional advice in the discharge of the Local Authorities functions as outlined in legislation, including where Social Work services are commissioned.
- Assist Local Authorities and their partners to understand the complexities and cross-cutting nature of Social Work, including corporate parenting and public protection.
- Promote the values and standards of professional Social Work, including all relevant National Standards and Guidance and adherence to Scottish Social Services Council Codes of Practice.
- Establish a Practice Governance Group or link with relevant Clinical and Care Governance Arrangements designed to support and advise managers in maintaining high standards.
- Promote continuous improvement and identify and address areas of weak and poor practice in Social Work services, including learning from critical incidents and significant case reviews.
- Workforce planning, including the provision of practice learning experiences for students, safe recruitment practice, continuous learning and managing poor performance.
- Make decisions relating to the placement of children in secure accommodation and other services relating to the curtailment of individual freedom.
- In co-operation with other agencies, ensure on behalf of the Local Authority that joint arrangements are in place for the assessment and risk management of certain offenders who present a risk of harm to others.

The statutory guidance also states that the CSWO must produce and publish a summary Annual Report for Local Authorities and Integration Joint Boards. This report therefore provides details on how the CSWO functions are being discharged within Dundee, including the systems and processes in place to ensure the safety of children and vulnerable adults and the management of those who present a risk to others, in the period 2019/20. The report ends with an outline of key priorities over the next 12 months.

Summary

In the last Annual Report covering 2018/19, the CSWO set out the focus for developments in the forthcoming year. The priorities were informed by a variety of factors, including opportunities and challenges afforded by new and anticipated legislative requirements, national or local structural changes, ongoing financial pressures, internal self-evaluation, external inspections and SSSC Codes of Conduct. We committed to:

- Continue to strengthen our approaches towards protecting the public through the implementation of a Transforming Public Protection Programme with the Care Inspectorate to improve practice and processes in respect of assessments, chronologies and plans.

- Across all services, strengthening our approaches towards vulnerable women, including through the New Beginnings Team, Pause Programme, new Community Custody Unit, Caledonian Programme and Safe and Together.

- In Children's Services, continuing to lead on a GIRFEC Improvement Programme which focuses on prevention through the related initiatives of a CELCIS Addressing Neglect Programme, What Matters 2 U and a Fast-Online Referral Tracking system.

- In Children's Services, continuing to improve the placement stability of Looked After Children and Care Leavers to fully meet their health and wellbeing needs and support them towards positive destinations in adulthood.

- In Children's Services, working with the Centre for Excellence for Looked After Children on a PACE programme to improve approaches towards children and young people moving into permanent fostering and adoptive placements.

- In Children's Services, responding to the findings and recommendations of the Independent Care Review, which will cover the care system as a whole and apply to both Social Work and other partners.

- In Community Justice, work with the Scottish Prison Service to develop new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years at risk of custody and young people.

- In Health and Social Care, aligning statutory service delivery to localities and taking forward major service re-designs in mental health services and substance misuse, with each informed by the recommendations of the Dundee Drug Commission and pending Mental Health Review.

- In Health and Social Care, to continue to target improvement activity to prevent falls and to increase the number of people accessing self-directed support options 1 and 2.

- In Health and Social Care, to work with communities to better understand performance information that demonstrates inequalities in outcomes between LCPP areas and to identify ways to reduce these inequalities.

- In all areas, addressing major financial challenges which will continue to require new ways of working, the active involvement of communities in service redesign, joint work with neighbouring authorities and prioritisation of resources towards key needs.

This year's Annual Report describes how the CSWO supported the progression of each of these areas of work. It shows how there were a number of key achievements in each of our service areas and how, in particular, all service areas strengthened their approaches to integrated working and co-production with local communities.

3 Partnerships Structures/ Governance Arrangements

In Dundee, the role of CSWO lies with the Head of Service for Health and Community Care (within the Dundee Health and Social Care Partnership), with the Acting Head of Service for Integrated Children's Services and Community Justice deputising as required. The CSWO Governance Framework sets out the ways in which they will discharge the requirements of the role and provide assurances to Elected Members throughout the year.

The CSWO has direct access to Elected Members, the Chief Executive, Chief Officer of the Integration Joint Board, Executive Directors, Heads of Service, managers and front-line practitioners both within the Council and Health and Social Care Partnership, and with partner agencies in relation to professional Social Work issues. They attend a broad range of Council and Health and Social Care Partnership leadership and strategic partnership meetings with varying terms of reference as follows:

- Reporting to the Chief Officer of the Integration Joint Board and regular meetings with the Chief Executive.
- Member of the Integration Joint Board and IJB Performance and Audit Committee.
- Member of the Tayside Clinical Care Professional Governance Forum, alongside CSWOs from Angus and Perth and Kinross.
- Member of Executive Boards which oversee the implementation of local community planning priorities (shared between the CSWO and their depute).
- Member of the Adult Support and Protection (ASP) Committee, providing advice on Social Work matters relating to vulnerable adults.
- Member of the Alcohol and Drug Partnership (ADP), providing advice on Social Work matters relating to substance misuse.
- Member of the Child Protection Committee (CPC), providing advice on Social Work matters relating to children and young people at risk of harm.
- Member of the Chief Officer Group for Protecting People, contributing leadership and oversight on all public protection matters.
- Links to the Tayside Strategic Children and Young People Collaborative through Children and Families Acting Head of Service.
- Member of the Clinical Care Home Oversight Group.

The CSWO is also supported by a Joint Social Work Management Team which brings together the Senior Officers (or their representatives) with responsibilities for Social Work functions, alongside supporting officers. The group maintains oversight of:

- Key national and regional developments with implications for social work practice, including considering local actions required in response and monitoring implementation of these actions.
- Local developments, both strategic and operational, with specific implications for the social work workforce and services.
- Datasets relating to statutory social work functions.
- The effectiveness of arrangements to support the CSWO in discharging their statutory role, including the implementation of the CSWO Governance Framework.
- Production and publication of the CSWO annual report.

Partnerships Structures/ Governance Arrangements

Social Work has a strong tradition of engaging with communities and families to mutually explore and identify key risks, needs and strengths; agree plans which protect people and help them to realise their potential; and jointly implement, review and adapt those plans. Given the range and complexity of communities and individuals, the challenge is to find creative methods which best suit their needs and promote the best possible outcomes for them, their families and communities.

Children's Services

The Children and Families Service has been developing a range of services that focus on person-centred approaches to providing support to some of the most vulnerable families in the city. This includes models that focus on working in partnership with children, their carers and wider families to identify and achieve improved personal outcomes.

What Matters to You (WM2Y)

Is a community-based system change initiative working alongside both leaders and families in two communities in Dundee and East Ayrshire to help facilitate change, build assets and improve outcomes. It aims to align with families' and individuals' own understanding of the difficulties they face, providing family support identified by them. Facilitation from Columba 1400 supports leaders and professionals to listen, reflect and learn together, creating a culture of trust and collaboration which is paralleled in approaches towards families and the type of support they wish to receive.

To this end, a dedicated Project Coordinator and a Learning Partner are now in post and have been engaged jointly with partners in identifying and consulting with children, young people and their parents/carers on the type of support they consider will make a positive difference to their lives. Following on from this WM2Y, with the support of Columba 1400, has delivered a number of community leadership events in the West of the city with a cohort of parents now actively involved with the project and reflecting positive feedback as follows:

- Very enjoyable, gives you a clearer mind.
- Learned a lot about myself.
- I had fun it was great meeting new people.
- Have the courage to take a chance and make a change.
- Trust in yourself and you'll learn to trust in others.

In addition, in January 2020, Columba 1400 facilitated a focussed leadership event to reflect on shared values and the extent to which services consistently involve and reflect the needs of families. The intention is to scale this approach across the city and use findings to inform the design and delivery of both preventative and targeted services. It therefore aligns with related work with the Third Sector on the development of flexible family support more easily accessible via a Fast Online Referral Tracking (FORT) system.

Addressing Neglect and Enhancing Wellbeing (ANEW) Programme

With support from the Centre for Excellence for Looked After Children (CELCIS), the ANEW program continues to focus on building the capacity, confidence and competence of Health Visitors, Head Teachers and Guidance Staff to better identify and assess children with additional support needs and to work with their families in Team Around the Child processes to identify solutions that do not require escalation but also includes easier access to resources.

Work has continued in the development of team around the child processes (TATC) with a focus on ensuring that the "voice" of the parents /child is at the centre of all decision making. The role of a "buddy" to support families has been central to this. At the same time, active implementation approaches and experience gained from the sites who have been part of the learning to date will inform the wider agenda of GIRFEC implementation and delivery across children's services so that approaches and ideas from the ANEW programme can now be questioned, tested and potentially adopted in a much wider context.

The next step will be the active implementation of Dundee wide guidance with ongoing support including supervision, coaching and training to named persons in the delivery of their role as a central support to improved practice and early identification of neglect. This work similarly aligns with both the What Matters 2 U work and the work with the Third Sector on flexible family support and FORT.

Kinship Support

A Kinship HUB, based at 101 Whitfield Drive, opened its doors early in 2020. It is the new base for the third sector Kith' n 'Kin service run by TCA alongside the council's Kinship Care Social Work Team. The driver for this was consultation with kinship families across Dundee which clearly articulated a need for a dedicated, one-stop-shop provision.

Developments are ongoing to bring together a range of statutory and non-statutory services under one roof to improve services to kinship families in Dundee. This includes the opportunity for group work activities, 1:1 support, targeted "drop-in "sessions with a focus on financial advice for example and training sessions aimed at supporting the challenges of caring for children who have experienced trauma.

Engagement with care experienced children and young people

Over the year, the Champions Board continued to operate, membership of the board widened and a care experienced representative became a key member of the Corporate Parenting Partnership. As a result of this collaboration, some important changes were introduced to the way support is provided, including staff in Children's Houses spending less time in designated offices and more in open living spaces; equivalent Christmas presents for children and young people with foster carers and in Children's Houses; and overnight stays. As part of a new Engagement and Participation Strategy, this method of engagement is also now being extended to include digital engagement and improved engagement in schools and Looked After Child review meetings.

Pause Dundee

This service became operational in June 2019 and began working with women in September 2019. As of June 2020, 21 women were committed to being supported by the programme. Their ages range from 20 to 40 years old and they have had a total of 51 children removed from their care. Three women are care experienced and all of them have experienced a range of complex issues, including developmental and relational trauma.

Women are at the heart of Pause Dundee. They are offered an innovative, flexible package of support which helps them tackle destructive patterns, develop new skills and avoid further trauma – setting in place strong foundations on which to build more positive futures for themselves. In working with Pause Dundee, women are able to develop a secure, consistent and predictable relationship with a professional – often for the first time in their lives – who can ensure that the support she receives is trauma-informed, strength-based and tailored to her individual needs.

The women in Dundee have consistently identified improved physical and mental health as their first priority. As they have progressed through the programme, improved health remains their top priority, but their other priorities have shifted from wanting increased levels of fun and happiness and improved finances, to gaining more stable housing, increased learning and work opportunities, and improved emotional wellbeing and resilience.
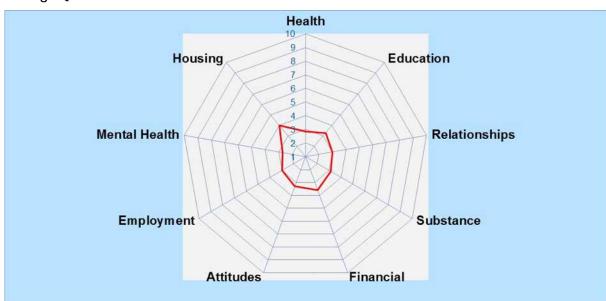
As part of the programme the women are routinely given the opportunity to provide feedback on their experiences. This is used to shape delivery of the programme and explore the impact of the service.

" I no longer feel helpless, isolated or judged because Pause is supporting me. Now I feel there is a light at the end of the tunnel and am hoping that there is a brighter future for me".
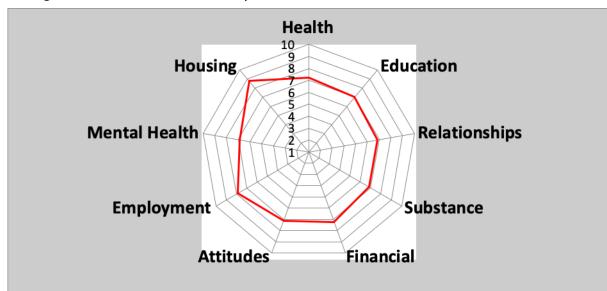
"From the time I have been working with Pause I have become more confident about things and I feel I can speak to my worker... and open up about things... I get 100% support with everything. It has helped me a lot with my confidence. All the Pause team are great and friendly".

Community Justice Service
In order to help evaluate, support and inform how services are delivered, in September 2019 the service introduced service user feedback at the start and end of a Community Payback Order. Questionnaires asked people about to start an Order to rate their own position across a range of key issues (e.g. health, housing, relationships, employment). This was both to generate discussion about mutually agreed targets during the period of the Order and to make a comparison with the questionnaire completed at the end of the Order. From 1 September 2019 to 31 March 2020 39 questionnaires were completed at the induction stage, with 8 completions in the same time period. A diagram of the scores are detailed in the 2 charts below.

Average Questionnaire Scores at the Start of Order:

Average Questionnaire Scores at Completion of Order:

Whilst the information was based on a small number of questionnaires that were completed and the start and end of an Order, this exercise demonstrates the very positive impact of support on service users. This approach continues to be implemented and will be extended to include comments on service users on things they found helpful and not so helpful during an Order.

	Improved	Same	Worse
Reduction in criminal activity (self-reported)	51 (66%)	22 (29%)	4 (5%)
Reduced impact of alcohol and drugs	48 (63%)	26 (34%)	2 (3%)
Improved accommodation	47 (62%)	26 (34%)	3 (4%)

Health and Social Care

The Health and Social Care Partnership recognises that co-production is key to making the best use of resources, delivering better outcomes for people who use services and their carers, building stronger communities and developing citizenship. A wide range of activities have been undertaken that demonstrate that the Partnership is actively embedding a culture of listening to citizens, service users, carer and their families and developing and improving services in accordance with this.

Participation and Engagement Strategy

In December 2019 the Integration Joint Board approved a new Participation and Engagement Strategy which recognises that engagement is better done in partnership, taking advantage of expertise, resources and relationships which exist across our communities to best listen to those who need and make use of our services and supports. The strategy was reviewed and adapted by the Communication and Engagement subgroup – a group made up of representatives from across the Partnership, NHS Tayside, Dundee City Council and the Third

Sector Interface. The reviewed strategy is not intended to be a comprehensive action plan for all of our engagement work. Rather, it sets the broad principles by which the Partnership will engage with patients, service users, their families and carers and our staff. The strategy has been simplified significantly to make it more understandable and relevant to those with whom the Partnership wishes to engage. As a result of the new strategy work has begun to develop an online resource for our workforce to support them in their engagement work.

Engagement through Care Group Strategic Planning Arrangements

Strategic Planning Groups (SPG) across health and social care continue to maintain and improve their engagement with a wide range of stakeholders. For example, the Learning Disability and Autism Strategic Planning Group has progressed work in relation to the Charter for Involvement in Dundee (https://arcscotland.org.uk/involvement/charter-for-involvement/). Colleagues from ARC support the Dundee Involvement Network. The Network gives people who get support in Dundee a chance to share ideas and experiences and consider how they can influence their supports and services.

On 22 October 2019 a 'Your Keys To Life in Dundee' event was hosted by DHSCP with the aim of informing and consulting with people with learning disability and/or autism and their carers and family members. The event was attended by about 230 people in total around 100 of whom were identified as having a learning disability or autism. There were 30 stallholders with a range of information about keeping healthy and services and supports.

This event was seen as part of an ongoing dialogue with people and stakeholders which has shaped direction and progress. Those who attended were given a chance to learn about the progress of the strategic plan for supports and services they use or might use; and to share their views about what they thought was important for their future.

"Excellent event – such a buzz about the room. So much helpful information. Thoroughly enjoyed it."

"Very good fun. Met a girlfriend"

"Always something new to find out about"

The Mental Health Strategic Planning and Commissioning Group continues to keep people with lived experience at the centre of decision making as they co-produce plans and redesign services and supports to better meet community and individual needs. Strong relationships with a range of local groups and networks including Dundee Healthy Minds Network, Making Recovery Real Network, Faith in Communities, and community-based health issue groups ensure that channels are open for both ongoing and project specific dialogue.

People with Lived Experience of Substance Use

A recommendation from the Dundee Drug Commission's report was that there needs to be meaningful involvement of people who experience problems with drugs, their families and advocates. The Peer Recovery Network has now been in operation since April 2019 and has successfully recruited 3 Peer Workers with lived experience of drug use who have been in post since June 2019. Training programmes have been developed for the Peer Workers as well as volunteers covering: Roles and Responsibilities, Safeguarding, Drugs and Alcohol Awareness, Mental Health Awareness and Group Skills and Facilitation skills. On completion of training Peer

Workers were allocated placements with TCA, Addaction and Hillcrest Future where they spent 3 days a week learning valuable skills and spent 2 days per week with the Peer Recovery Network. The Peer Workers are undergoing their Smart Recovery Training and are shadowing groups to learn about facilitating a group in the next few months. The Peer Workers have been actively involved in developing the Recovery drop-in in the East End of Dundee, working in partnership with the volunteers, Dundee City Council and NHS, and supporting them at the drop in as well as engaging with new participants coming along. They have also been working with the volunteers to research and design an awareness raising training programme around stigma and recovery to deliver in the community. The Peer Workers have been supporting the volunteers to deliver the Recover Friendly pledge and supporting them to become Recovery Friendly Ambassadors. We introduced a volunteer of the month and this has been well received with the volunteers feeling valued and their contribution greatly appreciated.

The Peer Recovery Network is also now engaging with Perth Prison to deliver Peer Support training to individuals to support their peers. It is hoped that on release to Dundee they will continue to access support with services and be signposted to substance use services in their own area and continue to attend a recovery drop in to maintain their own recovery and reduce isolation and the risk of overdose and future offending.

Wellgate Day Support Service

The Wellgate Day Support Service gathers feedback in a variety of ways including supported people reviews, questionnaires and group activity. They have engaged in a variety of ways to influence change through listening and responding to supported people, carers and stakeholders:

- Easy read questionnaires, information leaflets and user involvement strategy have been compiled in partnership with supported people and Advocating Together who hold regular feedback /consultation sessions at the Wellgate.

- Supported People are an integral part of the recruitment and selection process of Social Care Workers and meet with candidates and feedback views.

- Partnership working has taken place with Speech and Language Therapy to devise a communication aid for a supported person who communicates using URDU and this aid is now in place to facilitate interaction and assists staff and the individual to be clear about specific needs. We also use Makaton and talking matts to communicate with supported people and this flexibility encourages engagement and understanding.

- Quarterly meetings take place with carers to share information and gain feedback to influence service provision. We have been liaising with the Carers Centre following requests from carers for more information about services they can access and they are participating in the carers meeting to inform them about a variety of support/resources.

- Our Newsletter/fundraising group make decisions about the content of our newsletter that we share with carers/partners and plan fundraising activities to donate to worthy causes including Cash For Kids and the air ambulance. We have involved a variety of organisations to assist with the collection of crisp packets and our staff/supported people collect and dispatch.

- We attend the Charter for Involvement, National Involvement Network and contribute views about service delivery.

- Due to requests from supported people we have introduced high back chairs with sides to accommodate specific needs and contribute towards a comfortable, homely environment.

- We have made changes to our lunch provision following feedback from a consultation process and in partnership with our health colleagues we have introduced packed lunches to offer choice and encourage independence. Further consultation will take place to determine future arrangements.

Wellgate Day Support Service was successful at the Dundee City Council, Outstanding Service and Commitment Awards in June 2019 and was presented with the Lord Provost Award in recognition of the work we undertook in partnership with the Community Learning Disability Nurses, Occupational Therapy and Central Library to provide self-management and coping strategies to enhance and improve the understanding of ageing and memory loss for supported people who have a learning disability.

Joint Work across Children's Services and the Health and Social Care Partnership

The Carers Interest Network (CIN) is a networking group bringing together professionals from across organisations providing generic and targeted support to unpaid carers across Dundee. The network acts as a forum to share information about services and supports available locally and to enhance knowledge exchange amongst professionals. The aim of the Carers Interest Network is to enhance carer identification and foster joint working and collaborations with other organisations, services and networks to better meet the needs of carers in Dundee. The network is co-ordinated by Dundee Carers Centre. 5 Carers Interest Network sessions were held during 2019-20, with 92 attendances. The CIN inputted and contributed to the following key pieces of work on behalf of the Carers Partnership, including:

- Carers Act Multi Agency Guidance Information Toolkit
- Input into the development of the local Short Breaks Services Statement
- Carer and workforce training update
- Developing local supports and information resources for carers and professionals – Carers of Dundee website and Local Carers Charter
- Input into the development of the local Carers Strategy

The carers involvement groups facilitated by Dundee Carers Centre have continued to develop in an inclusive way. Carers Voice, Young Carers Voice and the Lifeline Group have increased carer involvement opportunities in service design. Plans have been made to create a second distinct Lifeline Group as greater demand for this peer support has been identified.

Young Carers often support adults who have a wide range of health and care needs. Dundee Carers Centre have been working in partnership with young people and Dundee City Council Children and Families Service to increase awareness of young carers rights and the supports available. In order to ensure that young carers have the best experience of, and benefit from, completing a Young Carers Statement, a small group of young carers were involved a test of the process ending in May 2019. Young carers identify a shared ownership of the process of Young Carers Statements.

"By taking part in the Young Carer Statement test it made me feel listened to and valued as a carer. I no longer feel anxious about being a carer or feel nervous about being asked why I am late to school again, it has made my life so much easier at school which now makes it a happier place to be. By having my Young Carer Statement in place it makes me feel settled and content within Education. The most challenging part of my Statement was having to detail any barriers I was experiencing in Education but now looking back this was the most meaningful part… because of including this in my statement I know have methods in place to support me."

(Young Carer who took part in Young Carer Statement Test)

5 Social Service Landscape/Market

Dundee is a dynamic, modern city which is undergoing a period of significant change associated with the development of the Waterfront and opening of the V&A Museum. The city has a thriving port, is a hub for creative industries, media and life sciences, is a UNESCO City of Design and has a strong commitment to fairness and social justice. However, the population of 148,000 also faces challenges associated with high levels of poverty, deprivation and inequality. This is accompanied by the range of related social, community and personal problems, including high levels of unemployment, substance misuse, drug deaths, mental health, physical health, domestic abuse, re-offending and morbidity. There are also more people with physical or learning disabilities than the Scottish average. Typically, there are over 9,000 users of social care services in the city at any time.

Over the next 25 years, the number of people aged over 75 years is also expected to rise by 45%. There will be similar increases in the number of people aged over 90 years. This is likely to lead to a greater prevalence of problems associated with older age which require health and social care, such as dementia, injuries resulting from falls, osteoarthritis, osteoporosis, immobility and other features of deteriorating mental and physical health.

As a result, in the context of growing financial pressures, there are unusually high and ever-increasing demands on health, social care and other relevant local services. It means services must work together in a joint focus on prevention and engage with communities to prioritise and address problems within existing, shared resources. As such, the Dundee Partnership has outlined an aspirational vision for the City which will be realised over the next 10 years. Our shared vision is that:

- We will have a strong and sustainable city economy that will provide jobs for the people of Dundee, retain more graduates and make the city a magnet for new talent.

- We will offer real choice and opportunity in a city that has tackled the root causes of social and economic exclusion, creating a community which is healthy, safe, confident, educated and empowered.

- We will be a vibrant and attractive city with an excellent quality of life where people choose to live, learn, work and visit.

To achieve this, the Dundee Partnership is focusing on 5 priorities of Work and Enterprise; Children and Families; Health, Social Care and Wellbeing; Community Safety and Justice; and Building Stronger Communities. This is supported by themes on Cultural Development, Sustainability, Public Protection and Substance Misuse. We will engage with localities, jointly resource, prevent problems occurring or escalating and reduce inequalities. Given its work with vulnerable groups, Social Work will play a major role.

The Tayside Plan for Children, Young People and Families 2017-2020 sets out the joint vision and priorities across the three local authorities, NHS Tayside and other local and national partners. It has been informed by the views and responses from children and families gathered through the Dartington Social Research Unit in 2014 along with evidence on what works to improve outcomes for children, young people and families. It has a clear focus on reducing inequalities and improving outcomes for all of Tayside's children, with partners committed to working collaboratively in five priority areas:

Our children and young people will have the best start in life

Our children and young peiople will extend their potential

Our children and young people will be healthy

Our children and young people will achieve comparable outcomes

Our children and young people will be safe

The Plan identifies a range of ways in which Children and Families will work with the Health and Social Care Partnership to improve outcomes for children, young people and adults. These include developing shared strategies on joint priorities such as parenting, substance misuse and mental health, with a focus on prevention, early intervention and tiered responses to need. It mirrors both the City Plan and the Council Plan, each of which include the same shared 5 priorities within and between partner services.

In Community Justice, the Community Justice Outcome Improvement Plan (CJOIP) 2020-23 has been drawn up by the Community Justice Partnership. The three-year plan sets out targets to enhance the Community Justice journey from early intervention and prevention, ensuring we deliver a robust and effective range of community alternatives to imprisonment and to strengthen partnership approaches to reintegration after custody.

The Integration Joint Board's Strategic and Commissioning Plan 2019-2022 sets out the vision that "Every Citizen of Dundee will have access to the information and support that they need to live a fulfilled life." The plan has a focus on the delivery of four strategic priorities:

- **Health Inequalities** across Dundee will reduce so that every person, regardless of income, where they live or population group, will experience positive health and wellbeing outcomes.

- **Early Intervention and Prevention** – enhanced community-based supports are enabling people to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service based interventions.

- **Locality Working and Engagement with Communities** – people can access services and supports as close to home as possible, with these services and supports responding to the specific needs of the local community.

- **Models of Support and Pathways of Care** – people will live more independently at home for longer, supported by redesigned community based, person centred services.

It also sets out a strong commitment to integrating person centred care and support, carers, building capacity and managing resources effectively into the everyday work of the Health and Social Care Partnership.

In 2019/20, the total net Social Work budget of £111,895,000 was allocated across services as follows:

Service Area	2019/20 Budget £000
Children's Services	£35,515
Community Justice Services	£182 (plus additional Scottish Government Grant Funding of (£4,907K)
Adult Social Care Services*	£76,198
Total	**£111,895**

Whilst existing financial pressures were addressed Dundee still has one of the highest costs per Looked After Child than other local authorities associated with fewer family-based placements. In response, an action plan has been developed to reduce the overall numbers of Looked After Children and re-model the type and range of local placement options. This includes work with the third sector on preventative services; work to support kinship carers; work to increase the number of foster carers; exploring functional family therapy; and returning some young people from external residential placements to suitable local alternatives which help promote positive transitions into Continuing Care. It is leading to a clear re-balance of the proportion of family based versus residential placements, alongside improvements to the stability of all placements.

The Community Justice budget continued to be provided by the Scottish Government on a ring-fenced basis, for spending on matters relating to community justice only. It is calculated on the basis of a combination of local demographic factors and workload and continued to be managed in accordance with key priorities.

The delegated budget to the Integration Joint Board to support the delivery of adult social work and social care services continued to be impacted on by increasing levels of demand to support vulnerable people in Dundee. This includes the demographic impact of an increasingly frail population, prevalence levels of people with a disability, mental health and substance use problems and levels of demand for GP prescribing. The culmination of these factors resulted in a projected budget shortfall of £5.936m in resources in the Health and Social Care Partnership's 2019/20 overall delegated budget at the budget setting stage. The IJB considered and agreed to a range of savings and interventions which would be applied throughout the year in order to balance the budget however entered the financial year with unidentified savings of £546k. With the backdrop of a significantly challenging overall financial settlement the overall financial performance for 2019/20 consisted of an underlying overspend of £6,037k in Social Care budgets (overspend of £3,360k in 2018/19). 2019/20 saw the first year of a change to the financial risk sharing arrangement set out within the Dundee Health and Social Care Integration Scheme whereby in the event of an overspend within the delegated budget, after the application of a financial recovery plan and use of IJB reserves, the overspend was allocated based on each Parties' proportionate contribution to the Integration Joint Board's budget for that financial year on a like for like basis. Under this arrangement, NHS Tayside became liable to make a further contribution of £2,042k and Dundee City Council liable to make a further contribution of £1,021k giving a total additional funding of £3,063k. This resulted in a net £2,274k overspend for the IJB or 0.8% variance against available funding.

7 Service Quality and Performance

Self-Evaluation

In 2019/20 Social Work services led and participated in a number of single and multi-agency self-evaluation activities focused on continuous improvement and improving outcomes for service users, carers and communities. These activities sit within the framework of the Care Inspectorate Performance Improvement Model and include case file audits, case reviews and audits of specific processes/documents. This activity is supported by the Learning and Organisational Development Service to ensure that learning is effectively shared and informs improvements plans at team and service level, as well as contributing to the development of strategic and commissioning plans for Health and Social Care and Children and Families.

Public Protection Data

Significant work has been undertaken to strengthen arrangements for the collation, analysis and reporting of data to the Child Protection Committee (CPC) and Adult Support and Protection Committee (ASPC) over the last year. The CPC dataset has been aligned to the national core dataset developed as part of the Child Protection Improvement Programme, with local enhancements made in addition to core requirements. A sub-group of operational managers has been established to work alongside data and information staff to better analyse data prior to it being submitted to the CPC, with a clearer focus at committee on understanding what the data means and what action might be required in response to this. Work has also progressed to strengthen the contents of the dataset regularly reported to the ASPC, with further development due to take place in 2020/21 based on learning from the approach already in place for child protection.

Health and Social Care Performance Analysis

The Health and Social Care Partnership continued in-depth analysis of areas where performance against national indicators has been poor: falls, unscheduled care (including readmissions to hospital within 28 days of discharge) and complex delayed discharges. This has supported the Partnership to identify focussed areas for improvement and more effectively target actions to address these. The Performance and Audit Committee of the Integration Joint Board has also received report summarising the Partnership's work with Neighbourhood Services and other partners to deliver the commitments set out in the Housing Contribution Statement 2016-20, including a range of developments focussed on the prevention of homelessness, housing support services, housing adaptations and support for care leavers. The Committee also continued to receive quarterly performance reports detailing performance against the national health and wellbeing indicators and benchmarking performance with other Partnerships across Scotland and received the annual report on Care Inspectorate gradings for adult services (including care homes) within Dundee.

Protection Case Adults

In early 2020 the partnership undertook a case file audit of adult support and protection services. The audit focused on transitions both from children to adult support services (ages 16–24) and from adult services to older adult services (ages 63-75). The audit had thirteen case-file readers, who were all staff members from NHS, Dundee Health and Social Care Partnership, Children & Families Services (including Community Justice Services and Education), and Police Scotland. Readers worked in pairs to audit files, and submitted a single joint assessment for each case file. Analysis of the assessments has identified areas of strength and a focus for further development which has informed the adult support and protection development plan for the coming year. Strengths were identified in relation to communication and information sharing between

partner agencies, the use of outcome focussed assessments, the recording of case conferences, completion of core processes within agreed operational timescales and the involvement of service users. Areas for development were consistent use and quality of chronologies, assessment of risk and subsequent recording within case files, inconsistent approaches to recording of core processes, evidence of SDS being discussed with individuals, assessment of capacity, offering of independent advocacy and evidence of management oversight. A number of areas for improvement are also already incorporated within the ongoing Transforming Public Protection Programme work, particularly chronologies and risk assessment practice and recording.

Initial and Significant Case Reviews

During 2019/2020 Dundee CPC undertook 4 Initial Case Reviews. Three of these reviews did not progress to a Significant Case Review but did identify common areas of learning that have informed a significant multi-agency development plan around the key themes identified. One Initial Case Review has been progressed to a Significant Case Review and independent external reviewers have been commissioned to undertake a Social Care Institute for Excellence Learning Together review which is scheduled to be reported in early 2021 having been delayed by the COVID-19 pandemic.

Dundee ASPC did not undertake any Initial Case Reviews during the last year. However, in December 2019 the ASPC considered the outcome of work to progress a Significant Case Review into an event that occurred in 2017. Having considered the outcome of work undertaken on the review to date and ongoing restrictions placed on the review by the COPFS the ASPC agreed to conclude reviewing work. Findings from the review work were subsequently shared with operational services.

The Tayside MAPPA Strategic Oversight Group oversaw the completion of two Significant Case Reviews, which were published in May and October 2019. Whilst neither individual was actively involved with Dundee CJS, as MAPPA partners, Dundee CJS has participated fully in the learning derived and with implementing the action plans developed to address the recommendations.

Team/Service Sprecific Self-evaluation Activities

Teams across Children and Families and Health and Social Care have continued to undertake a range of planned self-evaluation activities, including peer auditing, service user satisfaction surveys and stakeholder engagement events. For example, the White Top Centre, which supports people with profound and multiple learning disabilities, has continued to develop a variety of methods of ascertaining service user's views and opinions, including increased use of switch technology, Makaton and the use of object signifiers. On the basis of feedback about taster sessions run within the centre a new timetable of activities has been introduced to increase opportunities to access community and centre based activities.

External Scrutiny

Children and Families

During 2019/20 the Care Inspectorate continued a programme of inspections of our Children's Houses and an inspection of Fostering and Adoption. In all areas, services were graded as adequate, good, and very good across a range of inspection focus areas. Three of our houses were graded Good for the Quality of Care and Support, with two graded as Adequate. One house was graded Very Good for the Quality of Wellbeing and Support. The quality of our relationships with young people in all our houses was noted as a strength. Environmental factors in relation to the fabric of our buildings largely led to the lower grading of good in one house. All of our houses now have an ongoing action plan in place to focus on areas for improvement; focusing on training, staff supervision, child's

plans and embedding high level nurture principles in our practice. Planning is also now in place for extensive refurbishment of one house, as well as refurbishment of another house and options for a new build to replace an existing house.

Legislation and Staying Put guidance is changing the demographics within the houses as an emphasis is placed on the importance of encouraging and enabling young people to remain in safe, supported environments, until they are better ready to make the transition to independent living. Both our Residential Service and Foster Care service are now registered with the Care Inspectorate as a Continuing Care service, backed up with a clear Policy for Continuing Care arrangements, meaning the importance of strong and positive relationships between young people and their carers can be maintained beyond their 16th birthday and well into adulthood. Indeed, across the Family Placement teams there are 14 young people choosing this Continuing Care arrangement and in our houses 12 young people are choosing to Stay Put beyond their 16th birthday. In one house a young person had passed their driving test and now owns their own vehicle. One young person also received an award and voucher for being the best achiever on their college course.

During the most recent inspections of the children's houses, the inspector noted positive comments from service users, and their families including:

"Being welcomed by friendly staff when they arrived- being able to redecorate their rooms to their own taste…… liking most of the staff and being treated with respect by them/staff being funny and trying to cheer them up."

"Parental feedback indicated a high level of satisfaction with the service, with positive comments about staff and the relationship they had formed with his son.''

"We also spoke with a family member who felt that staff had done a good job ('bending over backwards') and kept their child safe. They also welcomed her to the home when she visited. They described the house as homely and comfortable."

"They described the Junction as a settled home with nice staff who listened to them and with whom they had good relationships."

"One young person was able to tell us how staff showed they cared about and respected him. He also told us how he felt he had made progress since being at Fairbairn, where he felt safe."

Health and Social Care

Services for adults registered with the Care Inspectorate in Dundee include services directly provided by the Partnership, services commissioned by the Partnership from the third sector and independent providers and services operating independently of the Partnership. Of these contracted services, 75 were inspected during the year, of which 22 were combined inspections, where both the Housing Support and Support Services were inspected together. In 2019/20 Dundee was placed 13th out of 31 partnerships for the proportion of care services rated as good or better in Scotland (86% in Dundee). This figure now sits above the Scottish average (82%).

Appendix 1 sets out the outcomes of external scrutiny of care services provided directly by the Council and the Health and Social Care Partnership. These grades have remained consistently high in the main and there is a process in place that any issues raised are quickly discussed with the appropriate service and improvement plans put in place. Strong partnerships between the Partnership's operational managers, dedicated Social Care Contracts Team, providers of services and the Care Inspectorate are critical to maintain high standards and supporting providers where areas for improvement are identified through inspection processes.

Comments from service users and their relatives/carers during inspections included:

- *All the staff are welcoming and caring, friendly and polite and with a great sense of humour too.*

- *Very approachable and very kind, not only to my relative, but to ourselves as a family – keeping us up to date and informing us of any worries or concerns they have.*

- *The staff are extremely patient and understanding of my relative's needs, and the manager has a great rapport with all the residents.*

- *We have found the staff extremely patient, caring and excellent in communicating with us – this all provides us with peace of mind which is very reassuring.*

A full report on the quality of adult services registered with the Care Inspectorate and joint work to sustain and improve service quality can be read at:
https://www.dundeecity.gov.uk/reports/agendas/PAC220920.pdf.

8 Partnerships with Commissioned Servcies

In 2019/20, services continued to be delivered through a mixed economy of local authority, private, independent and third sector provision. In total, there were 227 contractual arrangements put in place with 100 external providers. Of these, 164 were involved the supply of regulated social care services, ranging from residential care, home care, fostering, homelessness, violence against women, substance use, mental health, housing support to care at home. The remaining 63 contractual arrangements were for unregulated services, including meals provision, lunch clubs, shopping deliveries, outreach support, befriending, humanitarian protection, mentoring, advocacy services and family support services.

The continued operation of a Social Care Contracts Team supporting commissioning and procurement activity across both Children and Families and the Health and Social Care Partnership has sustained robust contract management and monitoring arrangements. Their role has been particular significant during lockdown period providing a crucial interface between operational colleagues, external partners, co-ordination of all provider email communications and a consistent link for any contractual/ sustainability issues.

Partnership work with external providers has continued over the last year with a range of innovative and creative approaches in place to ensure the best use of local resources. Examples of this over 2019/20 include:

Health and Social Care

Care and Support

A tender exercise was undertaken with the specific aim of increasing the range of options for people with support needs, both in terms of the providers delivering these supports and the types of service they provide. This led to the development of a multi-provider framework approach to meeting a range of care and support needs, namely personal care/social care, housing support and respite/short breaks. The number of providers was increased from **10** under the previous contractual arrangements to **24,** with the new framework commencing on 3 June 2019. The previous contracts were for the delivery of just a care at home service however the new framework enables a single provider to deliver a range of services that will all contribute to meeting the supported person's identified outcomes.

Mrs V attended a day centre once a week and had all support carried out from staff, Mrs V had severe anxiety when leaving home; she did not feel safe or secure away from her home/ surroundings and would become very vocal and anxious when out of her comfort zone. Mrs V wanted to work on gaining independence, enjoy social outings and home skills and she started receiving a care at home and housing support service. 2 years on Mrs V now enjoys social outings, she has attended many shows/musicals she has travelled to Aberdeen, Glasgow and Edinburgh by train to go shopping. She really enjoys going to restaurants for meals and drinks with her friend and new weekly activities for Mrs V are Boccia, shopping and various tasks at home. Mrs V wanted to decorate so she was supported to shops to pick decor and furniture and also supported with quotes from companies to carry out the work. Mrs V always liked to clean so the role she took on was cleaning the kitchen and two years on she will prep and cook her food. She says she likes helping staff which is a great outcome as she no longer sees staff as helping her.

Housing with Care Step Down

The range of intermediate care options was extended by the introduction of a 'step down' flat from 5 July 2019 within one of the commissioned Housing with Care Services. This 'step down' option enables people to be discharged from hospital to a supported environment when they are assessed as being medically fit to do so. Individuals can then continue their rehabilitation and ongoing assessment with support from an on-site care team. The flat can also be used to enable 'step up', i.e. where there has been a deterioration in an individual's health which means they require a period of intensive support/assessment and it is not possible for the person to remain at home during this period.

The Housing First Dundee Initiative

This was established last year by a consortium of four third sector organisations (Transform Community Development, Dundee Survival Group, The Salvation Army and We Are With You) and has given participants security of tenure combined with wrap around support to meet their needs. Housing First is an internationally evidence-based approach, which uses independent, stable housing as a platform to enable individuals with multiple and complex needs to begin recovery and move away from homelessness. To date over 44 individuals have successfully moved on from temporary homeless accommodation within the City. The initiative has also highlighted the strength of true partnership working within Dundee by bringing together colleagues from all sectors who are working to achieve better outcomes and better life experiences for our vulnerable citizens who have had difficulty in engaging with traditional housing and support services due to a variety of complex needs.

Public Social Partnership

Over the last year, as a Partnership we have been taking forward significant transformation programmes relating to substance use and homelessness. A key part of our transformation programme is the shaping and development of a Public Social Partnership (PSP) for the future commissioning of temporary homeless accommodation and substance use services. An event was held on 31st January 2019 at Steeple Church, Dundee to introduce the concept of a Public Social Partnership in Dundee. Following the event, a Public Social Partnership has been set up in partnership with DVVA and third sector providers. The aim of this PSP is to improve outcomes for people affected by substance use and homelessness by developing strategic partnering arrangements between the third sector and the public sector, inspiring creativity by using co-planning approaches, which involve the third sector earlier and more deeply in design.

Hospital Delayed Discharge - Step-Down Project

The Integrated Discharge Hub, based within Ninewells Hospital and Royal Victoria Hospital, consists of a range of Health and Social Care professionals working in partnership to assess and facilitate discharge to a more appropriate setting. The aims of the team are to optimise the individual's independence whilst supporting a timely and effective discharge/transfer.

As part of the range of improvement measures implemented over time to support better outcomes for individuals and to ensure discharge takes place on the Planned Date of Discharge (PDD), the Hub is undertaking a test of change in conjunction with Dundee Survival Group (DSG) to provide a step-down housing and support facility in Dundee. The test of change began on 22nd July 2019 and is currently funded from the Homelessness Strategy to support patients who have a substance use issue and/or are at risk of homelessness upon discharge from hospital. Collaborating with DSG, an organisation which specialises in supporting individuals with substance misuse issues, will ensure individuals receive appropriate support. We hope to support service users to develop the skills they require to live independently in the community and to establish links with community substance misuse support services to ensure their opportunity to continue in their recovery is maximised. DSG works with the resident with their consent to complete "Outcome Stars" which we will use to assess qualitative outcomes. Rather than remain in hospital, the step-down service enables the individual to move from a hospital setting into temporary accommodation with DSG meeting the individual's housing and support needs for the duration of their stay.

Humanitarian Protection

The Vulnerable Persons Resettlement Scheme (VPRS) and the associated Vulnerable Children's Resettlement Scheme (VCRS) is a managed migration scheme, run by the United Nations High Commissioner for Refugees (UNHCR). Over the past 5 years Dundee Humanitarian Protection Partnership has been working with the Scottish Government, COSLA, Scottish Refugee Council and selected partners to deliver the New Scots: Refugee Integration Strategy (the New Scots Strategy), supporting Scotland's positive and proactive investment in refugee integration.

In December 2020 it will be five years since Dundee City Council welcomed the first refugee families to the city and to date we have resettled over 200 refugees from Syria, Iraq, Ethiopia and Somalia. In Dundee, the VPRS and VCRS are delivered as a partnership between Dundee City Council, NHS Tayside, Dundee Health and Social Care Partnership, Police Scotland, Department for Work and Pensions, Scottish Refugee Council, Project Scotland and Scottish Fire and Rescue. We have learnt since the beginning of the scheme that by working collaboratively we can achieve a project that successfully supports refugees from the moment of their arrival in Dundee. The work carried out by the partnership has been recognised by a number of awards: a COSLA Gold award for the Get Ready for Work Programme, a COSLA Bronze award, Dundee City Council's Outstanding Service and Commitment Award (OSCA) for the multi-disciplinary partnership model; and the Scottish Social Services Council (SSSC) award, 'Silo buster', recognising "joined up thinking, working and delivering".

Mohamad left Syria in 2013 due to the war and was resettled in Dundee with his wife and 2 children in March 2017 as part of the Vulnerable Persons Resettlement Scheme. Mohamad was motivated to learn English and find employment as soon as he could. He enrolled on the community English for Speakers of Other Languages (ESOL) class at Mitchell Street Centre and attended 16 hours of English classes a week. In order to quickly improve his English language skills he also used a number of online English learning resources out with his classes. He completed the first 'Get Ready for Work Course', a partnership between Dundee City Council's Employability and ESOL services where he increased his confidence in applying for employment in the UK. Mohamad had worked as an accountant in Syria but also had bus driving experience whilst displaced in Lebanon. He was able to use his international driving license for a year in the UK however he was keen to pass his UK driving test to increase his employment prospects so began lessons and passed his theory and practical test first time. After a year studying English at Mitchell Street Centre, Mohamad moved to a more advanced ESOL class at Dundee and Angus College. He continued to be supported by the Employability team and independently studied for his PCP (bus driving theory test). In 2019 Mohamad was offered the opportunity to apply for a post of a bus driver with Travel Dundee with support from the staff who ran the Get Ready for Work course. He was enthusiastic about the possibility of employment as a bus driver, passed his medical and then sat his bus driver test, which he passed first time. He is now employed as a bus driver and has said he loves this job and is optimistic about his future in Dundee. He plans to establish his own accounting business as he studies and improves his English even further.
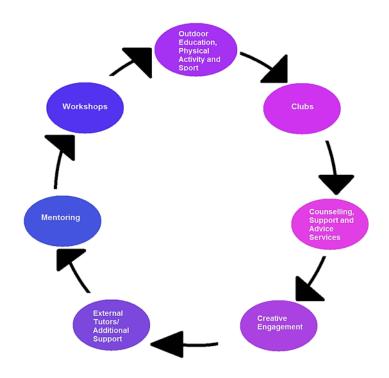
Thank you to Mohamad for giving permission for his story and photo to be shared.

Children and Families

Children and Families Support Framework Agreement

A framework agreement to provide supplies and services to support children and young people has been continued. This innovative development provides a positive and streamlined mechanism for staff in Dundee, Angus and Perth and Kinross Council's to access a wide range of support services whilst adhering to the required procurement procedures. The scope of the contract covers a variety of supplies and services which have been separated into lots to ensure it is clear what types and nature of services are available. The Lots on the framework are:

A total of 56 individual providers have been appointed to the Framework covering approximately 217 different support services. A Buyers Guide and Directory has also been compiled and shared with a range of stakeholders who are involved in the procurement of support services for children and young people.

Counselling Service in Schools

In line with Scottish Government guidance, Children and Families worked in partnership with a local counselling provider and introduced a pilot counselling service within two local schools. Scottish Government announced funding in August 2019 for qualified counsellors to deliver counselling in schools for pupils aged over 10. A Tayside wide tendering process to establish a framework for Counselling services in Dundee/Perth & Kinross/Angus Councils is underway. It was decided to approach counselling in a collaborative way to ensure alignment with the Tayside Emotional Health and Wellbeing Strategy for Children and Young People 2020-23. Counselling in Schools in Tayside will operate under these principles:

- Counselling is viewed within a continuum of a resilience-based approach.
- Staff who know children best are fully supported in their work.
- Individual counselling leads where appropriate into child/young person planning and the identification of wider supports.

- A number of schools have been involved in piloting counselling projects and the feedback from these has been utilised in planning for implementation, however the lockdown has affected the ability to fully evaluate these. A Tayside coordinator for Counselling in Schools has been appointed.

- The delivery and quality of service will be evaluated on an ongoing basis. The feedback has been very positive from young people, staff and parents experiencing this type of support during the pilot phase and since lockdown.

FORT Dundee

FORT was identified in 2018 as a possible solution to professionals seeking an easy way of referring children, who require early intervention to services other than social work. The system maintains a live map of the services that exist in an area while at the same time providing a route to access those services. It allows lead professionals, named persons, and others including the families themselves, to identify who can best contribute to the child and family needs.

FORT Coordinators are currently mapping current Children & Families Services on FORT. The mapping will continue the progress of identifying gaps on FORT, where the FORT Coordinators will then liaise with further services to join FORT. The aim now is to maintain FORT roll-out momentum in support of more holistic and collaborative approaches to child and family support across the city.

Family Support Test of Change

During Autumn 2019, as a result of a desire to make best use of existing available capacity the Child Protection/Intake Social Work Service started a pilot initiative with two third sector organizations, Aberlour Trust and Children First. For families where initial screening indicated they were not at a significant risk of harm, they were instead diverted to these organizations to work with the family, assess their situation and provide support as necessary. To date 11 families have been referred via this service, with indications to date being that the children have benefitted from the support that has been provided.

TCA Mentoring Support

The Community Justice Service works in partnership with TCA to deliver mentoring and bail support. In 2019/20 funding previously allocated to an arrest referral service was re-directed to increase the capacity for bail support. Sheriffs were kept informed of the development and the results were dramatic. In 2018/19 13 individuals received bail supervision, in 2019/20 this increased to 51. A particular focus was placed on encouraging support to females and despite females being much less prevalent within the community justice system, 33 females and 18 males received bail supervision. TCA also provides a mentoring service for individuals made subject to Community Payback Orders.

Caledonian Programme

A further partnership is the Caledonian Programme to address Domestic Abuse. The partnership delivery is shared between Dundee City Council, Perth and Kinross Council, Perthshire Woman's Aid and Action for Children. The two councils supply the staff for the men's delivery team and the CJS case managers who undertake the assessments for the Court reports and manage the subsequent orders. The two third sector organisations supply the women's and children's workers who offer voluntary support to women and children impacted by domestic abuse. Caledonian became operational on 1 April 2019 and its impact on the range of responses to address convicted perpetrator behaviour has been transformative. In 2018/19 only 9 men were made subject to a CPO with a domestic abuse programme requirement, with the advent of Caledonian the figure has increased to 23 Caledonian programme requirements and 18 Respect Programme requirements (total 41). There has been impact within the

assessment process with the CJS staff group receiving training in SARA 3, a spousal abuse assessment tool that directs workers to consider evidence of patterns of behaviour. The Caledonian assessment process involves a joint visit to the victim to gain their perspective. Although these steps add to the time taken to complete the assessment they have ensured that far greater focus is given to victim information and potential patterns of behaviour, including non-convicted evidence, such a Police call outs. With the extra input of the Caledonian women's and children's workers, alongside the men's workers the pool of resources to support victims of domestic abuse has been increased, alongside a strongly enhanced focus on addressing perpetrator behaviour.

Case Study: Ann and Bob

Ann was referred to Dundee Caledonian Women's Service at the time her partner was being assessed for suitability to the Caledonian Men's Programme. Bob then became subject to a 2 year CPO and Caledonian programme.

Bob has appeared in court many times for domestic related incidents. There was evidence of verbal abuse, derogatory language, emotional abuse and physical assault. Despite receiving a variety of disposals there is little evidence that any of these interventions changed Bob's attitudes or behaviours and patterns were repetitive.

Ann disclosed that she felt her partner had never had any real consequences for his behaviour. She wrote her own 'impact statement', in which she records her feelings of – loneliness, isolation, anger, feeling unloved and unwanted, frustrated, worthless, deceived and second best. She spoke of how she felt punished and had lost faith that any court intervention or programme would promote any positive changes. Ann stated she felt victimised further.

Ann engaged fully with the women's service and whilst Bob was attending for his meetings, Ann gained a better understanding of domestic abuse and coercive control.

Both parties addressed their individual issues and made the changes they felt were required. The couple decided to reconcile, and Bob returned to the family home. His engagement and compliance with his order has been positive and Ann felt confident that there had been significant changes. Bob is due to finish his group work and will continue with maintenance meetings and support.

Ann talks highly of the programme and the support they have both had. Prior to the Caledonian Programme Ann had no expectations and was building an independent life for herself. Ann states that this has been a positive and enlightening experience for them both and they are eager to move on with their lives without involvement from agencies. Ann does state her partner has gained insight into his behaviour and the impact on her and extended family members. He now takes responsibility for his behaviour and no longer tries to excuse this on his alcohol use.

9 Complaints

Since the 1st April 2017 both Dundee City Council Social Work Complaints and Dundee Health and Social Care Partnership Complaints Handling Procedure follow the Scottish Public Service Ombudsman (SPSO) Model Complaint Handling Procedure.Both Complaint Handling Procedures have been assessed by the SPSO as complying with the model complaint handling procedure.

Complaints are categorised by two stages:

- Stage 1: Frontline Resolution
- Stage 2: Investigation

If a complainant remains dissatisfied with the outcome of a Stage 1 it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the SPSO who will investigate the complaint, including professional decisions made.

In 2019/20, the total number of social work complaints received was 96, compared with 84 the year before. There were 40 complaints relating to Children's Services, 48 in Dundee Health and Social Care Partnership and 8 in Community Justice. The outcomes were:

- Upheld – 13%
- Partially upheld – 19%
- Not upheld – 68%

Most of the complaints related to treatment by or attitude of a member of staff and delay in responding. Two Children and Families complaints progressed to the final stage of the SPSO appeal process. The SPSO partially upheld some of the issues in the complaints and made recommendations. The agreed timescales for finalising investigations was met in 70% of cases, with delays usually caused by the complexity of the complaint and the investigation taking longer than expected.

Given the total number of Social Work service users of over 9,000, the number of complaints is a small proportion however services do endeavour to use complaints to improve practice and service improvements which are made as a result of complaints are monitored. In 2019/20, a total of 29 planned service improvements were implemented.

In addition to complaints, a range of compliments have also been received from service users and some examples are provided below:

From Children's Services and Community Justice

One of the Locality Integrated Substance Misuse Service nurses was thanked by a service user who found it helpful to know that services are joined up and that the communication between agencies is improved which saved him having to tell his story twice. He also liked the nurse's participation at meetings which he felt supported him and that he felt reassured that agencies were working together.

In another case workers were complimented by foster carers who said they felt very well supported by the team and that they were kept up to date with information during the court process and during the child's transition to an adoptive placement.

A young person moving on from care and her grandparents have expressed their thanks for the ongoing support, particularly around supporting the young person to seek legal advice to obtain contact with her younger siblings.

"Thanks for everything you've done for our family. You have been a wonderful social worker who has become a dear and trusted friend."

Local Sheriffs provided feedback about the Community Justice Service:

"I have sat in every court in Scotland apart from Glasgow and Oban. The service provided in Dundee is amongst the best. It assists sheriffs greatly when attempting to identify the most appropriate therapeutic disposals. The "in house" or in court element of the service saves considerable time and public funds as supplementary information can often be provided in a matter of minutes rather than after a continuation of a number of weeks."

"Having your team available to speak to in the morning before court provides a means by which my questions about CJSW reports are answered…Your morning calls prior to court are much appreciated because you are pro-actively highlighting to me potential areas of concern or possible positives… In this way I go in to court with an accurate and up-to-the-moment picture of the offender's circumstances."

From Dundee Health and Social Care Partnership

"I am writing on behalf of my family who have received help from your Occupational Therapy service over the last 5 weeks. Our mother is terminally ill and we are caring for her at home, which has been difficult at times for everyone. We have had great support and advice in particular from one of your staff. She has been very kind and helpful. She has given us great support, putting lots of practical things in place to help our mum. I think she is a credit to your team and has excellent people skills. Sometimes people don't get recognition for doing well so I felt I had to write this."

"Never had someone who went more than the extra mile for me like you have. You managed to do more for me in 5 days than anyone else in 15 years, everyone should have a (Worker's Name)."

"Never had someone who went more than the extra mile for me like you have. You managed to do more for me in 5 days than anyone else in 15 years, everyone should have a (Worker's Name)."

"The service I have received has been second to none, all the carers are excellent with a friendly and helpful attitude, I could not wish for better."

10 Performance

In Dundee, the CSWO reports statutory and local performance indicators through the Council Annual Performance Report and the Integration Joint Board Annual Report. This is supplemented by a range of separate reports to Elected Members, the Integration Joint Board and the various governance bodies relating to Children's Services, Community Justice and Health and Social Care. Further oversight is provided by the Chief Officer Group for Protecting People, including scrutiny of balanced scorecards. In 2019-20, trends included:

- The length of time children were supported on the Child Protection Register continues to demonstrate that 95% are de-registered after less than 12 months. This indicates that measures put in place reduced the level of risk and protected children from harm.

- A total of 36 Child Protection Orders (CPOs) were made in respect of children for whom it was assessed that their circumstances posed an immediate and significant risk of harm. This is a small decrease compared to last year (41) but still above the Scottish average. In partnership with SCRA the service continues to scrutinise applications for CPOs and trends are considered at the Child Protection Committee who have noted these have all been a proportionate response to the nature and level of immediate risk.

- The number of Looked After Children has reduced very slightly with 490 children on 31st March 2020. As with the previous year around 88% were Looked After at Home which is very slightly lower than the national average.

- There was a total of 10 Emergency Placements, which involve authorising an emergency move of a child or young person subject to supervision requirements in cases of urgent necessity. This was a decrease on the previous year of 16.

- School Attendance for looked after children remains the same for consecutive sessions as in both 2018/19 and 2019/20 it was 87.5% compared with 91.7% for all pupils.

- The home environment for children and young people who become Looked After has been increasingly far more settled with an increase in the average length of placement duration across all placement types. For children looked after away from home the balance of placements is 80% being looked after in a foster care setting with the remaining 20% in residential care.

- Of the 130 young people aged 16-26 currently receiving aftercare support, 82 are attending college; 1 is doing an apprenticeship; 3 are doing Modern Apprenticeships; 9 are in employment; and 5 are on training courses. Care Leavers under the age of 29 who meet the criteria for employment with the Council are also now guaranteed an interview. The Circle Café Project - a partnership between The Circle, the TCAC Team, Barnardo's Works and Leisure and Culture Dundee. The project offers Care Leaver's paid employment, via Community Jobs Scotland and Modern Apprenticeships, to run the community café and undertake training that enhances their employability skills. Four Care Leavers are currently involved in this initiative.

- 140 children with disabilities or complex needs received targeted community-based support over the year with around 110-120 children being supported at any one time. Work is ongoing across Tayside to review arrangements for the provision of respite care.

- Two young people were in secure care at the beginning of the reporting period; one further person entered secure care twice during 2019/20. This is now a sustainable position where secure care is used in truly exceptional circumstances to keep young people and/or the community safe for short periods of time.

- In respect of permanent alternative care and adoption, 19 new Permanence Orders were made (2 fewer than last year) and of these, 10 were with authority to adopt (2 more than last year). In total 136 children and young people were on Permanence Orders on 31st March 2020, 28% of the LAC population, compared to 142 out of 500 (28%) on 31st March 2019.
- On 31st March 2020, 145 (30%) of the looked after children were in internal (local authority) foster placements; of the 145, seven are emergency placements.
- There continues to be a shortage of carers and adopters for some groups of children and young people, including adolescents, large sibling groups and children with complex additional support needs.

Adult Support and Protection

- In 2019/2020 2147 adult protection referrals were received which represents a 37% increase on the previous year. 83 of these resulted in an Adult Protection Investigation and 40 Case Conferences were undertaken. Most referrals (1822 – 85%) continue to be made by Police Scotland, although it is noted that referrals from NHS doubled over the past twelve months reflecting the awareness raising activity that has taken place during this time. Dundee has a single pathway for vulnerable adults and this has resulted in an increase in police involvement for non-crime related referrals e.g. mental health and substance use.
- Of the 83 investigations undertaken, welfare and financial harm featured as the highest single areas of harm identified. The was a marked increase in reports of self-harm but a decrease in reports of welfare issues for older people.
- During 2019/20, 656 (30% of all referrals) have been considered by the Early Screening Group (ESG) providing opportunities for early intervention and prevention. This is a significant decrease on the previous year and is representative of referrals being triaged at prior to discussion at ESG

Mental Health

- There were a total of 89 emergency detentions in hospital and an average of 91 detentions a year in the last 5 years.
- There were a total of 158 short-term detentions in hospital, compared with 177 in 2019/20. There has been an average of 154 shot-term detentions a year in the last 5 years.
- There were 42 Compulsory Treatment Orders. With an average of 37 Compulsory Treatment Orders in the past five years.
- In 2019/20 92 Social Circumstance Reports were completed. 58 resulted in short term detention and 36 in Compulsory Treatment Order.
- In 2019/20 there were in total 162 guardianship applications of which 95 were Private Guardianship and 67 were Local Authority Guardianship applications. Of them 93 were granted.
- There were 12 people who were subject to Compulsion Orders with Restriction and 3 people to Treatment Orders. This has remained stable in comparison with the year before. 13 Compulsion Orders (10 orders in 2018/19) and 6 Assessment Orders (5 in 2018/19).

Criminal Justice

- A total of 532 Community Payback Orders (CPOs) were imposed, compared with 535 the previous year. Overall, 68% of all Community Payback Orders were successfully completed in 2019/20. This is a reduction on the previous year figure of 69%.
- Partners continue to develop a range of interventions across the criminal justice system in order to ensure that timely, proportionate and cost-effective responses can be delivered, increase community safety and improve outcomes for adults who offend. The number of referrals for

Diversion from prosecution cases continues to rise, moving from 129 in 2018/19 to 140 in 2019.20. The number of Diversion cases successfully completed has also risen, moving from 64 in 2018/19 to 67 in 2019/20.

- Unpaid work continues to be a disposal that the Court has confidence in, with 46,085 Unpaid Work hours imposed by Court in 2019/20. In addition, over the course of the year, a total of 30,934 hours of unpaid work were carried out (418 of which were other activity hours).

- In respect of Drug Treatment and Testing Orders, the Sheriff Court imposed 1 Order compared to 3 the year before. These Orders are designed for people with the most chronic substance misuse problems related to offending and require their compliance with stringent conditions. In addition, there were 25 Drug Treatment Requirements within CPOs during 2019/20 (29 in 2018/19) and 4 Alcohol Treatment Requirements (12 in 2018/19).

- There were 161 Registered Sex Offenders subject to statutory supervision under MAPPA. In Tayside, 37% were jointly managed by Community Justice Social Work and Police Scotland meaning they will be on a Community Payback Order or post-release Licence.

- There were 12 new Supervised Release Orders (SROs), 3 less than the previous year. These orders are imposed for prison sentences of less than 4 years where the person is deemed to require supervision on release.

- There were 163 people serving prison sentences of more than 4 years who will be subject to statutory supervision on release, compared with 156 people the year before. The service provides throughcare whilst they are in prison and on their release to community.

- Sixteen custodial sentences were issued to people aged between 16 and 21 years during 2019/20. Of these, three custodial sentences were issued to young people aged between 17 and 18 (3 more than in 2018/19).

In Community Justice, the service continued to implement Unpaid Work and received consistent positive feedback from both the individuals carrying out their work and from the recipients. In response to requests from members of the community, more than 50 projects and placements and over 30,000 hours of unpaid work were carried out at various locations across the city. There was a particular focus on constructing and refurbishing playground and public play park furniture as well as external furniture such as benches and tables for public spaces. We continued to provide practical assistance to vulnerable groups and work included ground clearance for sheltered & supported tenancy residents, preparing food parcels and placements in charity organisation warehouses.

Individuals who are made subject to a Court Order requiring them to undertake Unpaid Work are asked to complete an evaluation on completion. The comments are overwhelmingly positive, reflecting that the experience offered opportunities to learn skills and to payback to the community after offending. Similarly, agencies and individuals who received the work undertaken are asked to comment. Recipient feedback is 100% positive. Some selected quotes for 2019/20 are:

"I think the good points about my unpaid work order have been going out and working as part of a team doing something for a community" (individual working on community allotment project)

"The level of help, respect and exercise I got helped me get better life skills"
(individual with supervision and UPW)

"I learned my lesson about getting in trouble" (individual on UPW)

All of the recipients of the work of the unpaid work project, whether they were individuals, organisations or community groups, were very satisfied with the work.

"The teams were diligent, hardworking and made a great job of our garden"
(Community group who had groundwork and planting done).

Health and Social Care

- The National Health and Care Experience Survey for 2017/18 (the latest version available) provides feedback to Health and Social Care Partnerships regarding citizen's perceptions of health and social care services and their impact on health and wellbeing. Across eight of the nine key indicators measured by the survey Dundee performed better than the Scottish average, for the remaining indicator Dundee was at the Scottish average. There have been increases in the proportion of adults supported at home who agree that their health and care services seem well co-ordinated (from 75% in 2015-16 to 81% in 2017-18) and in the proportion of adults supported at home who agree they feel safer (from 84% in 2015-16 to 87% in 2017-18).

- There has been further focused improvement work relating to unscheduled care that has contributed to a reduction in the length of time people spend in hospital when they have been admitted in an emergency. Following a reduction in the number of hospital bed nights by 12,506 between 2017/18 and 2018/19, over the last 12 months there has been a further reduction of 10,116 bed nights (from 152,523 in 2018/19 to 142,407 in 2019/20).

- Of the people who died during 2019 calendar year, 90% of time in the last 6 months of life was spent at home (that is a 1% increase from 2018/19 financial year). This is a positive result (similar to the Scottish average) and could not be achieved without a strong partnership between acute and community teams, the third and independent sectors and patients and their loved ones.

- The number of bed days lost to delayed discharges for people aged 75 and over is relatively low. Lost bed days are counted from the day the patient was assessed as medically fit to return home to the date they were discharged. In 2019/20, for every 100 people aged 75 and over, 44.5 bed days were lost due to a delayed discharge. This is a deterioration on the 2018/19 figure, when there were 36.9 bed days lost for every 100 people aged 75 and over. In 2019/20 Dundee was the 11th best performing Partnership in Scotland.

- The National Health and Care Experience Survey 2017/18 reported that 38% of Dundee respondents who provided unpaid care felt supported to continue in their caring role; this is similar to the Scottish average of 37%. Information and advice services are commissioned through Dundee Carers Centre and are a pivotal part of this is the 'Carers of Dundee' website which was launched in May 2018 (http://carersofdundee.org/). A 'Carers of Dundee' marketing campaign ran for 4 weeks from late May 2019. The aim was to generate awareness and collaboration in supporting carers in Dundee. During the campaign all traffic increased through the Carers of Dundee website and Carers of Dundee social media with a 59% increase in direct traffic to the Carers of Dundee website and we recorded a 17% increase in followers across social media platforms.

> *I feel like I need someone to speak to and who understands how difficult things can be. I've been going to the Carers Group on a Thursday and it's really helped because people there understand, and we can have fun but also talk about things that are difficult………When my mum referred me,the group wasn't there and I felt like I needed 1:1 support (I had it before) but because I have the people at the group now and I know that you will be there if I do need to talk, I don't really feel like I need it as much.*
>
> *(Young Carers – illustrating the benefit of peer/group support reducing need for formal 1:1 support)*

- Dundee has a high rate of readmissions to hospital, where the patient had been discharged within the last 28 days. In 2019/20 12.3% of people discharged from hospital following an emergency admission, were readmitted within 28 days. Dundee has the highest 28-day readmission rate in Scotland. We have undertaken significant analysis of re-admissions data as they apply to the model of service within Tayside in order to gain better understanding of the underlying causes of high levels of readmission.

- Dundee has a high rate of hospital admissions as a result of falls, with a rate of 30 admissions for every 1,000 of the 65 and over population. In 2019/20 Dundee was the poorest performing Partnership in Scotland. An analysis of falls rates by neighbourhoods within localities has been completed to aid planning of improvement actions. The introduction of the Dundee Joint Falls Pathway aims to identify people at high risk of falling and intervene to reduce that risk. The pathway will deliver benefits to the population by improving quality of life, reducing morbidity and mortality and enabling more people to be independent for longer. A shift is being made from the more traditional 'medical model' and service led approach, to a more integrated and holistic approach to improving quality of life and outcomes.

- There has been an increased spend on Self-Directed Support options one and two; with an increase from £2.4 million in 2018/19 to £5.5 million in 2019/20. Since the implementation of the Social Care - Self-directed Support (Scotland) Act 2013 the spend on packages of care for people opting for Options 1 and 2 has increased year on year although Dundee remains low in terms of proportions of people receiving Options 1 and 2, compared to other Partnerships.

As outlined in the legislation and guidance, there are a number of duties and decisions that can only be made either by a CSWO, or by a professionally qualified Social Worker to whom responsibility has been delegated by the CSWO and for which the CSWO remains accountable. These relate primarily to the restriction of individual freedom and the protection of service users from themselves and others and the protection of the public from service users. It includes the following:

- Children and young people on the Child Protection Register
- Looked After children and young people
- Fostering and adoption
- Placement in secure accommodation
- Offenders assessed as very high or high risk of harm to others
- Mental health statutory provisions
- Adults with incapacity and welfare guardianship
- Adult support and protection

The Public Bodies (Joint Working) (Scotland) Act 2014 required NHS Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. The main purpose of integration is to use the available resources to improve the wellbeing of people who use health and social care services, including adult social work services, in particular those whose needs are complex and who require both health and social care support at the same time.

Following the establishment of the Dundee IJB, they became responsible for the planning and delivery of a wide range of adult social work and social care services. The CSWO's role in relation to these delegated functions continues and the CSWO has continued to play an important role in the leadership and governance of health and social care integration over the last year, ensuring that adherence to social work values, principles and standards is central to developing the partnership.

Details on each of the statutory functions are provided in section 10. In Children's Services we have maintained a high proportion of children and young people on the Child Protection Register for less than 12 months and have seen reductions in the overall number of Looked After Children, as well as in emergency placements and the number of Looked After Children excluded from school. Child Protection Orders have increased but work continues to monitor the number and quality of applications and a focus is being maintained on continued lower levels of attendance of LAC at school. In Community Justice there has been increased levels of diversion from prosecution. In health and social care, the trend of increased numbers of adult concern reports has continued, including referrals from NHS Tayside where focused awareness raising activity with the workforce has been undertaken. In mental health services, levels of Compulsory Treatment Orders, emergency detentions and compulsion orders have remained relatively stable. There have been further improvements in relation to unscheduled care, but a deterioration in delayed discharge performance. Despite this Dundee remains one of the best performing Partnerships in Scotland in relation to delayed discharge.

In addition to this the CSWO has had a key role in responding to statutory requests for information from the Scottish Child Abuse Inquiry and supporting Subject Access Requests. In-line with national trends there has been a considerable increase in Subject Access Requests which places additional demands on resources; in 2019/20 at total of 88 requests were responded to. The CSWO also supported a significant programme of work to respond to statutory notices from the Scottish Child Abuse Inquiry, including their Foster Care Study.

Promoting Social Work Values and Standards

The CSWO has a duty to ensure Social Work values and standards as outlined in the SSSC Codes of Practice are promoted. For employers, the Codes include such requirements as making sure people understand their roles and responsibilities, having procedures in place relating to practice and conduct and addressing inappropriate behaviour. For employees, protecting the rights and interests of service users, maintaining trust and promoting independence. This includes the following:

- Recruitment and selection, including checking criminal records, relevant registers and references.
- Induction, training, supervision, performance management and a range of procedures on such things as risk assessment, records and confidentiality.
- Responding to internal or external grievances or complaints about the conduct or competence of staff.
- Ensuring line managers appropriately support staff and progress self-evaluation activities to identify strengths and areas for improvement.
- Ensuring health and safety policies are in place, including risk assessments and controls for identified hazards such as lone working and moving service users.
- Ensuring that staff required to register with the SSSC do so and are supported to meet the learning and development requirements associated with this.

Within the Health and Social Care Partnership Workforce and Organisational Development Strategy a number of guiding principles to support the workforce to deliver on the ambitions of integrated health and social care were adopted. These locally created principles sit alongside existing legislative and clinical, care and professional governance requirements, as well as the SSSC Codes of Practice. The principles include: inclusivity and equality, visible leadership, collaborative co-production and reflective practice. These continue to be relevant and support the broad social work and social care workforce to reflect on shared values, and how these values support professional and compassionate delivery of services across the city.

Social Work and Social Care Workforce Development

The Council's commitment to our employees is reflected within Our People and Workforce Strategy which was updated and relaunched in 2019. This includes our approach to Workforce and Succession Planning, Talent Management and Developing the Young Workforce. Within Social Work, there is a culture of shared learning across professional groups and our partnerships. Increasingly we are working across Tayside with our partners in local authorities, NHS Tayside and the private and voluntary sectors. We continue to contribute to and build on collaborative approaches to Learning and Workforce Development with key local partners and nationally. We have an excellent track record of working alongside practitioners and services to develop the learning they need to practice safely and professionally and almost new approaches developed and delivered in 2019/20 were approached this way.

Newly Qualified Social Work Programme

Dundee and Angus Council have worked in partnership to create an induction process for supporting newly qualified social workers to feel competent, confident and knowledgeable when working with children and families where there are child protection concerns.

The programme is a blended learning approach which consists of an online resource, learning audit to identify any specific learning needs for use in supervision and to identify relevant shadowing opportunities, a full day practice development session and follow up workshop event. Two cohorts ran in 2018/19, the programme has been evaluated and updated to reflect feedback from the pilot cohorts. One cohort has run in 2019/20 with plans for another in late 2020 the current programme has been updated in response to COVID-19 with new developments including digital workshops for cohort 3.

"I really liked the online learning resource, it was really good to see all the information in one place"

"I enjoyed the group interactive work. I think being only NQSW helps people to build confidence".

"joining Dundee and Angus together and feeling as if you're not alone with your feelings/anxieties of being NQWS." (Dundee NQSW, Cohort 2).

Talking SW

Talking Social Work is a Tayside and Fife forum for anyone with an interest in social work. The forum is a partnership between Angus, Dundee, Fife, Perth and Kinross councils and the University of Dundee. The forum was launched on 13th September 2018 to celebrate 50 years of social work in Scotland and is strongly supported by Dundee's CSWO. The forum continues to go from strength to strength with social work students, NQWSers, social workers, social work managers, practice educators and academics participating and contributing to the talks and discussions. Since the launch of the forum the following themes/topics /research/presentations have been discussed during 2019/20:

- 13th June 2019 – Professional Identity and Integration
- 19th September 2019 – The role of love in Social Work
- 5th December 2019 – Impact of Poverty and Role of Social Work

The partnership plan on hosting upcoming future sessions digitally which will focus on the impact of COVID-19 on social work practice, social work values and human rights.

SSSC ELearning and Supporting Resources

2019/20 saw the development of a number of additional resources designed to support the social work and social care workforce achieve and maintain the requirements of their professional registration. This saw the digitisation of a range of supporting policies, guidance and interactive learning tools that form part of the Learning & Organisational Development Service SQA Approved Assessment Centre. Examples of this include:

- A new handbook that explains the application and assessment process and policies for registerable qualifications (for the social care workforce).
- Updated Procedure and Guidance for candidates and managers undertaking a qualification for SSSC Registration.
- An interactive learning resource to support those preparing and applying for SSSC Registration Qualifications.
- An Information and Policy Handbook for SQA Qualifications in Social Services.

Registerable Workforce

We have invested significantly in our registerable workforce to ensure they are fully equipped with the occupational competences to meet management and leadership standards and our statutory requirements. We have continued to directly deliver a high proportion of the required qualifications across the SSSC registerable workforce groups. The Learning and Organisational Development Service sought approval from SQA to deliver the Professional Development Award Health and Social Care

Supervision at SCQF 7. We have now successfully delivered our first cohort to 10 Health and Social Care Partnership employees working as Senior Social Care Officers and Social Care Organisers in homecare to meet their requirements for SSSC Registration. We are planning to deliver a second cohort in conjunction with Angus Council. A digitised handbook to support this work was developed in early 2020.

Learning and Care

Following on from the review of the Learning Care Assistant (LCA's) role within the Additional Support Needs Services, we continue to ensure that our Learning Care Assistants are supported to undertake qualifications which have been identified for the role. The majority of LCAs have undertaken the Professional Development Award in Education Support Assistance and we are currently exploring other options for the future such as the SVQ2 Social Services (Children & Young People) which is more evidence based and will assist in a more flexible workforce. These qualifications help LCAs to support children and young people with a range of complex learning and health needs within Dundee schools.

TURASLearn

TURASLearn is NHS Education for Scotland's (NES) learning platform. It provides a wide range of educational resources for the health and social care workforce. Dundee City Council, in partnership with Angus and Perth and Kinross Council's, have worked with NES to develop a Tayside learning platform hosted on TURAS. The live Tayside portal will be launched in the coming weeks and will offer Dundee City Council employees and volunteers including Dundee Health and Social Care Partnership, NHS Tayside employees and third or independent sector colleagues the opportunity to access a range of protection e-learning and open learn resources from across Tayside previously unavailable to them.

This includes:

- Protection - Basic Awareness E-learning
- ASP Awareness E-learning
- Human Trafficking E-learning
- Self-directed Support (Tayside wide) E-learning
- Protecting Children: Module 1 (CP in a school setting)
- Emotional Health and Wellbeing (CP in a school setting)
- Protecting Children with a Disability E-learning
- Child Protection – Basic Awareness E-learning
- Getting It Right for Every Child (GIRFEC) Learning Resource
- Adult Support and Protection Open Learn Resource

TURAS has also been heavily promoted across all social work and social care services, both with the organisation and with those who deliver services on behalf of or as part of Dundee Health and Social Care Partnership. It has proved to be an invaluable resource to allow the social care workforce to access additional learning and other resources designed to support their own and others health and psychological wellbeing throughout the ongoing COVID-19 pandemic.

Youth Employability

Our Youth Employability Service works with young people up to age 24 to support them into work, training or further/higher education. Many of the young people are care leavers or are care experienced and the team are co-located with the Moving On Team to ensure a co-ordinated approach.

The service provided the following opportunities for the financial year to 1 April 2019 to 31 March 2020 to support the development of the young workforce: the Activity Agreement programme had 316 new starts and 189 positive outcomes (jobs, training or further education); we had 22 new Modern Apprenticeship starts during the year and 6 new Graduate Apprentices; and we generated 39 additional jobs with Small to Medium Enterprises (SMEs) through Scotland's Employer Recruitment Incentive. This brings the total number of employability opportunities provided by the team to 383.

Case Study

John was 20 years old when he dropped into The Youth Employability Service looking for support. John's young life had been impacted with parental substance use and John had been placed into a Kinship placement with his Grandmother from a young age. John is now caring for his Grandmother. John also found it really difficult to deal with the sudden death of his brother which had a huge impact on him.

Since leaving school, John had attended college and had undertaken courses in hospitality and professional cookery but upon completion John didn't know where to start in looking for work.

John was appointed a Key Worker and through discussions John stated he would love to work in a Hotel. They worked on his employability skills, analysed his transferable skills and began to develop a CV. Due to John's low confidence he didn't realise all the great things he had to offer an employer.

John and his Key Worker then began to look at the local labour market and start applying for jobs. He was supported to apply to the Personal Development Fund of the Princes Trust for a personal bar license which was a huge boost to his confidence. A vacancy was circulated through Dundee's Employability Pathway for a job in the kitchen at local hotel.

The morning of his interview, John's Key Worker picked him up from his house and took him to the interview.

John met the Food and Beveridge Manager at the hotel who was instantly impressed with him. John had applied for a kitchen porter position but the Manager felt he had so much more potential and John was offered a front of house position in the bar and restaurant. Six months have now passed and John has sustained employment. John has gained lots of confidence, new work friends and his anxiety is almost nonexistent. John often refers his friends to the service.

Leadership Development

Dispersed leadership remains a key priority for our social work and social care workforce. This year we have continued to offer access to leadership development opportunities, supported employees to gain recognised leadership qualifications, delivered business coaching to those supporting change, facilitated Action Learning, developed resources to assist with an organisation-wide approach to Succession Planning and Talent Management, and worked with a range of managers, teams and services to develop bespoke approaches to how they learn and develop leadership skills and qualities.

2019 saw the launch of Dundee City Council's Leading Team Dundee programme which had significant participation from the social work and social care workforce and provided a mechanism for new and emerging leaders within social work to come together with colleagues from other areas of the council to discuss areas of strategic importance, and to bring social work values to these conversations that influence others.

Integrated Induction

Dundee Health and Social Care Partnership supported by Learning and Organisational Development continued to offer a unique approach to integrated induction. Sessions have been offered throughout the 2019/20 that brings the integrated workforce together, from Social Work, NHS Tayside, and our Third and Independent partners. This model consistently received positive praise and feedback. Work is underway to consider how this may continue in the new world of social and physical distancing with the potential to use digital solutions for this being explored.

Service Redesign

The way that services re-model to reflect the needs of our communities in Dundee is vital. This year Learning and Organisational Development has continued to support many areas of service redesign. Strategically significant work around locality remodelling, how Dundee's Integrated Substance Misuse Services work with each other and with their colleagues from across Children and Families Social Work Teams, have been included in this work and will continue to remain a priority for the foreseeable future.

PDA Practice Learning

We continue to lead the delivery of the PDA Practice Learning (Social Services) Qualification on behalf of 6 local authorities. The leadership and quality of the programme along with the excellence in the partnership arrangements was commended in both our SSSC annual monitoring and SQA External Verification reports. We remain at the fore of the practice learning agenda across Scotland and will continue to contribute to the development of the National Partnership in Social Work Education.

Protection

In 2019/20, specific learning programmes relating to the protection of children and adults has remained a priority as in previous years. We have developed and delivered core programmes of multi-agency training on Child and Adult Protection and provided a range of face to face and high-quality e-learning programmes across the protection spectrum.

Special programmes of support for courses including the Postgraduate Certificate in Child Welfare and Protection, Adult Support and Protection, the Mental Health Officer Award, Professional Supervision, and Practice Learning Qualification remain in place and are currently prioritised for funding support in relation to our statutory duties and SSSC work streams.

Tayside Child Protection Group developed and delivered a new course in 2019/20 called 'Working with Non Engaging Families'. This was a face to face training and all three areas; Perth & Kinross, Angus and Dundee partnerships delivered sessions in local areas. The Tayside group also held a number of child sexual exploitation briefings across Tayside in partnership with Police Scotland and Barnardo's.

Over the course of the year the partner agencies across Tayside have developed joint guidance and a revised template for Inter-agency Referral Discussions (IRDs). This is the culmination of several months of development work, and which recognises the critical role of the IRD in the planning and co-ordination of child protection investigations. The new guidance ensures and promotes the critical role of the social work service in investigations and ensuring children can be kept safe from harm.

Development work has been carried out with practitioners who have specific functions under the Adult Support and Protection (Scotland) Act 2007. This has included consultation and engagement events which has led to the development of an ASP council officer forum and new learning, development and shadowing opportunities. The ASP council officer forum meet on a monthly basis. Every other forum consists of a developmental session which may involve inviting speakers to present specific topics/learning and/or skill-based sessions such as MOSAIC, Investigative interviewing etc. The monthly sessions in between the development sessions are case based peer mentoring using an Action Learning approach. Plans for a digital forum hosted via MS Teams is currently being welcomed by practitioners with the first pilot of the new digital format taking place in August 2020.

The development of a new Tayside workshop based on adult support and protection defensible decision making and SCR's was piloted and agreed in partnership with Angus, Perth and Kinross Councils and NHS Tayside to continue as a rolling programme. A blended learning approach to the programme is currently being planned with all partners, this will be updated to include an open learn reflective resource and learning from most recent SCR's. A new 2nd worker (interviewer) ASP workshop was launched in September 2019, this workshop in being delivered in partnership with Angus Council and NHS Tayside.

We continue to review effective ways to recruit to the MHO award. A council-wide personal and professional development support process also encourages individualised opportunities for study supported by the organisation. This is widely used by frontline employees as part of both career development and continued learning. Dundee Mental Health Officers (MHO's) have been supported to deliver workshops in partnership with Angus and Perth MHO's on "Crossing the Acts", the interface between Mental Health Care and Treatment, Adults with Incapacity and Adult Support and Protection legislation for practitioners working with children, families and adults where mental health, learning disability, capacity and protection are themes.

Children and Families

Service Wide Improvement Programme

The Children and Families Management Team has worked alongside frontline managers in the service to develop an Improvement Planning Action Plan, agreed in December 2019. This has a focus on the following 8 key actions: -

- Embedding a culture of ongoing self-evaluation.
- Develop a succinct and meaningful dataset which includes quantitative and qualitative data relating to volume/demand, key processes and impact/outcomes across the Children's and Community Justice systems.
- Senior management oversight of key decision-making processes.
- Explore options to generate greater capacity to consistently assist with practice improvements and related changes across the whole service.
- Updated and improved quality assurance and practice improvement procedure.
- Explore options for service redesign with a focus on reflecting need/capacity across the city.
- Ongoing commitment to the Transforming Public Protection Programme.
- Develop a new mandatory city-wide Practitioners Forum with attendance required from representatives of all teams to focus on and improve key areas of practice.
- Develop and implement a succinct and targeted action plan which develops a consistent approach towards the use and visibility on the system of chronologies, assessments and plans, along with management oversight.

Permanence and Care Excellence (PACE)

In May 2019 Dundee joined other local authorities in Scotland as part of the PACE / CELCIS permanence improvement program. Using improvement methodology, tests for change have been implemented with the aim of improving planning and outcomes for Looked After Children. Permanent care arrangements, whether at home with parents, with kinship carers or in an alternative stable placement, is the aim for all children so they can feel secure and achieve their potential. The Dundee PACE team comprises workers from across children's services social work and is part of the wider multi agency permanence forum.

Over the past year clear differences have been made in the planning for Looked After Children. There is an increased focus on timely decision making for children once they are accommodated with the emphasis in initial LAC Reviews being on the completion of rehabilitation assessments in alignment with the Scottish Government target of 26 weeks. This includes greater engagement with parents in the assessment process from the outset and clarity regarding the assessment process. Early indications show a significant impact of the above changes with a 100% improvement in meeting the timescale for the initial stages of assessment and planning for a child's future care in the test area. This means that children who can return home to their parents do so at an earlier stage and for those who cannot other permanent care provisions, including kinship care, can be sought more quickly.

Other tests for change are being adopted to bring greater efficiencies in report writing with the aim of improving the timescales for children achieving legal permanence out with their family if this is required.

This is something which will have greater focus in 2020/21 when the improvements are rolled out across all the Children and Families social work teams in the city.

Improvements in Placement Stability

The home environment for children and young people who become Looked After has been increasingly far more settled. This is attributed to higher levels of support, including the development of a culture through effective leadership and workforce development of trauma informed practice in schools and the different placement types of kinship care, foster care and Children's Houses. This is a key factor for care experienced children and young people, who need consistent and stable home environments, where instead of further trauma caused by separation and perceived rejection they can benefit from enduring positive attachments and relationships with carers. The average length of placements has increased across all care settings with children in our internal houses for example remaining in placement for 21 months as opposed to the 19 months recorded in the previous year.

The Family Placement Team has continued to support a high number of carers over the last 12 months (83 foster carers and 14 adopters) to look after in excess of 150 of Dundee City's most vulnerable children.

Alongside directly supporting carers, prior to COVID the team and some foster carers carried out an ongoing recruitment drive and high levels of recruitment activity designed to increase numbers of new carers; having stalls at Dundee Pride in September 2019 and a 3rd year at Dundee Flower and Food Festival as well as holding lunchtime surgeries in a number of Dundee locations. A number of positive enquiries came from these and there are currently 12 assessments ongoing of prospective new carers.

As a result of previous recruitment events preparation groups were run for both fostering and adoption and in the 12-month period 3 new fostering households and 3 sets of adopters were approved. Within this period no fostering households have been de-registered.

As part of our celebration of foster carers during Foster Care Fortnight the team hosted a garden party and a bi-annual civic reception. The theme for this year's garden party was" what I want to be when I grow up". The day was a great success with support from local police and fire service, which the children seemed to enjoy.

Improved Outcomes for Care Experienced Children and Young People

There has continued to be a considerable amount of joint activity to help increase support to care experienced children and young people in school and improve attendance, inclusion, attainment and positive destinations. This includes the development of a LAC Charter outlining shared practice principles between Head Teachers and Social Work Teams; a new Inclusion Policy which encourages additional joint support to pupils at risk of school exclusion; the implementation of the Breakthrough Mentoring scheme in all 8 secondary schools and Offsite Education; and support from the designated Pupil Support Workers.

To date, the Breakthrough Mentoring Scheme has worked with over 400 pupils considered to be on the edges of care or currently in care and feedback from both Head Teachers and children and young people has been positive. The team of 8 Pupil Support Workers have also been working with pupils to encourage attendance and engagement. This includes supported transition from P7 to S1, sessions aimed at improving self-esteem, acting as a 'Buddy' in Team Around the Child and Child Protection Case Conference meetings, facilitating the formation of secondary school Champions' Boards and encouraging care experienced secondary pupils to engage with the Young Persons Participation Group. The Council is currently exploring how the mentoring scheme and the Support Workers might align.

In relation to training and employment, a designated Care Leavers Employability worker is now linked with all secondary schools to enable early identification of and support to care experienced leavers who are likely to find the transition particularly challenging. The worker coordinates and/or directly provides wrap-around support as the young person moves out of school towards further education, apprenticeships or employment. In the last year, the worker has supported 55 young people towards a sustained positive destination. Of these 55 young people, 46 were initially unemployed, 3 were in-work and 6 were disengaged from school prior to support taking place. The approach has contributed towards 53% moving into positive destinations over the last 12 months, with ongoing support provided to others.

There has also been an increase in the number of care leavers attending college or training, with 82 young people supported by the Throughcare and Aftercare Team in either further education or training. The team works closely with Dundee and Angus College, contributing towards the college being the top performing in Scotland for care experienced learners last year, with a 68% completion rate against a national average of 58.7%. To help sustain the impact of this and related support, the Council guaranteed interview scheme for care experienced young people who meet the essential criteria in person specifications also remains in place. Under this scheme, 18 care experienced applicants actively applied for posts in the last 12 months.

Health and Social Care

In Health and Social Care there have also been a number of developments that have focused on planning for change and testing new, more integrated ways of working. These developments have been driven by changes in legislation as well as the implementation of the Health and Social Care Partnership Strategic and Commissioning Plan.

Drug Death Action Plan for Change

The Dundee Drug Commission Report ''Responding to Drug Use with Kindness, Compassion and Hope'' was published in August 2019. The report provided 16 recommendations for change that focused on issues relating to leadership, stigma, treatment and support, drug related deaths, the protection of children and young people and mental health. In reponse the Dundee Partnership created the multi-agency Dundee Action Plan for Change. This was approved by the IJB in December 2019. Some key achievements of the action plan to date (March 31st, 2020) include;

- A governance review of the ADP was carried out and a revised governance structure implemented. The ADP has taken a leading role in developing, progressing and monitoring the actions for change. An ADP Implementation Group has been set up to replace the current Alcohol and Drug Strategic Planning Group. Five workgroups have been established and are now leading on specific elements of the development and progress of the plan for change. The workstreams include Substance Harm Immediate Reponses, Whole System of Care, Children and Families, Prevention and the Resilient Communities.

- There has been an increase in assertive outreach including a test of change through the Integrated Substance Misuse Service to follow up with people who disengage.

- Same-day prescribing and direct access clinics have been implemented by Integrated Substance Misuse Services. ISMS have started moving towards delivering services from different localities within Dundee to increase the prescribing capacity as well.

- Dundee has volunteered to be an early adopter of the Scottish Government pilot to develop a joint mental health and substance misuse approach.

- Three new non-medical prescribing (NMP) trainee nurses have been placed within Children and Families Teams.

- Dundee has been working towards implementing trauma informed approaches, targeting those at increased risk of substance use / and death. A trauma informed leadership test of change was launched in Dundee. A front-line workforce mapping was also carried out and a Trauma Training Framework is under development.

- To ensure gendered approaches are considered in all activities and accommodated in design and delivery of services this has been embedded into the Dundee Action Plan for change.

There will be ongoing challenges to deliver on the Dundee Action Plan for Change, especially with the outbreak of the COVID-19 pandemic. However, the ADP remain committed to progressing this work as much as possible given the current climate.

Non-Fatal Overdose Test of Change

As one of the immediate responses to the Dundee Drugs Commission a multi-agency group to address non-fatal overdoses was established in October 2019. A 5 day a week multi-agency conference call was established to share information about individuals reported by Police or the ambulance service to have had a non-fatal overdose the day before. Through information sharing the group was able to identify the agency best placed to follow up the non-fatal overdose and encourage the individual to accept support to address their substance use. Community Justice has participated in the call from its inception, providing information about justice involvement, any relevant links to children who may be impacted and being one of the agencies tasked to make the follow up contact within 72 hours of the incident. The non-fatal overdoses group has increased all agencies knowledge of each other's work and co-ordinated the multiagency response, as well as ensuring that a timeous offer of support takes place.

Community Mental Health - Older People

The Community Mental Health Older People Teams worked to further improve and integrate their service over the last year. This included the re-design of management structures with joint team leads and senior practitioner roles and the increase in support work staff to enable people to remain living in their communities. This team also developed and implemented a joint risk assessment procedure and the provision of further support to the Intermediate Care Unit. Joint risk assessment provides an opportunity for the person and everyone working with them to share information and experience regarding any risks for that person. This ensures the person is fully involved and prevents the person

having to tell their story multiple times and allows practitioners to identify the most appropriate method/person to provide support for the individual.

> The CMHTOP have worked with a service user who has had long standing mental health issues. In their younger years they were admitted to hospital for mental health care and treatment on several occasions. The servicer user was transferred to the Mental Health Team for Older People for care and support. Through assessment it was apparent that the person required the support of both mental health and social work. The main goal of the person was to remain out of hospital or a care home and live in the community. Although there were risks identified the joint approach to risk assessment and planning within the team assisted this goal. The mental health nurse and social worker worked jointly with the individual to support and protect while also ensuring they had choice and were able to make decisions. The individual remained in a community setting until the end of their life.

Social Care Response Service

Social Care Response service is an emergency service which is responsive, reactive, robust interagency community service. The service provides a 24hours a day 365 days a year response. They work in partnership with Scottish Ambulance Service, Police, Fire Service Community Nursing and Out of Hours Services. They employed more staff in 2019 to meet demographic challenges along with the rising needs and demands within the community. The service provides Assistive Technology equipment where they have seen a significant demand over the years. Therefore in 2020 Technology Assistants will double to meet these demands. Technology Assistants will be available to 7 days a weeks and will provide a service after 5pm. The Care Inspectorate commended Social Care Response in having the most up to date lifting equipment for service users along with the latest pieces of technology.

"This is a very good service I am treated with dignity and respect"

"They are there when I need them. I don't mind if I get male or female carers they always respect my privacy and make me feel safe. A good bunch! 10 out of 10!"

They help me a lot and it means my family don't have to worry about me as they are too far away, I like all my carers they are all really nice and friendly, please don't change them"

" The service I have received has been second to none, all the carers are excellent with a friendly and helpful attitude, I could not wish for better"

Mental Health - Wellbeing Points

The Penumbra's Carer Wellbeing Point pilot project has been designed to run from January 2019 until May 2020. Support Workers from Penumbra have been available in a range of community venues across Dundee providing drop in sessions that carers can access directly. The pilot aims to provide an easily accessible point of information so carers can be aware of what's available to support them in their caring role. This includes information on services and supports in Dundee, alongside resources that promote positive wellbeing. So far this has proven to be an effective approach to supporting people in their local area and increasing identification of carers as it is generating conversation about caring and what being a carer means.

Through the Wellbeing Points Support Workers have provided a range of personalised responses and follow up support where required. This has included information and sign-posting in relation to areas such as: mental health and wellbeing; carers health checks; crisis contact numbers and safe planning for those experiencing distress and suicidal thoughts; finances and welfare reform;

drug and alcohol use; counselling services; informal community-based group; short breaks and volunteering opportunities. Some bereavement support has also been provided including supporting those bereaved by suicide. At present, Penumbra have increased their presence in areas where people have been affected by recent completed suicides to offer people in these local communities greater opportunities to be supported and increase awareness of what is available to them in these circumstances.

"I went to a Wellbeing Point at Kirkton Community Centre not knowing what was on offer. The Penumbra Worker made me feel very at ease as I emotionally explained my situation. She gave me a lot of useful advice and signposting, all relevant to the support I was looking for and support that could be useful for my children. If it wasn't for the Wellbeing Point I wouldn't have found the help and support with Penumbra I was needing."

"Thanks for talking to me and giving me the information on what's there to support me as a Carer. It can be difficult supporting my son with his mental health problems, as well as my Husband's physical health. It's good to know about the groups at the Dundee Carers Centre and support from Penumbra for my son"

Joint Work between Children and Families and Health and Social Care

Integrated Substance Misuse / Children and Families Service

In December 2019 as part of a range of actions designed to keep children safe from substance use and its consequences a partnership approach across Children and Families and Heath and Social Care saw the introduction of 3 trainee non-medical prescribing staff from the core Integrated Substance Misuse Service (ISMS) service being co-located with social work locality and intake teams. Through this we are seeing evidence of improved and increased partnership working with better outcomes for children of people who use substances.

Alongside this a range of joint training events across the two services are planned with one of these taking place prior to lockdown. This was very well attended and generated lots of information sharing and discussion of ideas to support partnership working. Further events are in the pipeline but currently impacted by the pandemic.

Sandra was known to ISMS however did not have a current worker. She had been off Methadone for two years and reported stability. She was feeling isolated due to being the sole carer for her 2-year-old son and reported a lapse into heroin use.

The duty ISMS staff member discussed child protection concerns with the locality nurse. The health visitor was identified and contacted and a family arrangement was put in place for the care of Sandra's son.

The Locality nurse agreed to support Sandra and began to engage with her. After further assessment it was felt that she may require a low dose of opiate substitute therapy (OST) in order to stabilise. Locality Nurse completed a full assessment and liaised with prescribing staff for Sandra to be started on this. Locality nurse supported her to manage her anxiety around starting treatment.

Sandra's son was returned to her care where he remains and she has now evidenced over 3 month's stability in treatment.

Interventions

Rapid response and intensive support in order to fully assess situation

Patient commenced on OST

Relapse prevention work

Outcomes

Parent now stable in treatment.

Son now returned home to stable environment.

Parent now more supported by Nursery placement.

High Risk Victims of Domestic Abuse

This year we established a short life working group (including Perth and Kinross and Angus) and developed an improvement plan for MARAC's across Tayside. A new MARAC co-ordinator was appointed and this role has been developed to include leading an operational development group, reviewing processes and procedures for MARAC and creating guidance for all agencies involved in the MARAC process. Two representatives from Dundee are now trained to deliver Safelives MARAC reps training and a MARAC development session was held including all stakeholders involved in MARAC. A Tayside wide steering group has now been established to take forward actions from the development session, ensure that the MARAC operates in line with legal responsibilities and changes to best practice guidance, address any operational issues.

MIA – Supporting women with domestic abuse and substance use

Heather had been open several times to domestic abuse services, however due to her substance use and chaotic lifestyle it had been challenging to maintain a supportive relationship.

Heather had been referred to MARAC by another domestic abuse service so for advocacy purposes MIA attempted to make contact with her but was unable to contact Heather on the mobile number recorded and it was unclear where Heather was staying. Heather had been the victim of a severe physical domestic assault by her long term abusive on/off partner who also displayed controlling, jealous and harassing behaviours. MIA shared concerns with Police that Heather was a vulnerable person who we were unable to trace.

I called ISMS who advised that the last they were aware Heather was staying at B&B accommodation, ISMS were able to inform me that Heather collects her methadone prescription from a local chemist. I visited this chemist and asked the pharmacist if Heather has been attending, they said Heather collects her prescription most mornings and had already been in today, I asked if I could leave a mobile phone and personal alarm and asked that the pharmacist take Heather aside privately to provide her with these so support services can make contact with Heather. The pharmacist shared concerns that the alleged perpetrator also attends the chemist to collect his prescription so I was able to share these concerns at MARAC for safety planning purposes.

Case was discussed at MARAC and an action plan was for Heather to engage with Assertive Outreach Support to assist with her housing applications, Heather had told me that she did not engage in substance use support groups as she was fearful the perpetrator would also be present so on learning this information at MARAC ISMS agreed that they would continue with 1:1 and telephone support and social work would re-engage Heather with clinical staff to explore substance misuse treatment options.

MIA were able to provide Heather with shopping vouchers to purchase clothing and personal items, having these items and her own mobile phone Heather was able to feel secure and safe enough to liaise with support services to create a robust safety plan taking into consideration Heather's substance use and the additional barriers this may cause.

Transforming Public Protection Programme

During 2019/20 partners across children's and adult services continued to work together to deliver the Transforming Public Protection Programme. The programme aims to ensure that our approach to public protection is of a consistently high quality and is supported by the right range of resources. As well as focusing on improving the leadership of public protection responses, work will also take place to make sure that processes that provide immediate and longer-term responses to people in need of protection are as good as they can be.

Three operational teams across Children and Families Service and Dundee Health and Social Care Partnership have continued their work to improve critical aspects of public protection practice: risk assessment practice, chronologies, quality of supervision and case file auditing. Teams have been utilising the Model for Improvement and PDSA (Plan, Do, Study, Act) cycles to develop and test changes at a small scale within their teams. Across each team activity has been practitioner planned and led.

The West 1 Locality Team within the Children and Families Service has completed their initial work to develop and test a format and guidance for choronologies. The COVID-19 pandemic provided an opportunity to adopt the approach developed by the team across the whole Children adn Families Service, with teams being supported to focus on completion of new format chronologies during the period of homeworking. This followed on from work within the service to ensure that there is a consistent approach to storing chornologies on the MOSAIC case management IT system. Data from the services demonstrates that completion rates for new format chronologies achieved over the lockdown period:

Completion rate for New Format Chronologies introduced in 1st May 2020			
	Completion Rate for New Format Chronologies*	Open Cases**	New Chronologies started
01 May 2020	0%	2,864	-
01 June 2020	33%	2,530	841
01 Jul 2020	47%	2,226	1,049
01 Aug 2020	58%	1,963	1,130
28 Aug 2020*	66%	1,720	1,130
*Note: Prior to May chronologies were completed for children on the existing format available on the MOSAIC case management system ** Note: Open cases defined as an individual with a Caseworker, Co-worker or Duty worker relationship with no end date. *** Note: figures for 1st and 28th August are coincidentally the same. New chronologies have been started within the month			

The Learning Disability Care Management Team within Dundee Health and Social Care Partnership has also completed their initial work to develop and test a format for risk assessment. This is now to be tested across wider teams within the service. Work is currently going to build the test workflows into the MOSAIC case management IT system, after which a learning and development session will be delivered to support teams who are to participate in the wider testing exercise.

During the winter of 2019 a group of managers from within the Children and Families Service developed and tested a tool for quality assurance of case files. Following positive feedback from the initial test plans were developed to scale up testing across the whole service from March 2020; whilst some auditing activity did take place the scale was significantly impacted by the pandemic response (with approximately half of the planned audit activity being undertaken). Plans to repeat the planned service wide test are to be implemented in September and October 2020. In parallel the Health and Social Care Partnership are currently assessing the suitability of the tool for regular quality assurance audits of adult case files.

Over the next 12 months practice improvement will focus on testing and embedding of new risk assessment approaches within the Health and Social Care Partnership. Children and Families colleagues are continuing to focus on increasing the proportion of open cases with new format chronologies and work will be undertaking to quality assure chronologies that are in place. Consideration will also be given to the transfer of learning between children and adult services, with the possibility of further adaption of chronology and risk assessment formats for use in the opposite setting. Further testing of the case file audit tool will be taken forward in the Children and Families Service, with work to adapt and begin testing in Health and Social Care also being progressed.

There has been a refreshed approach to personalisation and outcome focused practice within the Health and Social Care Partnership over the last 12 months. An Integrated manager within the service has taken a leadership role to coordinate and progress this workstream. This includes direct operational staff, the third sector, learning and workforce development and links are currently being developed with the private provider sector to develop more options and choice for supported people in Dundee.

An overall action and development implementation plan covers strategic and operational objectives, the plan is aligned to the Self Directed Support Implementation Plan 2018-2021 and links to themes from the Care Inspectorate Thematic Review 2019. Priority areas for development covered within the plan are:

- Mosaic Process mapping - review of the operational system in use for assessment and outcome to bring in line with SDS legislation.
- Finance - covers links to wider operational procedures and aligns to include an eligibility criteria to deliver the best use of partnership resources.
- Legislation, policy, procedure, guidance and operational flow - as with the other areas a working group with cross departmental representation has been set up to review and update these. This is also includes consultation, feedback and input with the public via the Carers Centre.
- SDS Information and Communication - development of electronic information available to the public via various websites and other media platforms. Hard copies are also made available for people who require them, as are various community languages and communication formats.
- Training Delivery Programme - cover aspects of frontline practitioner and various colleagues, including partnership senior management team(s) and Elected Members to raise awareness and understanding of process and impact (in terms of audit and budget).
- Statistical Information - development of tools to records data and statistical evidence including data required to be submitted to Scottish Government.
- Performance, Quality Assurance, Governance and Legal - various working groups developed to progress within each area.
- Contracts and Commissioning - development and progression of SDS contracts with provider sector, specifically focusing as an area to develop Option 1 and 2 market positions. Option 3 is strongly linked to resource allocation management and the eligibility criteria, workstreams across sectors are linked to these looking at improving flow and budget management while improving quality of services.

It is vital that discussions and progression with health colleagues across partnership services to improve understanding of Self-Directed support is continued. Our aim is to use reflection, audit and analysis of performance data to underpin reviews of action plans and subsequent delivery to improve services.

A particular area to highlight is through consultation and feedback from care management/social work and third sector teams we have recognised the need to improve our training and address gaps in understanding to ensure a more robust understanding of SDS practice, values and principles. Working in partnership with Learning and Development a new training platform will shortly be launched with a strategy to ensure SDS re-training for all staff using the Articulate Platform. This will ensure face to face and online training for easier access. A training toolkit is in development and is integrated into the redesign of the assessment, this is strongly based on a good conversation model.

Self-Directed Support

The Health and Social Care Partnership has continued to operate a small dedicated Self-Directed Support Team who support finance, training, guidance and direct support to individual service users and/or their care managers to provide information to enable service users to make the right choice and decision for themselves. The team works across adult and children services and works closely with the third sector in particular the Carer's centre.

Encouraging people to have choice and control over the services and supports they receive has continued to be a priority. The table below shows that the number of people who received Self Directed Support options 1 and 2 has increased in 2019/20. The amount spent on delivering services and supports under options 1 and 2 has increased considerably from just over £1M in 2015/16 to £5.5M in 2019/20.

	2015-16		2016-17		2017-18	
Option	No. of people	Cost	No. of people	Cost	No. of people	Cost
Option One Total	58	£928,673	60	£1,087,024	74	£1,522,411.91
Option One - Adults only	50	£865,451	52	£1,016,659	65	£1,413,325.70
Option Two	22	£96,279	30	£308,726	39	£287,817.47
	2018-19		2019-20			
Option	No. of people	Cost	No. of people	Cost		
Option One Total	103	£1,875,293.80	122	£3,432,428.45		
Option One - Adults only	79	£1,640,764.55	81	£2,701,004.72		
Option Two	70	£613,366.38	161	£2,062,732.02		

Since the implementation of the Social Care - Self-Directed Support (Scotland) Act 2013 the number of packages of care for people opting for Options 1 and 2 has increased year on year. Over the last year there has been an increase in spend of 3% for Option 1 and 236% for Option 2.

Within Children and Families Services, where there is an assessed need for services for children with a disability a full discussion with parents and carers about all 4 Self Directed Support options takes place. In many cases working in collaboration with Dundee Carers Centre, 'option 1' services continue to increase in number and as a proportion of the total number of services. Confidence grows as new models of support are created. The Personal Assistant training pilot below is an example of a valuable innovation.

Personal Assistant Training for Young People pilot programme.

The idea behind the 3 week programme stemmed from discussions with families who had children with additional support needs. Some parents were keen to employ Personal Assistants of a similar age and with similar interests to provide support to their children through the direct payment scheme.

The pilot programme was run in partnership with Young Carers Project , Children with Complex and Additional needs Children and Families Service, Youth Employability and Learning Organisational Development in Dundee City Council.

11 young people were identified to take part in the pilot aged between 17 and 22 years old and 9 young people completed the course,

The young people achieved employability skills and completed core training courses to equip them to support and care for others. They then received certificates of achievement to verify that they completed the course to support future employment. To date 3 have found work as personal assistants and 3 others have gone on to further education.

Quotes from course participants

"I learned a lot doing this course and would recommend it to "

"Learning new skills that make you confident"

"It's fun, inclusive and you learn new things and get to meet new people"

" It's a good way to improve confidence and acquire new skills on the way"

At the time of publication of this annual report social work and social care services, alongside other public, third and private sector services, are responding to the unprecedented challenge of the COVID-19 pandemic. Social work and social care services for adults, children and young people have been rapidly re-designed to meet the needs of individuals and families (including carers) who have been directly impacted by COVID-19, as well as to maintain essential services to individuals and wider communities. Significant work has also been undertaken to support our social work and social care workforce and unpaid carers and to protect their mental health and wellbeing. The social work and social care response to the COVID-19 pandemic will be reported on in my next annual report. Recovery Plans for the Health and Social Care Partnership and Council Children and Families Service set the context within which we will undertake wider improvement activities during 2020/21 and will have a significant impact on the capacity and resources available to address improvement priorities. At this time I have identified a small number of improvement priorities that I will seek to support the social work and social care workforce and our partners to implemented over the next 12 months alongside our COVID-19 recovery work.

In this context, over the next year our priorities for Social Work and Social Care will be:

- Across all services, continued implementation of the Transforming Public Protection Programme with the Care Inspectorate with a focus on the roll out of new approaches to chronologies and risk assessment and further development of options appraisal for the future delivery of multi-agency screening functions.

- In Children's Services, continue to progress the work of CELCIS ANEW, WM2Y and Fort which alongside the PACE program and our improvement plan are aligned to our commitment to implement the findings of the Independent care review in Dundee whilst at the same time ensuring defensible practice which supports children and addresses risks.

- In Community Justice, work with partners to continue to develop new approaches to women, employability, prison release, electronic monitoring, males aged 21-26 years at risk of custody and young people. This will be particularly challenging given the impact of the pandemic on delaying Court processes and rising levels of imprisonment.

- In Health and Social Care, continue to strengthen our arrangements for responding to adults at risk and improvement activities in response to complex delayed discharge and unscheduled care. We will also focus on continuing our work with partners to implementation action plans in responses to the Dundee Drugs Commission and Independent Inquiry into Mental Health Services in Tayside.

- In Health and Social Care, participate in the national review of adult social care, sharing our experiences and learning from the integration of health and social care services.

- In all areas, continue to address major financial challenges which will continue to require new ways of working, the active involvement of communities in service redesign, joint work with neighbouring authorities and prioritisation of resources towards key needs.

Appendix 1
Summary of Care Inspectorate Gradings – All Registered Services with the exception of Care Homes in Dundee

Organisation	Name of Service	Service Type	Category LA/ Priv/Vol	Inspection Date	People's Wellbeing	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Dundee City Council	White Top Centre	Adult Respite	LA	31/07/19		6	n/a	n/a	5
Dundee City Council	Mackinnon Centre	Adult Respite	LA	06/12/19		5	n/a	n/a	4
Dundee City Council	Oakland Centre	Support Service	LA	28/09/16		6	5	6	5
Dundee City Council	Wellgate Day Support Service	Support Service	LA	25/02/16					
Dundee City Council	Weavers Burn	CAH/HS	LA	23/07/19		5	n/a	5	5
Dundee City Council	Craigie House	Care Home	LA	12/12/19	5	5	n/a	n/a	n/a
Dundee City Council	Menzieshill House	Care Home	LA	18/09/19	5	5	n/a	n/a	n/a
Dundee City Council	Turriff House	Care Home	LA	25/11/19	4	4	n/a	n/a	n/a
Dundee City Council	Janet Brougham House	Care Home	LA	08/11/19	5	4	n/a	n/a	n/a
Dundee City Council	Gillburn Road	Respite	LA	11/11/19		3	n/a	n/a	4
Dundee City Council	The Junction	Care Home	LA	05/09/19		4	n/a	n/a	n/a
Dundee City Council	Millview Cottage	Care Home	LA	26/07/19		4	n/a	3	3
Dundee City Council	Drummond and Forester House	Care Home	LA	20/01/20		3	4	3	3
Dundee City Council	Fairbairn St YPU	Care Home	LA	11/11/19		4	n/a	n/a	n/a
Dundee City Council	Fostering Services	Fostering	LA	20/11/17		5	n/a	n/a	4
Dundee City Council	Adoption Services	Adoption	LA	20/11/17		5	n/a	n/a	4
Dundee City Council	Through-care & Aftercare Service	Housing Support Service	LA	17/03/16		4	n/a	5	3
Dundee City Council	Homecare Social Care Response Service	Housing Support Service	LA	18/02/20		5	n/a	5	5
Dundee City Council	Care at Home City Wide	Care at Home and Housing Support combined	LA	31/01/20		5	n/a	5	5

Appendix 1 (continued..)

Organisation	Name of Service	Service Type	Category LA/ Priv/Vol	Inspection Date	People's Wellbeing	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
Dundee City Council	Home Care Enablement and Support City Wide and Community MH Older People Team	Care at Home and Housing Support combined	LA	31/01/20		5	5	n/a	n/a
Dundee City Council	Supported Living Team	Support Service	LA	01/10/19		6	n/a	6	5
Dundee City Council	Dundee Community Living	Support Service	LA	13/09/19		6	n/a	6	6

n/a - not assessed (including where there is no requirement to be assessed)

2019-20

19-20

2019-20

2019-

019-20

2019-20

Head of Health and Community Care/
Chief Social Work Officer
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REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
                  15 DECEMBER 2020**

REPORT ON: **DUNDEE HEALTH AND SOCIAL CARE INTEGRATION SCHEME
                  STATUTORY REVIEW**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB48-2020**

1.0   PURPOSE OF REPORT

1.1   The purpose of this report is to inform the Integration Joint Board that NHS Tayside and
         Dundee City Council have completed the statutory review of the Dundee Health and Social
         Care Integration Scheme and have agreed that a revised scheme is to be prepared.

2.0   RECOMMENDATIONS

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

2.1   Note the contents of this report, including that Dundee City Council and NHS Tayside have
         completed the statutory review of the Dundee Health and Social Care Integration Scheme and
         agreed that a revised scheme will now be prepared.

2.2   Instruct the Chief Officer to make arrangements for the full participation of the Dundee Health
         and Social Care Partnership in the preparation of a revised scheme and to report progress to
         the Integration Joint Board no later than 31 March 2020.

3.0   FINANCIAL IMPLICATIONS

3.1   None.

4.0   MAIN TEXT

4.1   Background Information

4.1.1   The Public Bodies (Joint Working) (Scotland) Act 2014 sets the statutory framework for
         integrating adult health and social care, to ensure a consistent provision of quality, sustainable
         care services for the increasing number of people in Scotland who require joined-up support
         and care, particularly people with multiple, complex long-term conditions.

4.1.2   Part 1, sections 1 to 8 of the 2014 Act sets out statutory requirements to prepare an
         integration scheme. The integration scheme is a legally binding agreement between a local
         authority and health board who are known as 'the parties' to the integration scheme. The
         scheme describes what the parties, in Dundee that is Dundee City Council and NHS Tayside,
         will do to enable the Integration Joint Board to meet its responsibilities (or 'delegated
         functions). It does not describe what the IJB will do in detail. The scheme contains high level
         statements of commitment to ensure flexibility and accommodate future changes.

4.1.3   The Dundee Health and Social Care Integration Scheme came into force on
         22 September 2016, having been approved by the Scottish Parliament on the same date in
         2015. Minor amendments to the scheme were approved in February 2018 to allow for the
         delegation of new legislation. The current scheme can be found in the publication section of
         the   Dundee   Health   and   Social   Care   Partnership   website
         (https://www.dundeehscp.com/sites/default/files/publications/dundee_integration_scheme.pdf)
         .

4.2   Review of the Dundee Health and Social Care Integration Scheme

4.2.1   Under section 44 of the 2014 Act the parties have a legal duty to formally review the integration scheme five years from its date of approval, in this case by 22 September 2020. The review must identify whether any changes to the scheme are necessary or desirable. Section 44 (4) directs that the review must take account of any views of relevant persons.

4.2.2   NHS Tayside and Dundee City Council, having consulted with representatives of Dundee Health and Social Care Partnership, have formally completed their statutory review of the integration scheme. The parties identified a number of areas within the integration scheme that require to be updated and have agreed that the level of amendment identified by the review warrants the development of a revised scheme.

4.3   Preparation of a Revised Integration Scheme

4.3.1   Section 46 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the requirements where a local authority and Health Board agree that that changes to an integration scheme are necessary or desirable and agree to jointly prepare a revised integration scheme. This includes, at section 46 (4) a statutory requirement to consult relevant persons and to take account of any views expressed in finalising the revised integration scheme (section 46 (5)). Once finalised the revised scheme must be jointly submitted by the parties to Scottish Ministers for approval; until approval the current integration scheme remains in place.

4.3.2   It is the intention of Dundee City Council and NHS Tayside to work with Angus Council, Perth and Kinross Council and the three Health and Social Care Partnerships across Tayside to prepare revised schemes for all three local areas. Reviews in each area have identified a large number of similarities in areas requiring amendment, however provisions will be made for local discussion of specific issues where this is required.

4.3.3   A short-life working group of officers from each of the bodies named in section 4.3.2 will be established; representation from Dundee Health and Social Care Partnership will be by the Chief Finance Officer and Service Manager, Strategy and Performance. This group will report to the Tayside joint-Chief Executives Group. The short-life working group will progress the drafting of a revised scheme by the end of March 2021 after which there will be a period of consultation with the prescribed consultees (section 46(4) of the 2014 Act). It is anticipated that a final revised scheme will be produced by July 2021 for submission to Scottish Ministers for approval.

5.0   POLICY IMPLICATIONS

5.1   This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0   RISK ASSESSMENT

6.1   This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0   CONSULTATIONS

7.1   The Chief Finance Officer, Head of Service – Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0   DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	**x**
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

9.1   None.

Vicky Irons   DATE: 15   September
Chief Officer   2020

Kathryn Sharp
Service Manager, Strategy and Performance

Dundee
Health & Social Care
Partnership

REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
                  15 DECEMBER 2020

REPORT ON: DELEGATED BUDGET DEVELOPMENT 2021/22

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB52-2020

1.0   PURPOSE OF REPORT

1.1   The purpose of this paper is to provide the Integration Joint Board (IJB) with an update in relation the development of the IJB's delegated budget 2021/22. This paper forms phase one of a series of budget development reports to be presented to each IJB meeting leading up to the IJB meeting in March 2021 when the delegated budget will be laid before the IJB for approval.

2.0   RECOMMENDATIONS

       It is recommended that the IJB:

2.1   Notes the content of this report including the range of potential budget pressures which will need to be addressed through the budget development process.

2.2   Remits to the Chief Finance Officer to bring updated reports to each of the remaining IJB meetings to the end of this financial year culminating in the presentation of a proposed budget for 2021/22 for consideration by the IJB at special budget meeting in March 2021.

3.0   FINANCIAL IMPLICATIONS

3.1   At this stage of the budget process work is being carried out to estimate the potential cost of a range of budget pressures which may impact on the IJB's delegated budget in 2021/22 and beyond. These will continue to be developed, refined and shared with the IJB throughout the remaining months of 2020/21. An updated position will be presented to each IJB meeting until the end of this financial year as further clarity is available in relation to the various factors impacting on the budget with the final budget proposal to be considered by the IJB at a special budget' meeting in March 2021.

4.0   MAIN TEXT

4.1   Discussions are underway between officers of the Health and Social Care Partnership and Dundee City Council in relation to the shape of the delegated budget for 2021/22 with early dialogue with NHS Tayside around the likely financial framework within which the NHS Tayside financial proposition will be based. The required response to and uncertainty caused by the Covid pandemic has delayed the early stages of development of the IJB's delegated budget however progress is now being made to estimate the range of potential cost pressures the IJB is likely to face in 20221/22 and beyond.

4.2   As a result of delays in the publication of the UK Government's Budget, the Scottish Government's Finance Settlement has been delayed until the end of January 2021. This has implications for the IJB in that Dundee City Council is likely to delay setting its budget until March 2021 therefore the IJB will not have confirmation of the financial settlement it will receive from Dundee City Council until then. NHS Tayside may also delay finalising setting its budget given the later timetable for national funding announcements.

4.3 While there are no indications from the Scottish Government at this stage as to what the level of local government and NHS Boards funding will be for 2020/21, given the current economic conditions which have been exacerbated by the Covid-19 pandemic, it would be reasonable to expect that any national budget announcements will involve a number of fiscal challenges and resultant restrictions in available funding. Dundee City Council's medium-term financial strategy states that "*the reduction of grant that the Council receives after providing for new responsibilities will be shared by all directly provided and commissioned services, including Health and Social Care, Leisure & Culture Dundee and the Third Sector*". From an IJB perspective, when set against the range of anticipated cost pressures, the overall budget settlement is likely to result in funding shortfalls and consideration of a range of options to achieve a balanced budget.

4.4 Dundee Health and Social Care Partnership is at the centre of the Covid19 response and the legacy of Covid19 will continue throughout 2021/22 with increasing demand for post covid rehabilitation services and increasing mental health presentations and substance misuse issues. The impact on population health is anticipated to be significant due to delays in treatments for some conditions and impact of increasing poverty and health inequalities within the city. At this stage it is not known if the Scottish Government will provide additional funding to support IJB's to respond to the Covid-19 pandemic as they have done in 2020/21.

4.4 Achieving financial sustainability for the IJB's delegated budget is crucial if the IJB is to meet its strategic priorities. Audit Scotland's commentary in the 2019/20 annual audit report notes concerns over the ongoing financial sustainability of the IJB as follows:

"The low level of reserves, combined with a trend of overspends and the uncertainty over funding Covid-19 costs represents a significant financial sustainability risk for the IJB. The lack of sustainability undermines how the IJB will be able to improve and deliver vital health and social care services."

The 2020/21 delegated budget will therefore be required to demonstrate a financially sustainable position.

4.5 The challenges as a result of the Covid19 pandemic are in addition to the anticipated cost pressures to be faced over 2021/22 which are noted as follows:

- Underlying demographic growth to reflect an increasingly frail population
- Continued underlying growth reflecting the increased prevalence in the city of people with mental health and substance misuse issues and a learning disability.
- General inflationary cost pressures e.g. staff pay awards
- Anticipated cost increases in the National Care Home Contract
- Continued pressures around ensuring fair work practices and payment of the living wage in contracted social care services in addition to ensuring sufficient funding provided to contracted services to ensure financial viability
- Uncertainty of future levels of prescribing costs and demand
- Uncertainty caused by the implications of the UK's withdrawal from the European Union
- Provision to meet current cost pressures (e.g. care at home services)
- Provision to re-instate non-recurring savings (e.g. Carers Strategy funding)
- Provision for Scottish Government policy implementation.

4.6 Work has commenced to calculate the estimated impact of all of these pressures and this will be reported to the IJB as part of the budget development process which will consist of a range of IJB development sessions and reports to formal IJB meetings over the coming months.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0   RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable Transformation Programme Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Approval recommendation	Despite the high level of risk, it is recommended that this should be accepted at this stage of the budget process with a reviewed position set out as the proposed budget is set out to the IJB in March 2020.

7.0   CONSULTATION

7.1   The Chief Officer and the Clerk have been consulted on the content of this paper.

8.0   BACKGROUND PAPERS

8.1   None.

Dave Berry   **DATE**:   19 November
Chief Finance Officer   2020

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –**
15 DECEMBER 2020

REPORT ON: **FINANCIAL MONITORING POSITION AS AT OCTOBER 2020**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB53-2020**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial monitoring position for delegated health and social care services for 2020/21 including an overview of the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the overall projected financial position for delegated services to the 2020/21 financial year end as at 31st October 2020 as outlined in Appendices 1, 2, 3 and 4 of this report.

2.2 Notes the costs and financial risks associated with Dundee Health and Social Care Partnership's response to the COVID-19 crisis as set out in section 4.5 of this report.

2.3 Notes that officers within the Health and Social Care Partnership will continue to carefully monitor expenditure and develop a range of actions to mitigate any overspend.

3.0 FINANCIAL IMPLICATIONS

3.1 The underlying financial monitoring position for Dundee Health and Social Care Partnership based on expenditure to 31st October 2020 (excluding any implications of additional COVID-19 spend) shows a net projected overspend position at the year-end of £52k. This is a significantly improved position from the net overspend of £4m incurred during 2019/20.

3.2 The Scottish Government has made a commitment to provide additional funding for mobilisation plans developed by Health and Social Care Partnership's in response to the COVID-19 crisis. Estimated and actual funding requirements for 2020/1 are submitted to the Scottish Government on a monthly basis and at this stage include a number of assumptions around the scale of increasing costs, some of which have been agreed nationally. This includes estimated additional costs which care providers are anticipated to incur alongside in-house services in relation to issues such as increased staff absence levels, increased use and cost of PPE and loss of income. Providers can request reimbursement of these additional costs from Health and Social Care Partnerships.

3.3 The projected total cost of the most recent Mobilisation Plan financial return submitted to the Scottish Government in October 2020 (Quarter 2 return) is £11.487m.

3.4 The Scottish Government announced an initial funding allocation of £50m across Scotland to support Health and Social Care Partnerships in May 2020 of which Dundee has received £1.429m. A further announcement of an additional £50m of funding to be made available nationally was made in early August 2020 with £25m of this released to partnership's immediately. In late September, the Scottish Government announced a total funding package to the value of £1.089m to cover NHS and Integration Authority additional costs. This includes the £100m already announced and is set out in detail in section 4.5.4 of this report.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

4.1.2 The IJB's final budget for delegated services was approved under the Essential Business Procedure in operation due to the COVID-19 crisis. This was set out in Report DIJB15-2020 (Article V of the minute of the 25 August refers).

4.1.3 The financial information presented has been provided by the finance functions of NHS Tayside and Dundee City Council as set out within the Integration Scheme.

4.1.4 Under the terms of the Integration Scheme, the risk sharing arrangements in relation to any residual overspends incurred by the end of the financial year will be met proportionately by the Council and NHS Tayside. Discussions will be ongoing throughout the financial year with both parties to consider the implications of the IJB's projected financial position. Officers within the partnership will continue to explore areas to control expenditure and achieve the savings targets identified.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (More Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain. These figures exclude the potential cost implications of responding to the COVID-19 crisis.

4.3 Services Delegated from NHS Tayside

4.3.1 The financial projection for services delegated from NHS Tayside to the IJB indicates a projected underspend of around £1,718k by the end of the financial year. Assuming all additional Covid costs are covered by additional funding, community based health services managed directly by Dundee Health and Social Care Partnership are projected to be underspent by approximately (£995k) and overall prescribing is projected to be underspend by (£449k). A further underspend of (£163k) is projected as a result of the net effect of hosted services risk sharing.

4.3.2 Service underspends are reported within Community Based Psychiatry of Old Age (£700k), Keep Well (£140k), Public Health (£120k) hosted services such as Psychology (£380k), Tayside Dietetics (£60k), Learning Disability (Tayside AHP) (£100k) and Sexual & Reproductive Health (£270k) mainly as a result of staff vacancies.

4.3.3 Service overspends are anticipated in Enhanced Community Support £643k, Medicine for the Elderly £610k and Psychiatry of Old Age In-Patients £585k. Occupational Therapy budgets are projected to be overspent by £200k with further overspends arising in Community Nursing of £250k and General Adult Psychiatry of £220k. Additional staffing pressures have contributed to the adverse position, mainly through the Covid-19 response with additional Scottish Government funding anticipated to cover these additional costs.

4.3.4 Members of the IJB will also be aware that Angus and Perth and Kinross IJBs host delegated services on behalf of Dundee IJB and a number of services are hosted by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net overspends to the value of £151k being recharged with the net impact of hosted services to Dundee being an underspend of £163k.

4.3.5 The IJB should note that following the transfer of the operational management arrangements in relation to In Patient Mental Health Services in June 2020 from Perth and Kinross IJB to NHST Tayside, the operational financial management responsibility has also transferred. This has removed a significant financial risk from Dundee Integration Joint Board's financial position.

4.4 Services Delegated from Dundee City Council

4.4.1 The financial projection for services delegated from Dundee City Council to the IJB shows an anticipated overspend of £1,769k which is a significant improvement from the 2019/20 year end position where an overspend of £5.6m was incurred.

4.4.2 A significant financial challenge facing the IJB's delegated budget continues to be the provision of home and community based social care at a sufficient level to meet increasing demographic demand and reduce delayed discharges in hospital while balancing financial resources. As a result of this, care at home services are projected to be overspent by around £1.8m at this stage of the financial year. Payments to other bodies for services received are anticipated to be around £500k overspent with reductions in care home placements for adults and older people leading to an underspend of around £120k, with a further underspend in respite care of £386k. Staff costs are projected to be £125k underspent.

4.5 Financial Impact of the COVID-19 Response

4.5.1 The HSCP's response to the crisis to date and plans for the immediate recovery period continue to evolve through the development of the HSCP's Mobilisation Plan. This is a live document which reflects the changing response as more is known about the impact of COVID-19, the response to it and how services have and will continue to adapt to life living with the disease. This has had to be submitted regularly to the Scottish Government through NHS Tayside for review.

4.5.2 Alongside the Mobilisation Plan, a monthly financial return has been submitted to the Scottish Government setting out the actual additional expenditure by HSCP's incurred to date and anticipated by the end of the financial year in responding the impact of COVID-19. This includes a range of as yet unknown costs for which assumptions have been made based on the best information available at this time.

4.5.3 The mobilisation plan includes additional expenditure incurred through both NHS Tayside and Dundee City Council services. Additional interim funding of £75m nationally has been released by the Scottish Government to HSCP's to meet additional social care costs of the response with separate funding being provided to NHS Boards to pass through to HSCP's to fund additional health services costs. Dundee HSCP has received its initial allocation of this funding of £2.144m.

4.5.4 In late September 2020, the Scottish Government announced an overall funding package for health and social care totalling £1.083 billion (inclusive of the £100m for social care already announced) to fund additional costs incurred by Health Boards and Integration Authorities in responding to the Covid-19 pandemic. The allocation of this funding is based on a number of different factors, including actual spend based on the first quarter financial return and the application of national formulae (NRAC). Given the level of uncertainty around different aspects of projected costs, funding has been confirmed on the basis of actual spend for quarter 1 for health and social care costs (health capped at the NRAC share) with quarters 2-4 confirmed at 70% of projected health costs and 50% of projected social care costs. Other

costs such as family health services will be funded separately and the Scottish Government has not made any provision at this stage for the under delivery of planned financial savings. Under this formula, Dundee IJB's allocation has been calculated at £8.162m of which £2.144m has been received to date. This leaves a potential risk exposure of around £2.8m should further funding not be released (not including non-achievement of savings).

4.5.5   The mobilisation plans are expected to cover all reasonable additional expenditure incurred in response to the COVID-19 crisis. This includes additional staff costs incurred as a result of additional COVID-19 related absences such as through sickness, self-isolating or shielding, additional staff brought in to meet demand levels and to support new services or different ways of working. Additional expenditure has been incurred on increased requirement for PPE and the increasing cost of this due to short supply issues. Further costs have been incurred in relation to additional IT equipment to facilitate home / mobile working. Increased expenditure in relation to the provision of General Practice and prescribing costs are also reflected in the financial return. Further provision has been made for increased capacity over the winter period to increase the bed base in Royal Victoria Hospital and Kingsway Care Centre and appropriate community supports should there be an increase in COVID-19 cases. Loss of charging income from service users due to services no longer being provided or through lack of financial assessments being made are also a feature of the mobilisation plan. Provision has also been made for the non-achievement of financial savings as set out in the IJB's financial plan for 2020/21.

4.5.6   The most significant projected costs within the mobilisation plan relate to care provider sustainability expenditure. Health & Social Care Partnerships are expected to support local care providers financially to ensure the social care market is stabilised. Providers can request additional payments through a financial support claim process to Dundee Health & Social Care Partnership. This covers similar expenditure incurred within in-house services such as PPE and additional staff cover for sickness absence but also includes some sector specific, Scottish Government directed requirements such as the Social Care Support Fund, which ensures any worker in the sector who is or has been absent from work due to COVID-19 related issues is paid their normal contractual pay and not just statutory sick pay. Guidance on the specific features of this scheme was issued in late June therefore providers are working this through their payroll systems now and starting to provide financial information on the cost of this through the provider financial support process. This is anticipated to result in a significant additional cost given the higher levels of sickness absence experienced during the crisis however the actual figure is not known at this stage.

4.5.7   Care homes have been impacted on significantly and national agreements are in place, funded through mobilisation plans for HSCP's to make under occupancy payments to ensure they remain viable while some are closed to admissions. The weekly fee payable to care homes has been agreed nationally and represents 80% of the national care home rate (£592 per place per week for nursing care and £508.63 per place per week for residential care). This ensures that standard running costs of the home are funded. Given the continued high level of vacancies within care homes this is expected to be one of the largest expenditure areas within the mobilisation plan. These payments will be tapered down over the next few months to manage a transition to increasing occupancy. The final actual additional expenditure is not known at this stage however payments of around £1.5m have been made to date.

4.5.8   The providers financial support claim process involves assessment and scrutiny as well as benchmarking where possible by contracts officers and commissioning leads with a recommendation made to the Chief Finance Officer of Dundee IJB as to the reasonableness of the request. The Chief Finance Officer considers these recommendations and other considerations prior to authorising additional provider payments.

4.5.9 The latest financial summary of the mobilisation plan as submitted to the Scottish Government in October 2020 (Quarter 2 return) is as follows:

Mobilisation Expenditure Area	Estimated Additional Expenditure to Year End (2020/21) £000
Additional Bed Capacity (Royal Victoria/Kingsway Care Centre)	906
PPE	78
Additional Staff Cover / Temporary Staff	2,616
Provider Sustainability Payments	4,886
Additional Support to Vulnerable People	19
IT / Telephony	46
Additional GP Practice Costs	678
Additional GP Prescribing Costs	161
Loss of Charging Income	1,183
Increased Equipment & Supplies	103
Increased Transport Costs	159
Additional Winter Planning	60
Rehab & Recovery Costs	111
Total Projected Additional Costs	11,006
Anticipated Underachievement of Savings	481
Total Projected Mobilisation Cost	11,487
Projected NHS Tayside Spend	3,433
Projected Dundee City Council Spend	8,054

Please note this is based on a range of assumptions, including national agreements therefore is subject to change as actual expenditure figures become clearer throughout the financial year.

4.5.10 Funding for additional NHS expenditure will be provided by the Scottish Government through NHS Boards to HSCP's. At this stage, there is no confirmation that the anticipated commitments set out above will be fully funded through that mechanism.

4.5.11 Funding for additional DCC spend will be through separate health and social care funding announced by the Scottish Government of up to £100m to date. There has not been confirmation as yet from the Scottish Government that the full additional social care costs will be met from a subsequent release of additional funding.

4.5.12 Therefore there is a significant risk that there will be insufficient funding available to DHSCP to fully fund the anticipated additional cost of responding to the COVID-19 crisis. Dundee Integration Joint Board has no uncommitted reserves to support funding shortfalls and currently sits with a balance of committed reserves of £492k as set out in section 4.6. Given DHSCP is already operating within a challenging financial position with a net overspend incurred in 2019/20 of £4m and a range of interventions already being taken to balance the underlying budget position for 2020/21, full mitigation of unfunded costs will not be possible. While additional COVID-19 expenditure is controlled and monitored by DHSCP, the potential cost of decisions made nationally to support care providers will result in a commitment which can only be partly controlled by DHSCP and will be difficult to reduce. However, should additional funding not be sufficient, DHSCP will only have a limited opportunity to implement an effective financial recovery plan and will not be able to commit further mobilisation plan expenditure. This exposes both Dundee City Council and NHS Tayside to financial risk given, under the terms of the Integration Scheme any financial shortfall at the year-end is shared proportionately by the two partner organisations.

4.6 Reserves Position

4.6.1 The IJB's reserves position was adversely affected at the year ended 31st March 2020 as a result of a planned drawdown from reserves to support service delivery and to contribute to funding the significant overspend incurred during last financial year under the risk sharing arrangement. This leaves the IJB with no uncommitted reserves with those reserves remaining set aside for commitments, including Scottish Government specific funding. The Scottish Government is likely to reduce the level of specific funding for these streams in 2020/21 by the balances of reserves noted below.

IJB Committed Reserves	Value £k
Primary Care Improvement Funding	28
GP Premises Funding	89
Action 15 Mental Health Funding	36
Historic ADP Funding Carried Forward	339
Total	492

4.7 Savings Plan

4.7.1 The IJB's savings for 2020/21 were considered under the Essential Business Procedure however IJB members were provided with the opportunity to consider the implications of these prior to agreement being reached. The total savings to be delivered during 2020/21 amount to £2,342k and at this stage of the financial year it is considered that the risk of these not being delivered are generally low. This assessment is set out in Appendix 4.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 5 = Risk Scoring 20 (which is Extreme Risk Level)
Mitigating Actions (including timescales and resources)	The IJB has agreed a range of efficiency savings and other interventions to balance expenditure. A range of service redesign options through the Transformation Programme will offer opportunities to further control expenditure. Regular financial monitoring reports to the IJB will highlight issues raised.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level)
Approval recommendation	While the inherent risk levels are extreme, the impact of the planned actions reduce the risk and therefore the risk should be accepted.

7.0   CONSULTATIONS

7.1   The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0   DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	**Direction to:**	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

9.1   None.

Dave Berry   Date: 23rd November 2020
Chief Finance Officer

	Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2020/21   **Oct-20**

	Dundee City Council Delegated Services		NHST Dundee Delegated		Partnership Total	
	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000	Net Budget £,000	Projected Overspend / (Underspend) £,000
Older Peoples Services	41,634	1,270	16,380	1,272	58,015	2,541
Mental Health	4,796	445	3,669	220	8,465	665
Learning Disability	24,615	263	1,458	(50)	26,073	213
Physical Disabilities	5,786	438	0	0	5,786	438
Substance Misuse	2,067	(158)	2,637	200	4,704	42
Community Nurse Services/AHP/Other Adult	969	(626)	13,191	368	14,160	(258)
Hosted Services	0	0	20,534	(76)	20,534	(76)
Other Dundee Services / Support / Mgmt	210	136	32,130	(275)	32,340	(139)
Centrally Managed Budgets	0		877	(454)	877	(454)
Less: Covid 19 Spend			0	(2,200)	0	(2,200)
Total Health and Community Care Services	**80,078**	**1,769**	**90,878**	**(995)**	**170,956**	**774**
Prescribing (FHS)	0	0	31,901	(398)	31,901	(398)
Other FHS Prescribing	0	0	301	(151)	301	(151)
General Medical Services	0	0	27,244	67	27,244	67
FHS - Cash Limited & Non Cash Limited	0	0	20,916	(77)	20,916	(77)
Large Hospital Set Aside			18,172	0	18,172	0
Total	**80,078**	**1,769**	**189,412**	**(1,554)**	**269,490**	**215**
Net Effect of Hosted Services*			(3,186)	(163)	(3,186)	(163)
Grand Total	**80,078**	**1,769**	**186,225**	**(1,718)**	**266,303**	**52**

*Hosted Services - Net Impact of Risk Sharing Adjustment

- AHP – Allied Health Professionals
- FHS – Family Health Services

Dundee City Integration Joint Board – Health and Social Care Partnership – Finance Report October 2020

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)	Annual Budget	Projected Over / (Under)
	£,000	£,000	£,000	£,000	£,000	£,000
Psychiatry Of Old Age (POA) (In Patient)			4,522	585	4,522	585
Older People Serv. – Ecs			1,093	643	1,093	643
Older Peoples Services -Community			674	0	674	0
Continuing Care			0	60	0	60
Medicine for the Elderly			5,454	610	5,454	610
Medical (POA)			716	45	716	45
Psychiatry Of Old Age (POA) – Community			2,276	-700	2,276	-700
Intermediate Care			26	-21	26	-21
Medical (Medicine for the Elderly)			1,620	50	1,620	50
Older People Services	41,634	1,270			41,634	1,270
Older Peoples Services	41,634	1,270	16,380	1,272	58,015	2,541
General Adult Psychiatry			3,669	220	3,669	220
Mental Health Services	4,796	445			4,796	445
Mental Health	4,796	445	3,669	220	8,465	665
Learning Disability (Dundee)	24,615	263	1,458	-50	26,073	213
Learning Disability	24,615	263	1,458	-50	26,073	213

	Dundee City Council Delegated Services		NHST Dundee Delegated Services		Partnership Total	
	Dundee City Council Delegated Services		**NHST Dundee Delegated Services**		**Partnership Total**	
	Annual Budget	**Projected Over / (Under)**	**Annual Budget**	**Projected Over / (Under)**	**Annual Budget**	**Projected Over / (Under)**
	£,000	**£,000**	**£,000**	**£,000**	**£,000**	**£,000**
Physical Disabilities	5,786	438			5,786	438
Physical Disabilities	5,786	438			5,786	438
Substance Misuse	2,067	-158	2,637	200	4,704	42
Substance Misuse	2,067	-158	2,637	200	4,704	42
A.H.P. Admin			422	-23	422	-23
Physiotherapy			3,941	-70	3,941	-70
Occupational Therapy			1,500	200	1,500	200
Nursing Services (Adult)			6,587	250	6,587	250
Community Supplies - Adult			315	70	315	70
Anticoagulation			426	-60	426	-60
Intake/Other Adult Services	969	-626			969	-626
Community Nurse Services / AHP / Intake / Other Adult Services	969	-626	13,191	368	14,160	-258

	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Palliative Care – Dundee			2,841	50	2,841	50
Palliative Care – Medical			1,236	200	1,236	200
Palliative Care – Angus			358	30	358	30
Palliative Care – Perth			1,795	170	1,795	170
Brain Injury			1,786	230	1,786	230
Dietetics (Tayside)			3,123	-60	3,123	-60
Sexual and Reproductive Health			2,131	-270	2,131	-270
Medical Advisory Service			105	-40	105	-40
Homeopathy			29	6	29	6
Tayside Health Arts Trust			63	0	63	0
Psychology			5,316	-380	5,316	-380
Psychotherapy (Tayside)			901	88	901	88
Learning Disability (Tayside AHP)			852	-100	852	-100
Hosted Services	0	0	20,534	-76	20,534	-76
Working Health Services			0	0	0	0
The Corner			428	-50	428	-50
Grants Voluntary Bodies Dundee			26	0	26	0
IJB Management			546	95	546	95
Partnership Funding			29,471	0	29,471	0
Urgent Care			0	0	0	0
Public Health			440	-120	440	-120
Keep Well			619	-140	619	-140
Primary Care			600	-60	600	-60
Support Services/Management Costs	210	136			210	136
Other Dundee Services / Support / Mgmt	210	136	32,130	-275	32,340	-139

Dundee City Council Delegated Services	NHST Dundee Delegated Services	Partnership Total

	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000	Annual Budget £,000	Projected Over / (Under) £,000
Centrally Managed Budgets			877	-454	877	-454
Less: Covid Identified Spend			0	-2,200	0	-2,200
Total Health and Community Care Services	**80,078**	**1,769**	**90,878**	**-995**	**170,956**	**774**
Other Contractors						
Prescribing (FHS)			31,901	-398	31,901	-398
Other FHS Prescribing			301	-151	301	-151
General Medical Services			27,244	67	27,244	67
FHS - Cash Limited and Non Cash Limited			20,916	-77	20,916	-77
Large Hospital Set Aside			18,172	0	18,172	0
Grand Total HSCP	**80,078**	**1,769**	**189,412**	**-1,554**	**269,490**	**215**
Hosted Recharges Out			-12,118	-324	-12,118	-324
Hosted Recharges In			8,931	161	8,931	161
Hosted Services - Net Impact of Risk Sharing Adjustment			**-3,186**	**-163**	**-3,186**	**-163**
Total	**80,078**	**1,769**	**186,225**	**-1,718**	**266,303**	**52**

**NHS Tayside - Services Hosted by Integrated Joint Boards - Charge to Dundee
Integration Joint Board** **Appendix 3**

Risk Sharing Agreement - October 2020

Services Hosted in Angus	Annual Bud	Forecast Over or (Underspend)	Dundee Allocation
Forensic Service	1,026,753	180,000	70,920
Out of Hours	7,981,342	475,000	187,150
Tayside Continence Service	1,872,116	0	0
Ang-loc Pharmacy	1,502,839	(39,000)	(15,366)
Speech Therapy (Tayside)	1,199,794	(136,000)	(53,584)
Hosted Services	**13,582,844**	**480,000**	**189,120**
Apprenticeship Levy	46,000	2,200	867
Superannuation Cost Pressure	0	0	0
Baseline Uplift surplus / (gap)	0	0	0
Balance of Savings Target	-48,272	48,300	19,030
Grand Total Hosted Services	**13,580,572**	**530,500**	**209,017**

Services Hosted in Perth			
Prison Health Services	3,924,573	70,000	27,580
Public Dental Service	2,177,448	138,500	54,569
Podiatry (Tayside)	3,201,515	241,000	94,954
Hosted Services	**9,303,536**	**449,500**	**177,103**
Apprenticeship Levy - Others	41,700	2,100	827
Superannuation Cost Pressure - Others	0	0	0
Baseline Uplift surplus / (gap) - Others	72,000	0	0
Balance of Savings Target - Others	-329,314	(329,314)	(129,750)
Grand Total Hosted Services	**9,087,922**	**122,286**	**48,181**

Total Hosted Services	**22,668,494**	**652,786**	**257,198**

Dundee IJB - Budget Savings List 2020/21		
Proposed savings	2020/21 £000	Risk of delivery
Base Budget Adjustments		
Reduction in GP Prescribing Budget	306	Low
Full Year Effect of 2019/20 Saving - Review of Learning Disability Day Care	58	Low
Reduction in NHS Operational Discretionary Spend	400	Medium
Total Base Budget Adjustments	764	
New Savings for 2020/21		
New Meals Contract Price from Tayside Contracts under new CPU arrangements	114	Low
Reshaping Non-Acute Care Programme: Net Reduction in Withdrawing Intermediate Care Contract	496	Low
Review of Voluntary Sector funding for Older People	96	Low
Impact of DCC Review of Charges	152	Low
Review Investment of Additional Carers Funding (short term)	148	Low
Increasing Eligibility Criteria for Access to Services	271	Medium
Learning Disability Benchmarking Review	100	Medium
Review of Strategic Housing Investment Planning	200	Low
Total New Savings	1,578	
Total Base Budget Adjustments and New Savings	2,342	
Savings Target	2,342	

**Dundee
Health & Social Care
Partnership**

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
                  15 DECEMBER 2020**

REPORT ON: **RESHAPING NON-ACUTE CARE IN DUNDEE UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB54-2020**

1.0   PURPOSE OF REPORT

1.1   To update the Integration Joint Board (IJB) in relation to the work of the Reshaping Non-Acute Care Programme in Dundee, including progress in implementing plans for non-acute care and residential care in Dundee previously approved by the IJB.

2.0   RECOMMENDATIONS

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

2.1   Note the progress towards developing models of care as described in sections 4.1.3 to 4.1.7 of this report.

2.2   Note the delay in the development of the proposed replacement premises and the associated initial agreement, outline business case and full business case to be submitted to the Scottish Government (as outlined in section 4.2).

2.3   Instruct the Chief Finance Officer to submit a reinvestment plan for the development of the Home First model as outlined in section 4.1.8 of this report to the IJB no later than 31st March 2021.

2.4   Instruct the Chair of the Reshaping Non-acute care board to commission project support to enable the project to progress further.

3.0   FINANCIAL IMPLICATIONS

3.1   The capital cost of developing the project will be outlined in the Initial Agreement for onward submission to the Scottish Government for consideration of funding.

3.2   The proposed integrated model of care will provide opportunities for a more efficient use of resources, including shifting the balance of care which will be set out in the Initial Agreement.

4.0   MAIN TEXT

4.1   Background

4.1.1   In October 2017 the IJB received a report on Reshaping Non-Acute Care in Dundee that provided an overview of a programme of work initiated in 2014 as part of the steps to Better Healthcare initiative (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers). A review of the scope and deliverables of the programme was carried out in early 2016, with a new programme leadership, scope and deliverables and team emerging in mid-2016 focussing on the following:

- developing new models of care around frailty services in Dundee, including the services known as psychiatry of old age (POA) and medicine for the elderly (MFE);

- developing new models of care for neurological rehabilitation services, including the service known as the Centre for Brain Injury Rehabilitation in Dundee;

- developing a new model of care for stroke services in Dundee;

- identifying opportunities for integrated models of care for the above with Angus Health and Social Care Partnership;

- developing Community Hubs to deliver care and support to people in an integrated way in communities; and,

- identifying that whilst Specialist Palliative Care services were in scope for a period, existing accommodation was now recognised to be the most appropriate option for those services.

4.1.2 The proposed model of care for much of this work has been outlined in Proposed Model of Care for Older People - Business Case (Article VII of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers) and Remodelling Care for Older People (Article XIII of the minute of the meeting held on 27 June 2017 refers).

4.1.3 Progress in further developing the range of models described in the business case submitted to the IJB in October 2017 was subsequently reported to the Board in April 2019 (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 23 April 2019 refers). At this time, it was reported that as a result of the success of the community modelling the Partnership was in a position to achieve the desired model of inpatient care at Kingsway Care. In August 2020 the IJB received a further report describing the redesign of the Partnership operated care home provision and move to operate three specialist care homes (Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 25 August 2020 refers). This redesign of care home provision has brought the Partnership to a position where phase four of the business case originally submitted in October 2017 can commence. Whilst to date it has largely been possible to implement the model as outlined in this business case it has not been possible to fully recruit to all the posts and there are a number of cost pressures where demand has been higher than anticipated. It is proposed that the money which has not been able to be invested in pharmacy and dietetics is used to support Occupational therapy and the discharge hub within the overall financial envelope.

4.1.4 In previous reports the need for stroke rehabilitation facilities for those aged over 65 has been outlined. The Partnership subsequently were able to provide this when the success of the community model meant that demand for for Medicine for the Elderly beds reduced. Work is now underway to redesign neuro rehabilitation services and in particular to develop an options appraisal for stroke services in Dundee and Angus. This review will seek to identify what is important to people who have had a stroke and best practice in rehabilitation. The aim of this work will be to maximise recovery and support people in the best possible way throughout the whole journey.

4.1.5 In further reviewing the partnership's rehabilitation facilities a gap has been identified for adults with complex needs. This often involves adults with a combination of physical and mental health issues and complex social needs. It can be difficult to find pathways home for this group of people and they may be disadvantaged. The Partnership therefore intends to test a small unit at Royal Victoria Hospital for this group in the first instance and undertake further scoping work to ensure in-patient services are needs led and reflect the need of the population as they are today.

4.1.6   Since October 2017 there has been considerable progress towards developing locality working and many teams now work in localities. These services include the third sector, support for carers, care management, community nursing, care at home and enablement services, social care response, meals service, shopping service and practical support, community occupational therapy and physiotherapy services, equipment services, the independent living review team and independent living officer. Now that individual teams are working in a more locality focussed way the next step is to ensure that teams are working collectively together in a more integrated way to meet the needs of those localities. Discussions have continued with NHS Tayside to explore the development of community based chronic disease management hubs, which will potentially link with care and treatment services and chronic disease management teams. As an initial test of change secondary care phlebotomy services are now being provided though a clinic in the West of the City.

4.1.7   The current pressure on accommodation resulting from providing safe care during the COVID-19 pandemic has meant that the Partnership has had to provide some clinical services such as phlebotomy and flu vaccination from the Mackinnon Centre for a short period over the winter. This will need to be upscaled to include care and treatment, first contact physio and other services. This provides an opportunity to test and refine the Community Hub model and will provide support to a population with limited access to local facilities.

4.1.8   The work undertaken to date, while successful in shifting the balance of care has led to pressures on the community based services. While this is not unexpected, this provision cannot continue to grow on an ongoing basis. As highlighted in the Scottish Government Reshaping Care for Older People 2011 – 2021 report there are significant workforce issues to be considered. In addition this type of model is not what older people have told the partnership they want. Consultation with the population suggests that older people want to retain as much independence as they can for as long as they can. There is therefore recognition of the need to continue to transform services to facilitate those wishes. The agreed withdrawal from the Intermediate care contract has accelerated and opportunity to look at this. The partnership is now in a further phase of development of design of pathways to create a community-based rehabilitation model. This Home First work has three workstreams which work across the entire pathway. These are Community Redesign, Transitions redesign and unscheduled care redesign. It is anticipated that the output of this will be a reinvestment plan which will come to the IJB for consideration no later than 28 February 2021.

4.2   Proposed Replacement Premises

4.2.1   As described in the Reshaping Non-Acute Care in Dundee report submitted to the IJB in October 2017 the current accommodation used by the Partnership does not support the delivery of the partnership's service model (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 31 October 2017 refers). Much of it is no longer fit for purpose and no longer economic to keep up to standard. The Reshaping Non Acute Care work includes within it the option to replace the current premises which incorporate the services delivered within Royal Victoria Hospital (including Medicine for the Elderly Services; Centre for Brain Injury Rehabilitation inpatient services) and within Kingsway Care Centre (including Psychiatry of Old Age inpatient services). In progressing this redesign, the intention will be to seek capital funding for the development of community care centres and a different approach to the remodelling of residential care.

4.2.2   The application for the capital funding will be made to the Scottish Government and will broadly follow the established process set out for NHS Boards when seeking Scottish Government Capital Funding.

4.2.3   While this work has the ongoing support of the NHS Tayside Asset Management Group where it has received a high priority and the project support requirements have been scoped out it has not yet been possible to identity support. The current pandemic has increased the challenge and it will not now be possible to meet the original timescale. This has currently slipped by more than a year it is likely that there will be further delays. The IJB will be provided with further updates as to progress with the project including a revised timescales for delivery and completion of the project. In order to ensure the project is delivered within these revised timescales, dedicated project support will need to be commissioned.

4.3 Engagement

4.3.1 A wide range of stakeholders have been involved in the development of the wider service proposals and will continue to be involved in the co-production of the initial agreement once a project team is identified. Engagement with staff has been done in partnership with staff side representatives. Wider discussion has taken place through Strategic Planning Groups, Local Medical Committee Cluster Lead meetings, a broad range of team meetings and other fora. In order to ensure a comprehensive approach an engagement strategy has been produced.

5.0 POLICY IMPLICATION

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that as the programme progresses that there will be a delay in the completion of the new facility and the remodelled service and that the Partnership are unable to meet the Health and Social Care needs of the Dundee population.
Risk Category	Financial, Operational
Inherent Risk Level	Likelihood 5 x Impact 4 = Risk Scoring 20 (Extreme Risk Level)
Mitigating Actions	A number of actions have been taken in mitigation of the risk. These include adapting Kingsway care centre to reduce the ligature risk and increasing staffing levels. In addition work is underway to review the way in which existing accommodation is used to try and promote locality working. The commissioning of dedicated project support will help to mitigate this risk.
Residual Risk Level	Likelihood 5 x impact 3 =Risk scoring 15 (High Risk Level)
Planned Risk Level	Likelihood 3 x impact 3 = Risk Scoring 9 (High Risk Level)
Assessment of Risk Level	This risk should be accepted due to the mitigating actions being undertaken.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Head of Service – Health and Community Care and the Clerk were consulted in the preparation of this report.

7.2 Members of the Integrated Strategic Planning Group and of Clinical Fora, including the Tayside Older People Clinical Board and Older People Mental Health Sub Group and the Local Medical Committee Cluster Lead Meeting have been consulted on the detailed components that support this report.

8.0   DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0   BACKGROUND PAPERS

9.1   None.

Vicky Irons
Chief Officer   DATE: 19 November 2020

Jenny Hill
Locality Manager

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REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 15 DECEMBER 2020**

REPORT ON: **TAYSIDE DRAFT MENTAL HEALTH AND WELLBEING STRATEGY**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB55-2020**

1.0   PURPOSE OF REPORT

1.1   To brief the Integration Joint Board about the progress that has been made to co-create, co-design and co-produce a draft Tayside Mental Health and Wellbeing Strategy (the Strategy).

2.0   RECOMMENDATIONS

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

2.1   Acknowledges the considerable work that has been undertaken since March 2020 to co-produce the final Strategy. (Appendix 1)

2.2   Approves the direction of travel outlined within the final Strategy.

2.3   Acknowledges that the production of a Tayside Mental Health and Wellbeing Strategy will meet one of the main recommendations arising from the Independent Inquiry into Mental Health Services in Tayside "Trust and Respect".

2.4   Instructs the Chief Officer to submit to a future IJB meeting for consideration and approval a detailed implementation/ delivery plan with accompanying sustainable financial framework.

3.0   FINANCIAL IMPLICATIONS

3.1   The approval by Dundee IJB of the financial framework associated with the draft Mental Health and Wellbeing Strategy as outlined in this report is subject to a sustainable financial framework being developed. The framework would require to reflect both Tayside wide and local service developments, redesign and investment opportunities. Work has commenced on the framework and will be provided to the IJB for approval alongside a detailed change/ implementation plan associated with the Strategy.

4.0   MAIN TEXT

4.1   Report DIJB39-2020 "Mental Health and Wellbeing Strategic Update" was presented to the IJB in August 2020. The report outlined progress that had been made towards the co-production of a Tayside Mental Health and Wellbeing Strategy. The IJB instructed the Chief Officer to submit to a future IJB meeting the draft Strategy once this was available.

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

process of co-creation by those leading and involved in the strategy writing and further development.

4.3   To add to this and expand access to this process, we published the first draft on our website with a list of key questions and a feedback mechanism to the wider public, who may not have been engaged in the process to date. We also responded to a request for an extension to one group to enable an easy read version of the draft Strategy. This phase of work commenced on Monday, 02nd November, 2020, with the next phases of the Strategy timeline being:

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

4.4   The final draft strategy was co-created and produced at the end of November and now outlines the scope, scale and content of the strategy and its final content. This has been a shared process and vision achieved with the contributions of all key stakeholders who have co-created all aspects of the strategy content, size, format, designs, principles, values, and much, much, more. The final product will be co-designed with the recommendations already received and shared as part of the ongoing engagement.

4.5   We have agreed to produce the following versions of the MHW Strategy:

- Full Strategy
- Summary Strategy
- Easy Read version

There is also potential for the following versions and formats:

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

4.6   Mental Health staff across Tayside alongside people with lived experience and community organisations with support from the Mental Health and Wellbeing Programme team co-create and co-produce the strategy. All stakeholders have committed to the ongoing engagement sessions, programme and project groups as part of the infrastructure already in place. We will continue to host focus groups, and programme meetings to assemble the MHW Change Programme for delivery and implementation of the strategy over the coming years.

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

4.8   Influencing and contributing to the work has been a Strategy Writers Group which has met monthly since June 2020. This group includes representatives of all HSCPs, all job families in mental health including NHS Tayside staff and has a number of representatives with lived experience and some carers - all these people were fully involved and equally passionate to develop a blueprint for the way we want services to be in the future. We will use this strategy as the blue-print for developing our whole-system change programme.

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

4.10   The final production of the Strategy involves four elements; the Strategy itself, Mental Health Service Model and Clinical Priorities, Whole System Change Programme and Change Programme Delivery Plans. This report is asking IJB members to consider the direction of travel and priorities set out within the Strategy, all other elements are still in the process of development alongside a financial framework.

4.11   The Communication and Engagement process within the MHW programme is continuing with a detailed programme of work. As noted above significant engagement has been a work in progress and central to everything we do. Engagement with all key stakeholders, in particular those people with Lived Experience, third sector partners and mental health special interest groups continues.

4.12   Communications & Engagement Sub Group

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

4.13   To ensure staff voices feature strongly in the strategy and change programme we are working with all teams to invite contributions and participation from all and recognising the key role our staff side partner's play in co-designing and implementing all of the changes and redesign proposed. We have developed a partnership forum to ensure this. Staff from across all organisations who deliver mental health services and supports, including third sector organisations, are heavily involved in this co-design and co-creation. Staff side are helping to develop the communications and engagement plan for the strategy and remain critical to the success of our staff engagement.

4.14   Most meetings have Mental Health as a standing agenda item recognising its priority status in Tayside. This strategy will also been presented at these meetings and many others and a powerpoint presentation has been developed to support this process (Appendix 2)

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

4.15   We have taken account of Tayside's diversity in the development of versions of the strategy and will incorporate easy read versions in other languages. All our work takes account of the health inequalities that often give rise to increased mental health and wellbeing issues and to mental illness and we are aware that those with mental illnesses die of average 20 years before their peers – this strategy seeks to ensure that those people have the best services we can afford. All future work will incorporate an Equity Diversity Impact Assessment.

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

4.17   The Independent Inquiry into Mental Health Services in Tayside, February 2020, "Trust and Respect," required us under recommendation 2 to develop a strategy. This is a high priority

with an element of risk as we are implementing this change in the context of a global pandemic which is impacting on the metal health of many. With the support and input of all stakeholders we have maintained mental health as a priority to mitigate this risk. There is a robust Risk management process in place for the projects that are starting to develop to implement this strategy.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	That the co-produced direction of travel within the final draft Strategy is not fully implemented and the anticipated positive outcomes not achieved.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring (12)
Mitigating Actions (including timescales and resources)	Progress is being made to finalise the implementation plan and financial framework that will accompany this Strategy. Alongside Dundee's Mental Health and Wellbeing Strategic Plan, implementation of this Strategy (and implementation / financial plan) will ensure that progress is made to improve the Mental Health and Wellbeing of Dundee's citizens.
Residual Risk Level	Likelihood (2) x Impact (2) = Risk Scoring (4)
Planned Risk Level	Likelihood (2) x Impact (2) = Risk Scoring (4)
Approval recommendation	That the risk should be accepted due to the mitigating action introduced.

7.0 CONSULTATIONS

7.1 The Chief (Finance) Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Vicky Irons   Kate Bell   DATE: 30/11/20
Chief Officer   Interim Director of Mental Health
Dundee HSCP   NHS Tayside

Living Life Well

A lifelong approach to mental health in Tayside

TAYSIDE MENTAL HEALTH & WELLBEING

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

Contents Page

Acknowledgement:

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

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

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

The Strategy is set out as follows:

Section 1 – Mental Health and Wellbeing Strategy

Section 2 – Whole Systems Model for Mental Health

Section 3 – The Tayside Mental Health and Wellbeing Change Programme

Section 4 – Delivering of the Mental Health and Wellbeing Strategy

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

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

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

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

Kate Bell, Interim Director, Mental Health and Learning Disability

(December 2020)

Collective Service User Statement

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

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

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

Signatories:

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

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

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

As organisational leaders we will:

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

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

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

About the strategy

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

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

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

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

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

People using mental health services will be:

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

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

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

Changes in Community will bring:

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

Our staff will:

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

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

Our redesigned mental health services will be:

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

SECTION 1 - MENTAL HEALTH AND WELLBEING STRATEGY

1. Introduction

1.1. Understanding the impact of COVID-19

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

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

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

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

1.2. COVID-19 and mental health

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

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

1.3. COVID-19 and Employees

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

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

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

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

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

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

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

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

2. Strategic Context

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

National Strategies

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

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

The Scottish Government's Mental Health Strategy 2017-2027

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

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

Scotland's Public Health priorities 2018

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

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

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

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

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

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

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

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

3. Independent Inquiry - Trust and Respect

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

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

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

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

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

3.1. Service User Feedback from the Independent Inquiry

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

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

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

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

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

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

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

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

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

Mental health awareness training should be required for those employed by statutory agencies, schools and training as teachers in order to best support young people with their mental wellbeing.
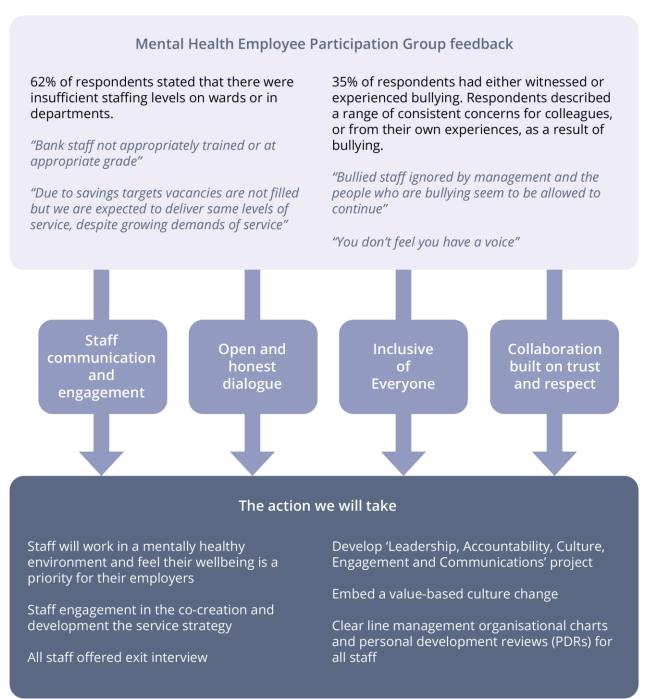
Promoting a therapeutic environment within and around services to assist people in thriving with the support of mental health services.

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

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

3.2. Employee Feedback from the inquiry

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

Mental Health Employee Participation Group feedback

62% of respondents stated that there were insufficient staffing levels on wards or in departments.

"Bank staff not appropriately trained or at appropriate grade"

"Due to savings targets vacancies are not filled but we are expected to deliver same levels of service, despite growing demands of service"

35% of respondents had either witnessed or experienced bullying. Respondents described a range of consistent concerns for colleagues, or from their own experiences, as a result of bullying.

"Bullied staff ignored by management and the people who are bullying seem to be allowed to continue"

"You don't feel you have a voice"

| Staff communication and engagement | Open and honest dialogue | Inclusive of Everyone | Collaboration built on trust and respect |

The action we will take

Staff will work in a mentally healthy environment and feel their wellbeing is a priority for their employers

Staff engagement in the co-creation and development the service strategy

All staff offered exit interview

Develop 'Leadership, Accountability, Culture, Engagement and Communications' project

Embed a value-based culture change

Clear line management organisational charts and personal development reviews (PDRs) for all staff

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

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

a. Formally accept the final report and its findings, conclusions and recommendations and make a commitment to working with key agencies and stakeholders to address all recommendations in partnership

b. Formally thank the 1500+ voices who contributed to the report and make a commitment to keep listening and involving and amplifying those voices

c. Listen and learn from the 1500+ voices – as well as all others with lived experiences, including patients, families and carers and staff working in mental health services – to ensure services are co-designed and co-produced with people at the centre

d. Build and establish a new, co-produced framework for engagement which will strengthen the engagement and involvement of all partners, people living with mental ill health, their families, carers and staff

e. Support the Tayside Executive Partners' [Statement of Intent](#) to enable a truly transformative whole-system public sector approach

f. Engage with all partners and stakeholders to establish a Tayside-wide Strategy and Change Programme for improving mental health and wellbeing, with multi-agency strategic leadership, clear governance and delivery arrangements and deployment of additional expert resource to ensure effective delivery within agreed timescales

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

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

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

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

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

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

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

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

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

4. Mental Health - A Public Health Priority

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

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

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

4.1. Why is mental wellbeing important?

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

4.2. Mental Health – Definitions

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

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

4.2.1. Definition of Mental Health

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

4.2.2. Definition of Wellbeing

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

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

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

4.3. Causes of Mental Health Conditions

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

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

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

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

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

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

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

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

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

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

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

4.4. Life Circumstances and Mental Health

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

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

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

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

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

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

4.5. Health Inequalities

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

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

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

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

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

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

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

To improve population mental health in the long term we will

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

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

4.6. Needs Assessment and Service Planning

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

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

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

4.8. Shared Vision and reducing Mental Health Stigma and Discrimination

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

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

Our ambitions include;

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

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

4.9. Reducing Stigma and Discrimination

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

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

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

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

We commit to addressing stigma and discrimination in Tayside by:

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

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

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

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

4.10. Suicide Prevention

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

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

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

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

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

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

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

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

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

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

4.11. Burden of disease

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

We will make a difference by:

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

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

5. Tayside Population

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

NHS Tayside provides a health service to a population distributed across three local administrative areas. In 2019 there were 116,200 residents [27.8% of the Tayside population] in Angus, 151,950 in Dundee [35.8%] and 149,320 in Perth & Kinross [36.4%].
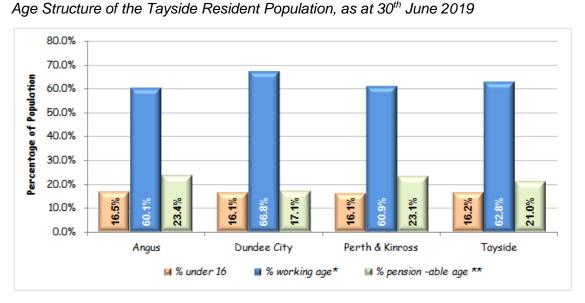
Figure 1 shows the age distribution of the population across Tayside

Age Structure of the Tayside Resident Population, as at 30th June 2019
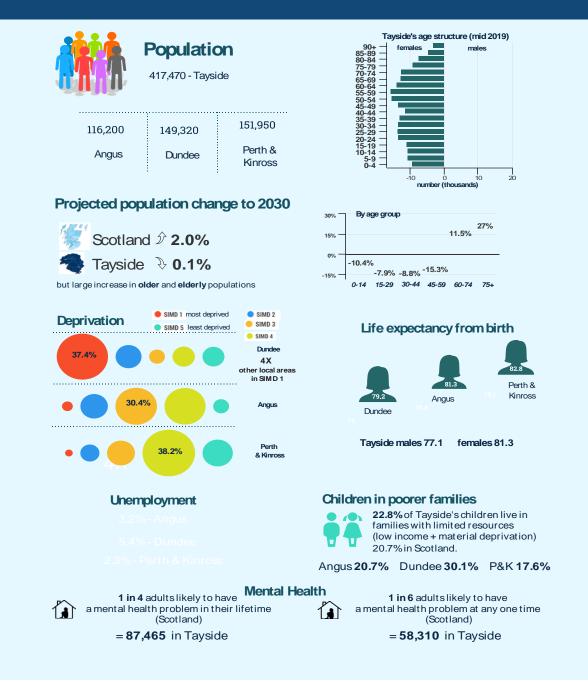
Source: National Records of Scotland (NRS) Mid-Year Populations Estimates (MYPE), June 30th 2018 (www.nrscotland.gov.uk)

5.1. Population Projections

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

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

TAYSIDE'S PEOPLE

Population

417,470 - Tayside

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

Tayside's age structure (mid 2019)

females / males

number (thousands)

Projected population change to 2030

Scotland ⇧ **2.0%**

Tayside ⇩ **0.1%**

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

By age group

30%

15%

0%

-15%

-10.4% -7.9% -8.8% -15.3% 11.5% 27%

0-14 15-29 30-44 45-59 60-74 75+

Deprivation

- 🔴 SIMD 1 most deprived
- 🟢 SIMD 5 least deprived
- 🔵 SIMD 2
- 🟠 SIMD 3
- 🟡 SIMD 4

37.4% — Dundee **4X** other local areas in SIMD 1

30.4% — Angus

38.2% — Perth & Kinross

Life expectancy from birth

79.2 Dundee

81.3 Angus

82.8 Perth & Kinross

Tayside males 77.1   females 81.3

Unemployment

3.2% - Angus

5.4% - Dundee

2.3% - Perth & Kinross

Children in poorer families

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

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

Mental Health

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

= **87,465** in Tayside

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

= **58,310** in Tayside

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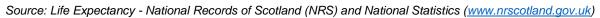
The 2011 census reported the non-white ethnic population within Tayside to be 13,111 (3.2% to the total population), with over 66.3% of them residing in Dundee City. This was an increase since 2001 when the population numbered 7,495 (1.9% of the total). The largest non-white Tayside population were 'Asian'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

5.3. Life Expectancy & Healthy Life Expectancy

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

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

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

5.4. Deprivation and Rurality - Scottish Index of Multiple Deprivation

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

5.5. Urban-Rural Classification

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

5.6. Unemployment Figures & Claimant Counts

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

5.7. Fuel Poverty

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

5.8. Low Income Families

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

5.9. Free School Meals

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

5.10. Mental Health and Wellbeing Overview

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

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

5.11. GP Practice Mental Health Prevalence Data (QOF)

Prevalence is a measure of the burden of a specific disease or health condition in a population at a particular point in time. The figure below displays the gradual increase in the prevalence rate of having a mental health condition across the GP Practice population, both at a Tayside and Scottish level. The figure also shows that Tayside annually recorded prevalence rates higher than the Scottish figure.
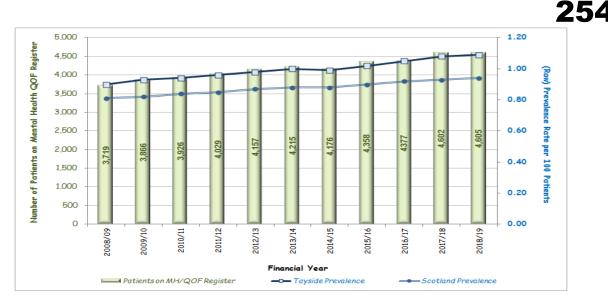
In 2018/19, there were 4,605 Tayside practice patients registered as having a mental health condition, an increase of 23.8% from the number registered in 2008/09 [N[4]=3,719]. Over this period, the Tayside prevalence rate has increased from 0.99 to 1.09 per 100 patients. The comparative Scottish prevalence rates have increased from 0.81 and 0.94 per 100 patients respectively over the decade.

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

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

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

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

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

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

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

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

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

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

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

5.13. Mental Health and Substance Misuse Behaviours

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

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

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

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

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

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

6. Human Rights and Independent Advocacy

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

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

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

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

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

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

The Role of Independent advocacy in human rights

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

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

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

The five PANEL principles are:

> **P**articipation
> **A**ccountability
> **N**on-discrimination and equality
> **E**mpowerment
> **L**egality

7. Protecting People in Tayside - Police Scotland

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. Protecting Children and Young People's Mental Health

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

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

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

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

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

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

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

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

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

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

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

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

9. Adult Protection

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

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

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

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

These measures include:

- placing a duty on councils to make the necessary inquiries and investigations to establish whether or not further action is required to stop or prevent harm occurring;

- a requirement for specified public bodies to co-operate with local councils and each other about adult protection investigations;

- a range of protection orders including assessment orders, removal orders and banning orders; and

- the establishment of multi-disciplinary Adult Protection Committees

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

- the wishes and feelings of the adult at risk (past and present);

- the views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;

- the importance of the adult taking an active part in the performance of the function under the Act;

- providing the adult with the relevant information and support to enable them to participate as fully as possible;

- the importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and

- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

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

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

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

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

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

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

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

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

10. Transitions

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

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

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

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

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

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

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

11. Quality Improvement and Mental Health

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

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

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

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

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

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

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

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

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

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

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

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

12. Leadership and Culture in Mental Health

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

Mental Health and wellbeing are our top priority.

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

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

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

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

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

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

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

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

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

Our culture is therefore best seen as the "way things are done around here", which includes what we prioritize and will signal the importance through our values, our communication, talking, writing and actions, the ways in which we make decisions, and the day-to-day norms and behaviours we each enact and consider acceptable.
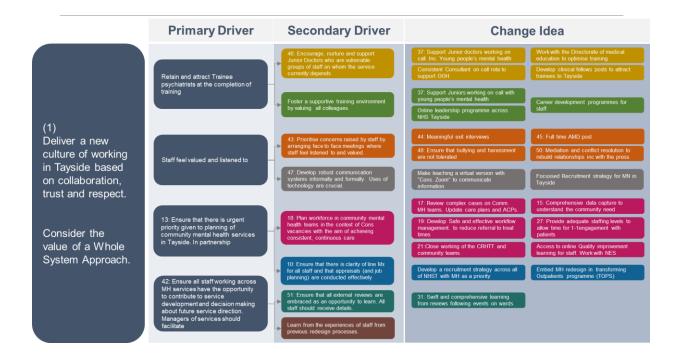
The main driver of these aspects of culture is leadership, by which we mean not just leaders' styles and behaviours, but the quality of the interactions between leaders and those being led[51].

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

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

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

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

13. Mental Health Governance in Tayside

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

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

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

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

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

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

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

14. Communication & Engagement – Our Inclusive Approach

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

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

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

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

The communication and engagement strategy has and will continue to seek contributions, views, ideas from the public, service users, staff, third sector and wider community based organisations ensuring a significant reach into the widest range of interested groups to input into the development of strategy, service redesign and implementation of change programmes. The extensive engagement process has and will continue to apply the Listen Learn Change approach to ensure people's (service users, families, staff) voices are heard and visible in this strategy and the comprehensive Change Programme.
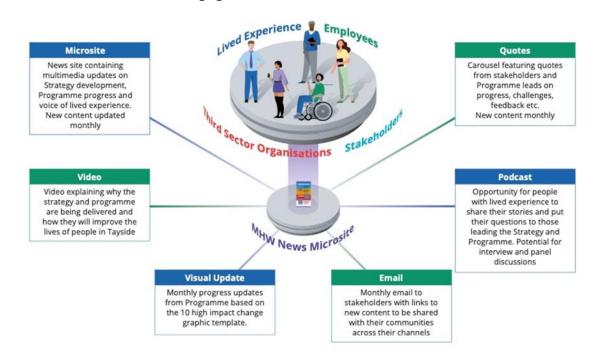
The sub group will ensure the programme undertake an Equity Diversity Impact Assessment (EDIA) to ensure all hard to reach, out of reach groups are engaged and plan for any source of disadvantage experienced by those who are not easily accessible. This will mean fully utilising the communication mechanisms, engagement and survey expertise within the range of organisation to establish the reach necessary. By doing this we have gained a lot of

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

14.1. Communication and Engagement

The communications and engagement strategy and plan will:

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

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

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

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

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

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

14.2 Communications and Engagement Plan

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

15. Third Sector Organisations

15.1. Third Sector Interface

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

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

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

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

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

The Tayside TSI's include:

15.1.1. Voluntary Action Angus

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

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

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

15.1.2. Dundee Voluntary Action

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

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

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

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

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

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

16. The Importance of Carers

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

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

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

The Scotland's Carers report 2015[57], and in other national reports, unpaid carers[58] provide care and support to family members, friends and neighbours. The people they care for may be affected by disability, physical or mental ill-health, frailty or substance misuse behaviours. A Carer does not need to be living with the person they care for. Anybody can become a Carer at any time in their life and sometimes for more than one person at a time. Carers can be any age from young children to very elderly people.
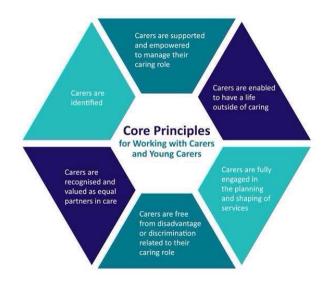
The actual number of carers is not known but is estimated to be around 700,000 to 800,000. The latest estimated number of carers is 690,000. This includes 29,000 who are under the age of 18[59].

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

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

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

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

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

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

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

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

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

17. Independent Advocacy organisations across Tayside

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

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

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

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

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

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

SECTION 2 – WHOLE SYSTEMS MODEL FOR MENTAL HEALTH

1. Life Course Model

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

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

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

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

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

1.2. Whole Person

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

1.3. Whole system

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

1.4. Whole Community

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

2. **Service Model in Mental Health**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Prevention and early intervention

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

Better mental health care for people with physical health conditions

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

Improved services for people with severe and enduring mental illness

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

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

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

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

3. Secondary Care Mental Health Services

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

Team working

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

Psychiatrist

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

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

Mental Health Nurses

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

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

Occupational Therapist

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

Clinical Psychologist

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

Social Worker

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

Pharmacist

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

Administration staff

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

Types of teams

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

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

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

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

- Home treatment
- Crisis intervention

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

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

How teams work

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

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

Recovery

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

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

The future

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Psychological Therapies in Mental Health

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

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

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

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

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

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

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

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

SECTION 3 - TAYSIDE MENTAL HEALTH AND WELLBEING PROGRAMME

The Mental Health and Wellbeing Programme Governance, as set out in the chart below. The Tayside Mental Health and Wellbeing whole system change programme includes 6 Programmes of work with a number of projects and workstreams set up to drive the co-creation, design and development of the overall change programme.
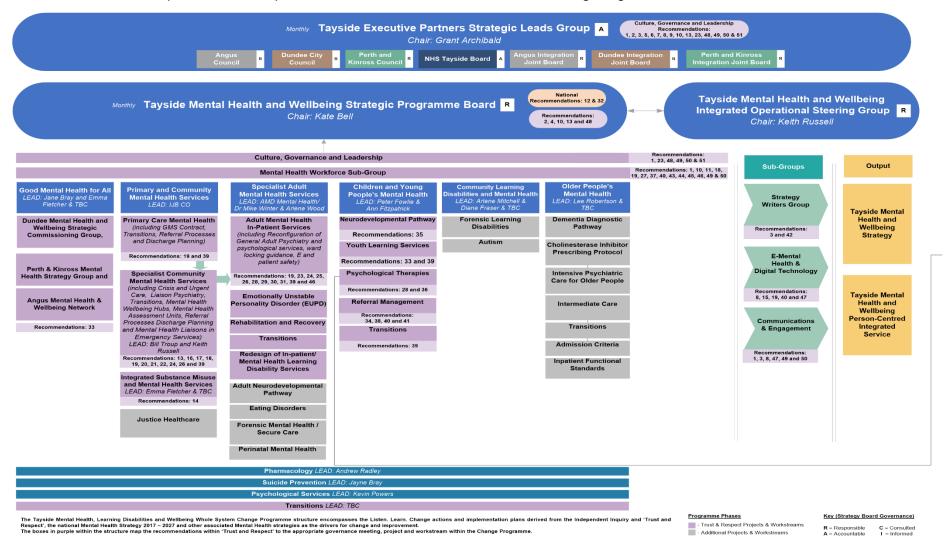
The Governance arrangements see the Tayside Executive Partners as the Strategic Leadership Group (SLG) as the Oversight Group with accountability for resourcing and supporting the MHW programme of work and to ensure safe and effective delivery of mental health priorities.

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

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

Tayside Mental Health and Wellbeing Programme Governance Chart

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

The Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme structure encompasses the Listen. Learn. Change actions and implementation plans derived from the Independent Inquiry and 'Trust and Respect', the national Mental Health Strategy 2017 – 2027 and other associated Mental Health strategies as the drivers for change and improvement.
The boxes in purple within the structure map the recommendations within 'Trust and Respect' to the appropriate governance meeting, project and workstream within the Change Programme.

Programme Phases
- Trust & Respect Projects & Workstreams
- Additional Projects & Workstreams

Key (Strategy Board Governance)

R – Responsible   C – Consulted
A – Accountable   I – Informed

1. Good Mental Health for All

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

Protective and risk factors for good mental health

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

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

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

1. Mentally Healthy Environments and Communities

2. Mentally Healthy Infants, Children and Young People

3. Mentally Healthy Employment and Working Life

4. Mentally Healthy Later Life

5. Reducing the Prevalence of Suicide, Self-harm, and Common Mental Health Problems

6. Improving the Quality of Life of those Experiencing Mental Health Problems, including the promotion of recovery, stigma reduction and physical health improvement

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

1.1. Physical Activity

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

Vision for Scotland

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

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

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

Call to Action

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

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

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

A Vision for a more active Scotland

Vision: A More Active Scotland

Physical activity is about getting people moving. Daily walking, playing in a park, going to a gym, training with a team or aspiring to win a gold medal- it doesn't really matter how people get active, it just matters that we do.

Being physically active contributes to our personal, community and national wellbeing.

Our vision is of a Scotland where more people are more active, more often.

National Outcomes

Business	Employment	Research and Innovation	Young People	Early Years	Healthier	Inequalities Tackled	Life Chances
Safe from Crime	Sustainable Places	Resilient Communities	Environment Valued	National Identity	Impact on Environment	Older People Supported	Public Services

Active Scotland Outcomes

We encourage and enable the inactive to be more active	We encourage and enable the active to stay active throughout life	We develop physical confidence and competence from the earliest age
We improve our active infrastructure – people and places	We support wellbeing and resilience in communities through physical activity and sport	We improve opportunities to participate, progress and achieve in sport

Equality – Our commitment to equality underpins everything we do

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

1.2. Mentally Healthy Environments and Communities

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

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

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

1.3. Mentally Healthy Infants, Children and Young People

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

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

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

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

1.4. Mentally Healthy Employment and Working Life

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

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

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

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

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

1.5. Mentally Healthy Later Life

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

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

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

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

a) *Social prescribing and self-management approaches*

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

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

b) *Distress brief intervention*

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

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

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

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

c) *Suicide prevention*

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

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

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

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

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

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

d) Stigma and discrimination

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

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

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

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

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

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

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

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

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

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

2.   Primary Care and Community Mental Health Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Trust and respect recommendations to be achieved sustainably;
- Crisis and Urgent care pathway workstream - **Recommendations 16, 20 and 22**
- Specialist Mental Health Services - **Recommendation 17**
- Integrated Substance addiction and Mental Health Services - **Recommendation 14**

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

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

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

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

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

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

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

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

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

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

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

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

Justice Healthcare

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

Police Custody

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

Veterans First Point

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

The model aims to provide:

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

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

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

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

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

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

3. Specialist Mental Health Services Project

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

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

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

Specialist Mental Health Services aim to provide:

- assessment of individuals referred to specialist services with a mental health disorder that cannot be managed safely in other settings
- effective person centred care and treatment for people with complex mental health needs – usually within a community based service unless there is a need for in-patient care, when this will be provided timeously if required
- specialist support and advice to Primary Care Services
- safe and effective transitions for people with complex mental health needs between services such as:

  o Children and young people to Adult services

  o Adult services to Older people services

  o Between Adult services and Substance use services

- evidence based physical, pharmacological, psychological and social interventions to support recovery from acute mental illness

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

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

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

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

The priority work streams are outlined below:

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

Adult Inpatient Mental Health and Learning Disability Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Inpatient Learning Disabilities

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

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

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

Our mission

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

Our aim

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

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

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

Our values

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

Forensic Mental Health Services

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

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

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

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

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

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

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

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

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

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

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

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

Perinatal and Infant Mental Health

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

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

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

The four themes which drive our work are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. Mental Health of Children and Young People

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Tayside Regional Improvement Collaborative (TRIC) plan will:

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

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

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

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

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

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

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

5. Mental Health and Wellbeing of People with Learning Disabilities

The focus for this are of the MHW Programme is:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Our plans

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

Some of the main priority areas will be:

A Healthy Life

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

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

Choice and Control

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

Independence

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

Active Citizenship

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

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

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

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

6. Older Peoples Mental Health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. Workforce Strategy for Mental Health

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

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

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

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

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

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

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

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

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

Workforce Development Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

Recruitment and Retention

Making Tayside the best place to work is the objective of our Recruitment and Retention Strategy for Mental Health and Learning Disability services across Tayside.

The outcome of an effective approach to attraction and recruitment is that we are better able to target and recruit – and ultimately retain – the right numbers of staff with the right skills to

ensure we offer the best possible service to the patients and users of our Mental Health services in Tayside in line with the NHS Tayside Mental Health and Wellbeing Strategy.

 This will be achieved by

- ensuring recruitment and retention processes are inclusive of mental health and don't stigmatise or discriminate attracting and retaining a diverse workforce which is able to work flexibly within Mental Health Services and respond effectively to any changes
- promoting NHS Tayside as an employer of choice, with a focus on Mental Health Services, balancing the need to attract staff with the right skills, experience and/or potential to develop from local, national and international arenas.
- developing a style of recruitment advertising that supports a consistent and recognisable brand that differentiates NHS Tayside Mental Health Services in the wider market place;
- ensuring all legislative requirements and PIN requirements are met, both through the recruitment process and by ensuring those involved in the recruitment process are appropriately skilled.

Mental Health Services in NHS Tayside recognise that it not only needs to promote itself to attract new employees, but it needs to retain them by ensuring that they are feel valued through a supportive culture that develops them to their full potential.

In order to attract, recruit and retain a workforce for Mental Health and Learning Disability Services in Tayside we have developed 6 high impact changes to underpin our strategy. These are outlined below:

- Developing a creative and modern approach to recruitment
- Identification of a range of new and innovative support roles
- Establishing a 5 year plan for advanced professional roles
- Compassionate leadership development programme
- A Trauma Informed Workforce
- Staff support, learning and development opportunities

Organisational Development

The organisational ambition to become a first choice employer for mental health will only be realised if our workforce have a great experience in work.

We Want Our Staff to:

- feel valued, cared for, supported and rewarded for the work they do
- feel that they are well informed and involved in decisions
- feel empowered and able to innovate and improve the way they work
- to be themselves in work and develop an open culture where people feel able to speak up, share ideas, raise concerns or make suggestions and be treated fairly and consistently
- to feel trusted and respected within their working environment and wider organisation
- to be treated with dignity in an environment where diversity is valued
- ask for help when they struggle with poor physical and/or mental health, and get the support they need when they need it to stay in / return to work swiftly

The way we go about our business, how we treat each other and live our organisational values sets the tone and creates the organisational culture.

Organisation Development team will support the development of these ambitions undertaking a comprehensive cycle of Organisational Development to inform future interventions and support needs, and in the shorter term by:

- Working with the senior leadership teams in the first instance, exploring Tayside Values, in order to establish an agreement of purpose and expected ways of working. This will include behaviours, attitudes and ways of being which can be expected and experienced working within Mental Health Services. More crucially the agreement will included what will not be acceptable to experience.
- Promoting the importance of meaningful appraisal and PDP planning conversations. Delivering Appraisal Training to Staff at all levels to achieve this, promoting timely feedback in the form of both re-enforcement and re-direction.
- Prioritising colleagues within Mental Health Services for development programme opportunities both locally and nationally.
- Provide opportunities and encouragement to senior staff to undertake psychometric assessment
- Provide timely access to Business Coaching and Mentoring

Our focus upon these three areas of workforce development, recruitment and retention and organizational development aims to maximize our workforce availability to deliver modern mental health services by 2025.

8. Mental Health and New Technologies

The strategic aims of the national ehealth strategy remain in support of this work and are to:-

- Enhance the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality
- Support people to communicate with NHS Scotland, manage their own health and wellbeing, and to become more active participants in the care and services they receive
- Contribute to care integration and to support people with long term conditions
- Improve the safety of people taking medicines and their effective use.
- Provide clinical and other local managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery
- Maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money
- Contribute to innovation occurring through the Health innovation Partnerships, the research community and suppliers.

Tayside's ehealth programme and emergent Digital Strategy recognises the role that technology will have in enabling the changes required to support the implementation of the Mental Health and Wellbeing Strategy.

Our Priorities include:

- Integrated digital clinical records
- Integrated data linkage to all support services within and eventually out with NHS to get a patient-centred view of care
- Agreement of whole system outcomes and reporting of KPIs

- Whole-system reporting of patient reported outcome measures (PROMS)Digitally enabled support for those with Mental Wellbeing needs – apps, eLearning

We plan that data collection is built it into clinical care so that clinical outcomes and systems of performance management and supervision are embedded in every day working and reporting enabled automatically.

There are four key steps to doing this:

> **Pillar 1: Identification.** We need to know what we want to know.
> **Pillar 2: Collection**. We need to have systems for reliable data collection.
> **Pillar 3: Analysis.** We have to turn data into information that is useful and meaningful.
> **Pillar 4: Reporting**. We have to regularly and usefully feed the information back to the clinicians and managers who are using it.

The development of integrated digital clinical records will provide a clear and coherent strategy for improving data collection*[13].

9.   Medicines and Mental Health

The use of medicines in supporting people with and managing mental health conditions and mental illness has featured a lot in the co-creation and development of this strategy.

People with lived experience and their families have shared their views on the use and the clear potential for over use of drugs. Lived experience feedback states that the challenges with this are:

- That some medicines prescribed for a mental health conditions or an acute mental illness may be associated with higher rates of withdrawal symptoms are not monitored frequently enough to review the impact and put alternatives in place
- In the absence of consistent medication reviews can and do lead to an individual developing substance using behaviours
- This affects person's quality of life when the original reason for the prescribed drugs is no longer present.

Those in the clinical community note the evidence base to this approach and provide the view that medicines are a core aspect in the management of mental health and they should be used in conjunction with other established treatments and therapies where appropriate.

- Prescribed medications play a key role in the treatment of co-occurring mental health disorders. They can reduce symptoms and prevent relapses of a psychiatric disorder. Medications can also help patients minimize cravings and maintain abstinence from addictive substances.
- Although psychiatric medications don't cure mental illness, they often significantly improve symptoms. Psychiatric medications can also help make other treatments, such as psychotherapy, more effective
- Treating mental illness and mental health disorders with specific medications, alongside regular talk therapy sessions, is very important to help these individuals maintain normal, healthy lives

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[13] *The current collection rate for the 'mandatory' dataset for the community ranges from 0% to 3%. It consists of simple measures covering: diagnosis; severity; improvement; and functioning. Basically a diagnostic code, two numbers between 1 and 7, and another number between 0 and 100. Clinical Psychology have completion rates in excess of 85% so we aim for all services to do this.*

NHS Tayside data states that 93,000 people are prescribed a medicine for a mental health issues in Tayside

Of this group, a large number of patients are prescribed a large number of medicines.

- 58,081 are prescribed 6 or more medicines
- 45,566 are prescribed 8 or more medicines
- 35,006 are prescribed 10 or more medicines
- 26,508 are prescribed 12 or more medicines

We know from prescribing data that approximately 93,000 people in Tayside are prescribed a medicine for a mental health problem. There is high use of anti-depressants in some populations with e.g. 1 in 4 of the population of Dundee being prescribed an anti-depressant.

There is growing recognition that this situation needs address. With the correct investment and cooperation by public service partners, we could create a supportive landscape in which medication was one of a range of options that people could choose to help them obtain the best help possible.

We recognise that many of our key stakeholders feel that they are on-lookers' in the over-medicalisation of mental health issues and this is compounded with the problems of health inequalities, deprivation and the wider social determinants of health. A bold plan is needed to build the infrastructure to make access to alternative community resources as straightforward as taking a 'prescription' (*of a new kind*) to the pharmacy.

Through this strategy and the NHS Tayside Prescribing strategy, our objective is that people with mental illness are supported to achieve the outcomes for their health that are important to them (*Realistic Medicine[14]*). Realistic Medicine is not about failing to offer medicines, it is about supporting people to feel empowered to discuss their treatment and share in the decision making process regarding treatment options. Our joint working with all key stakeholders will:

- Develop other options for treatment (where clinically indicated), and also plan on introducing advanced practice with pharmacy staff working directly with patients at GP practice level to commence case managing those on high numbers of medication, to enable a holistic physical and mental health review to occur, working with the person to establish what would support them most.
- Ensure medicines are one of the effective therapeutic choices for the treatment of mental illness. We know that medicines do not work for all of the people who take them and that regular review of prescribed medication is necessary, to ensure that desired outcomes are being achieved. (Mental Health Strategy 2017-2027). Improving the mental health of people living in our communities means that we must use medicines more thoughtfully and adhere closely to standards of prescribing and review.
- Deliver a holistic, kind and compassionate approach that good health is more than just the absence of disease or infirmity but a state of complete physical, mental and social well-being.

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[14] https://www.realisticmedicine.scot/

- Recognise that recovery from mental illness encompasses a sense of well-being and linkage with the community surrounding us.
- Implement fully the Realistic Medicine strategy, where shared decision making around the use of medication is embedded, should be a step that helps to achieve this. However, culture change ambitions are long-term commitments.

On many occasions, exercising regularly, maintaining a healthy weight, not smoking and following the advice on drinking alcohol will provide additional benefit to that achieved from using medication. This is especially important for people with mental health issues, who experience profound health inequalities to the detriment of their physical health compared to other groups. We are clear that we need people to work in partnership with us to achieve the best quality of health and wellbeing. (Mental health Strategy 2017-2027).

One of the strengths of the new GP contract is that the general practice pharmacy workforce has expanded significantly. The implementation of serial prescribing as part of the community pharmacy contract, means that management of supply and prescription review is now managed through pharmacies, between medical reviews. Leadership and mobilisation of this workforce is the best chance of making significant progress.

The provision of social prescribing infrastructure needs to be significantly up-scaled. There are currently less than a third of the link workers we require across Tayside to make easy access to community assets a reality for most people. Third sector provision is continually operated on the basis of short-term funding and it is difficult to plan for a substantial part of the required capacity when the operation of these services is constantly fragile. This needs to change.

Our plans
- We must build in our new approach to clearly communicate the facts about how people can achieve the best health possible.
- Continue to develop strong collaborative working to ensure improvements in prescribing follow the patient through their healthcare journey.
- Ensure people are equal partners in their own care to understand how people experience their care and understand what matters to them is critical to achieving the cultural shifts required to share the responsibility and accountability for prescribing decisions and care plans with patients.
- Ensure the same standards of medication use should be available to people with mental illness as for other long-term conditions.
- Put in place a consistent approach that assures that transitions between the different locations that provide care are seamless and that knowledge of the care plan agreed with the person and their wishes are effectively communicated.
- Take assertive action and investment in promoting effective medication use, additional access to social prescribing and community alternatives for people with mental health issues as a high priority. This could be achieved in the medium term, with support and investment.
- The pharmacy service will explore posts that will mobilise the workforce to address the prescribing issues surrounding mental health medicines.
- Progress the prospective outcomes monitoring system for the non-fatal overdose pathway.

- Pursue investment for additional workforce capacity within Tayside Substance Misuse Service (TSMS) is being taken forward.
- Develop additional management data around prescribing activity to ensure it is accessible and readily available. Performance indicators around the quantities of medicines prescribed, how long those medicines are prescribed for, when they are reviewed and the characteristics of those receiving the medicines are straightforward to produce.
- Establish activity data around the uptake of well-being services can be produced and can be used to inform us how well any change in patterns of use has proceeded. Measurement of social prescribing activity and outcomes has already been attempted.
- Establish systems and processes for the measurement and monitoring of the culture changes that are required may be harder to measure

SECTION 4 – DELIVERING THE STRATEGY

1.   Delivering Whole System Change

Transformational change and improvement of this scope, and at this scale requires the application of a range of improvement methodologies and availability of a range of experts across the 'improvement' field to lead and implement a sustainable change process that results in improvement. It makes sense for organisations invested in this strategy to note that Change _is_ constant and organisations need to invest in specialist resource and be flexible and ready to respond at any time, Kotter, (2018)[15.]

The programme above sets out an ambitious and bold set of changes to mental health services in Tayside. To make a real difference these changes have to be sustainable, effective and long lasting improvements. We must continue to take a structured, disciplined and evidenced based approach to change to continue to successfully deliver the vision, aims and changes set out in this document. In the design of the overall programme and in co-creating the strategy and engaging all stakeholders, particularly people with Lived Experience we have incorporated in our strategy the aspiration of these people, our staff and the wider population. This strategy must have a full 3-5 year implementation plan to match the expressed and identified needs of those described in this strategy.

2.   Evaluation - Measuring Success of the Strategy

An achievement framework will be established to ensure we understand the value of _the inputs_ (the content of the strategy, _the outputs_ (redesigned services) and _the outcomes_ (improvements for people and improvements in services) will be co-created with stakeholders using an evidenced based approach. This will let everyone see, what we started with and what will be achieved in the longer term.

Firstly, we need look no further than the reasons why this strategy is required to measure its success going forward. Key areas for consideration will be, how and to what degree has it:

- Responded to the needs expressed by people with lived experience, their families, carers.

- Restored confidence in the mental health services available, 'end-to-end' in Tayside

- Re-instated public trust, respect and confidence in mental health services by improving mental health services

- Planned approaches to tackle inequality as both a cause and consequence of mental health problems

- Reduced the existence of mental health stigma and discrimination

- Addressed fragmentation across mental health services; specifically made mental health supports and services more; accessible, safe, delivered quality and standards of care throughout mental health services in Tayside.

To make a serious attempt at evaluating mental health and wellbeing over time to understand overall gains, local research and development of mental health indicators

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[15] Kotter, John, Change model, 2018, https://www.change-management-coach.com/john-kotter.html
https://www.kotterinc.com/8-steps-process-for-leading-change/

(Living Life Well indicators) for mental health in Tayside could be established on the basis of what these look like in Tayside, what is important locally, matching the definitions as set out below in the national adult mental health indicators to ensure meaningful qualitative and quantitative reporting. Key questions to assess progress could be developed to provide indicators of improvement over time. These questions must be tangible and not ambiguous to ensure usefulness of the data obtained for improvement purposes.

The set of formal adult mental health indicators for Scotland are a suggested framework for measuring our lifespan *system wide* approach to *Living Life Well*. These include:

- **Equality** - Mental health problems are not distributed randomly in the population but are more common in socially disadvantaged populations, in areas of deprivation, and are associated with unemployment, less education, low income or material standard of living

- **Social inclusion** - Social exclusion on *any grounds* is both a cause and consequence of mental health problems. Individuals with mental health problems are also amongst the most excluded people in society

- **Discrimination** - Discrimination, on the grounds of race, gender, religion, sexuality, impacts adversely on mental health, affecting a person's dignity and self-esteem, and can lead to a sense of alienation, isolation, fear, and intimidation and make it difficult for individuals to feel socially included and to integrate into society

- **Financial security/debt** - People who experience financial strain are at greater risk of common mental health problems than are those without financial worries

- **Environment** - Characteristics of the built environment can have direct effects on mental health (*e.g. high rise housing, housing quality, crowding, loud external noise, indoor air quality*) as well as indirect effects through psychosocial processes (*e.g. personal control, socially supportive relationships, recovery from stress*). Also the potential importance of access to green spaces, value of community facilities to feel safe on the streets, neighbourhood quality, space and noise and social fragmentation.

- **Working Life** - Employment is strongly protective of mental health, the workplace, working environment and working practices, significantly influence mental health and well-being.

- **Violence** - Living with or experiencing violence or the fear of violence, which can include psychological abuse, is a significant risk factor for poor mental health.

It is understood that the current indicator set is necessarily limited by gaps and weaknesses in the evidence-base, availability of data and/or the feasibility of collecting data. For these reasons, the current indicator set is not the final answer to creating a summary profile of mental health. It does however provides a firm basis on which to build and develop a greater understanding of the causes and consequences of mental health and how these can best be measured.

Source: Health Scotland Mental Health Indicators, 2007

3. Funding the Strategy

Living Life Well in Tayside - A lifelong approach to mental health in Tayside will require the collective resources of all respective organisations will be needed to deliver sustainable quality, with multiple perspectives and pooled resources we are more likely to offer robustly planned solutions to complex issues.

Achieving long-term financial sustainability of our health and social care system and making the best use of our total resources is critical to the successful delivery of this strategy.

Mental Health services are currently funded across four organisations and managed collectively with NHS Tayside oversight.

A programme of change of this scale will require a significant effort from all organisations as expenditure and activity are at record levels and growth trends indicate that the level of funding will only need to increase. However, with greater pressures on the system, this will also require change in where and how current services are delivered. We will seek to do things differently in future to shift the balance of care, to take on new ways of working and apply a continuous improvement model to ensure safe and effective, efficient and person centred services at all times.

We have public, voluntary and third sectors, with a proud history of successful innovation in Tayside. It is clear that our most cherished of public services has had to evolve, changing to reflect advances in medicine and the changing needs of our people. Our NHS, and the wider health and social care system, will need to continue to adapt, recognising changing demands and that people are living longer, thanks in no small part to the NHS and the care and treatment it has provided.

Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment, improvement, restructuring and redesign.

Collectively, we recognise that like other health and social care systems, we do face inflationary pressures, which could be exacerbated by the uncertainty that is being created by the Global Pandemic and also Brexit. Achieving long-term financial sustainability and making best use of resources is critical to delivering on current and future imperatives, with mental health a top priority.

4. Implementing of the Strategy (2020-2025)

Living Life Well, A Lifelong approach to Mental Health in Tayside will be the blueprint to implement a redesign and improvement programme for mental health & wellbeing in Tayside over a 5 year period 2019-2024.

Taking a strategic change programme approach will enable our shared vision and commitment to be achieved across national and local organisational boundaries. Our collaboration and commitment will be at the heart of successful delivery plans for redesigning mental health & wellbeing supports and services, locally and informing national improvement methodologies.

As described in section 2 of the strategy a portfolio programme approach has been set out to ensure a structured, disciplined approach is taken to plan, develop and deliver all aspects of the programme.

A programme specification will be written in the form of a Programme Definition Document with a full resource plan. This will be supported by the project documentation for each project.

A number of cross cutting themes will see full and detailed plans developed. These include:

- Risk management Strategy and Plans,
- Communication and engagement Plans,
- A Transitions strategy and Plan,
- A digital/new technologies plan and crucially
- A workforce strategy and Plan
- A Financial Plan

All of the above will see dedicated implementation plans set out with timescales, milestones and resource, finance plans.
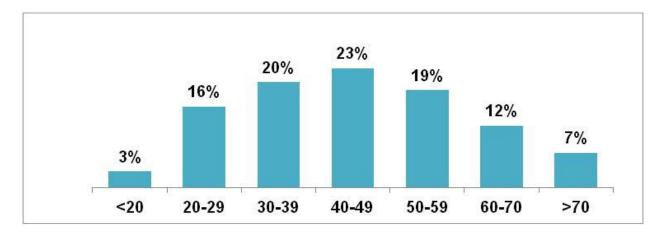
The work of the programme will be managed through the continuation of Tayside Mental Health and Wellbeing Programme Board chaired by the Director of Mental alongside the key stakeholders who have co-created and co-produced this strategy.

APPENDIX 1 Suicide Statistics

Table 1: European age-sex-standardised rates per 100,000 population, with 95% confidence limits (ScotSID)

Gender	Angus	Dundee	Perth and Kinross	Scotland
Men 2014-18	**15.3** (10.9-20.8)	**31.1** (25.2-37.6)	**21.2** (16-26.6)	**19.1** (18.4-19.0)
Women 2014-18	**5.9** (3.5-9.3)	**9.0** (6.1-12.7)	**6.5** (4.1-9.7)	**6.7** (6.3-7.1)
Persons 2014-18	**10.6** (8.0-13.7)	**20.0** (16.7-23.7)	**13.8** (11.2-16.9)	**12.9** (12.5-13.4)
Persons 2009-13	**13.3** (10.4-16.7)	**15.3** (12.5-18.5)	**10.7** (8.4-13.4)	**14.5** (14.1-15.0)

Figure 1: Suicides by age (2016 – 2018 Tayside)
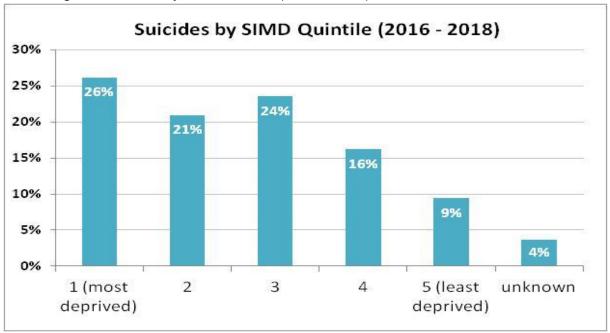
Figure 2: Suicide by SIMD Quintile (2016 – 2018)

There is a clear inequality gradient associated with suicides, with the highest prevalence occurring in areas of greatest socioeconomic deprivation. Suicide is three times more common in the most deprived quintile in Tayside compared to the least deprived.

Figure 3: Suicides by method 2016 – 2018
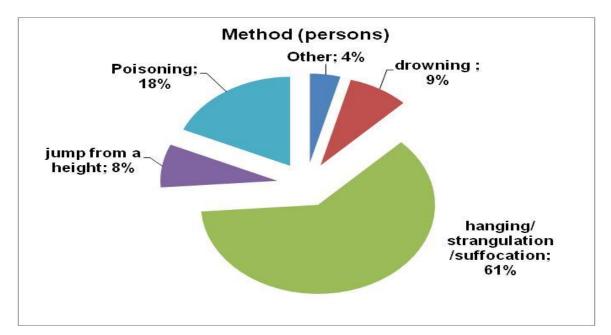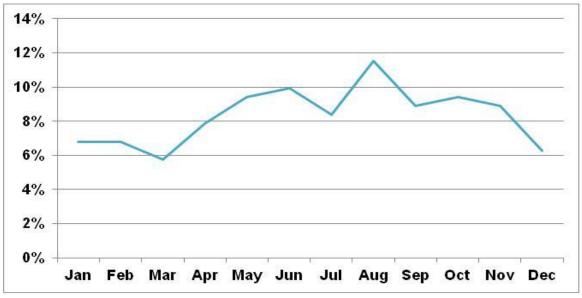
Figure 4: Suicide rates by month
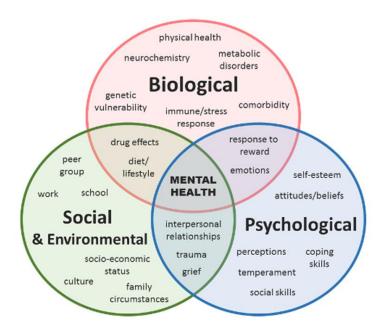
Information is provided for suicide deaths in Tayside from 2016, 2017 and 2018:

- Local Authority – Dundee City had the highest proportion (47%) which is in keeping with the strong association between socio-economic deprivation and suicide.
- Deprivation – SIMD quintile 1 to 3 (most deprived) attributed with 71% of deaths.
- Age – mean age was 45 with the most prevalence in the age group 40-49.
- Gender – 78.5% male
- Employment & Social Circumstances – 88% eligible workforce: 37% employed and 50% unemployed.
- Social Circumstances – 41% were living alone and 27% with a partner.
- Method – hanging 61%
- Location – 66% at Home of which hanging was most prevalent (71%)
- Substance Misuse behaviours – 22% substance use ever (15% opiates)
- Alcohol misuse – 28% (41% of females).
- Timing – the rate of suicide increases in the summer months and reduces between November and April (see Figure 5).
- Mental Health Services – 35% contact in year prior to death (Scotland 26%).

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APPENDIX 2 Bio-Psycho-socio-environmental model

The bio-psycho-socio-environmental model for mental health.

The biopsychosocial model for mental health set out in a Venn diagram below has a central assumption behind the model which is the *interdependence* between biological, psychological and social factors. The model takes a more holistic approach and when viewed in this way can be fundamentally important in devising explanations and possible interventions in mental health.

The bio-psycho-socio-environmental model for mental health.

The model offers a more holistic understanding of mental health science by giving importance to all relevant domains of knowledge. This does not mean that we should not focus on a given domain and explore this in more depth. Development of greater understanding requires us to critically examine defined aspects within a given domain, as well as their relationship with other elements.

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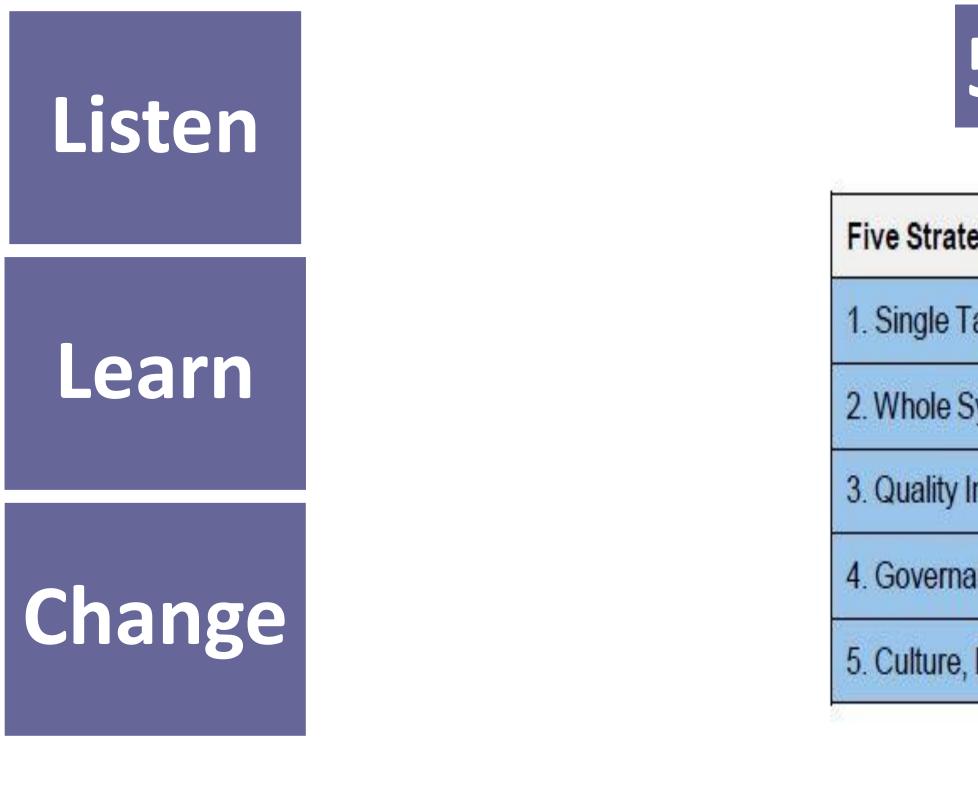
Final Draft Mental Health and Wellbeing Strategy

**Kate Bell, NHS Tayside,
Interim Director of Mental Health**

Trust and Respect Report – February 2020
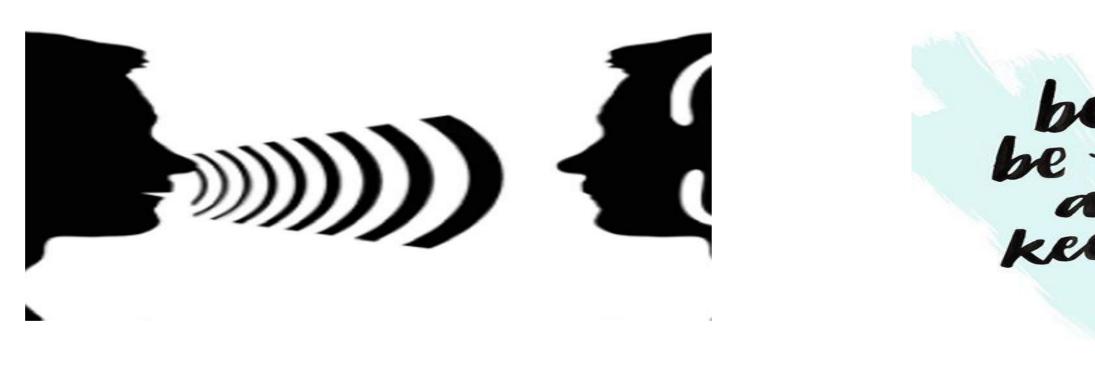
Listen

Learn

Change

51 recommendations

Five Strategic Themes
1. Single Tayside Mental Health and Wellbeing Strategy
2. Whole System Change Redesign Programme
3. Quality Improvement, Learning and Care Governance
4. Governance, Leadership and Accountability
5. Culture, Engagement and Communications

Virtual Development Session
May 28

Draft Action Plan Delivery to SG
Jun 1

Draft Strategy
Oct 2020

Publish Strategy
Dec 2020

Launch Strategy
Jan 2021

Dr. David Strang Update
Feb 2021

2020

2021

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |

SLG SLG SLG SLG SLG SLG SLG SLG SLG

Mental Health Strategy & Vision

be humble,
be teachable
and always
keep learning

OLD WAY
NEW WAY

LISTEN
- What Matters to you?
- What do you think will be an improvement

LEARN
- Co-creation
- Co-production

CHANGE
- Opportunities
- Shifting the balance of care
- Quality

What are the Drivers for Change?

- Demography – more older people, higher demand

- Complexity – co morbidities (Physical and Mental Health)

- Inequalities – levels of deprivation

- Workforce availability – recruitment & retention

- System change & complexities – integration, patient/families navigation

- National policies – a range of priorities & demand for implementation

- Social Determinants – Housing, Employment, Family and Community Infrastructure deficits in resource, funding and change in social policy

- Integration - shifts and changes due to transformation new models of care

SCOPE & SCALE OF THE PROGRAMME

Population Health approach to System Wide change

- **Pre Birth** ➡ **Older People**

- **Social Determinants** ➡ **Mental Health Disorders**

- **Prevention** ➡ **Recovery**
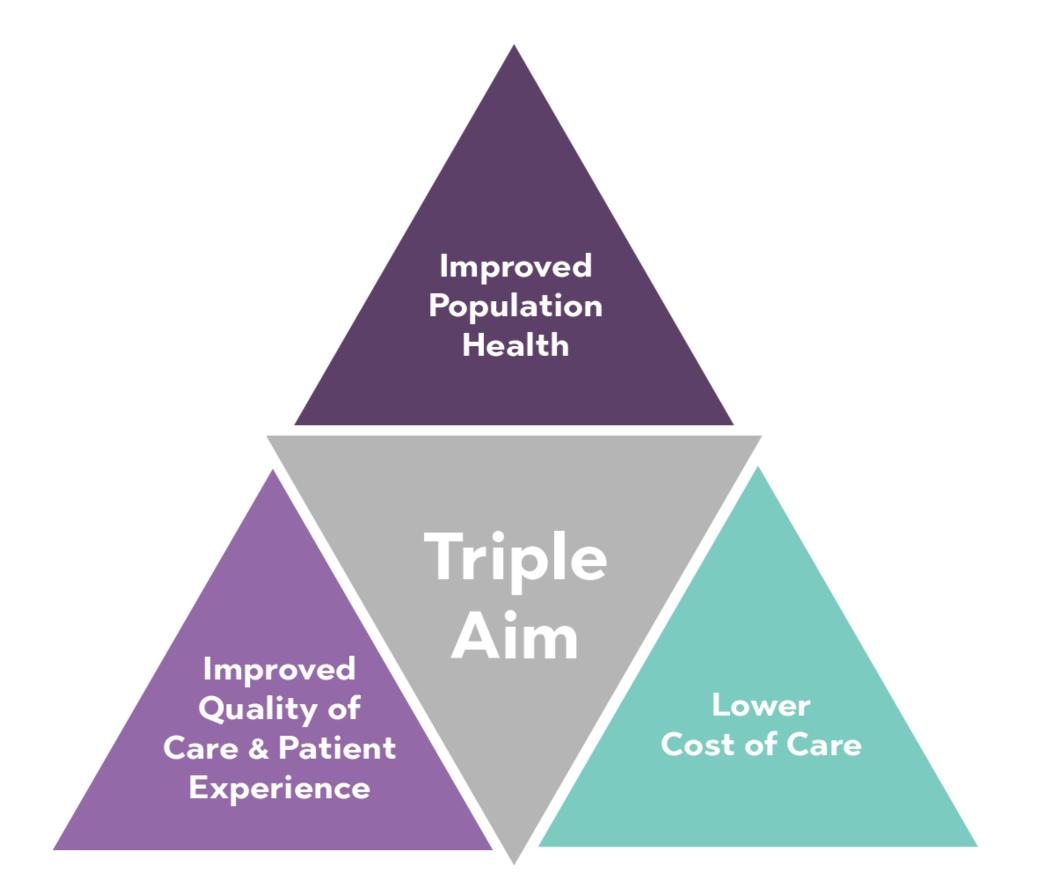
What is driving change in the public sector?

What rigour do we need to deliver Quality services and improve outcomes for people?

Triple Aim:
- Improved Population Health
- Improved Quality of Care & Patient Experience
- Lower Cost of Care

6 healthcare quality dimensions

patient centred — care that is respectful or and responsive to each patients' preference, needs and values

safe — avoiding harm to patients from care intended to help them.

efficient — avoid waste - of equipment, supplies, ideas and energy

equitable — provide care that does not vary in quality because of gender, ethnicity, geography or socio-economic status

effective — provide services based on scientific knowledge to those and only those who could benefit from intervention

timely — reducing waits and sometimes harmful delays, to those who receive and give care

Mental Wellbeing

Mental Health

We all have Mental Health

Mental health relates to how we think, feel, behave and interact with other people

Isolation
People with **less than three close relatives or friends** are more likely to experience mental health problems

The rate for **suicide** is substantially higher amongst men than amongst women

People with **severe & enduring mental health problems** may have their lives shortened by 15 – 20 years **because of physical health problems**.

Rates of **depression** is **double** in those with **long term health conditions** than in the rest of the population

**Building resilience,
and promoting wellbeing**
are key to our collective
efforts to reduce the risk
of suicide

Deprivation
- People, especially men from households with
the **lowest 20%** of incomes are almost **3 times**
more likely to have a **common mental disorder**
than those with the top 20%

VALUED SUPPORTED STAFF,
WORKING IN STRONG TEAMS
= JOY IN AND AT WORK
+ Well cared for patients

Engagement in strategy development

PROGRAMME SUMMARY REPORT

Between January and July 2020 the Tayside Mental Health & Wellbeing Programme has focused on the co-creation and delivery of the **Listen Learn Change Action Plan** and the development of the Tayside Mental Health Change Programme.

Our work has involved significant stakeholder engagement with over 600 people contributing to how we can improve mental health services for those who need them and those who deliver them across the region.

Mental Health remained a key priority in Tayside during the Covid 19 lockdown with dedicated resource continuing to co-create the response to Trust and Respect and develop the Listen Learn Change Action Plan

Key milestones to date

Statement of Intent	Strategic Change Leadership Identified and Recruited	In-depth Stakeholder Engagement	Listen Learn Change Co-creation 1st Draft	Define scope of Tayside Mental Health and Wellbeing Change Programme	Delivery of final Listen Learn Change Action Plan
Jan 2020	**Mar 2020**	**Jun 2020**	**Feb –Jun 2020**	**Mar–Jul 2020**	**Jul 2020**

Jan 2020

Tayside Executive Partners formed Strategic Leadership Group

Signed Statement of Intent

Commitment to work together to improve mental health services for all

Mar 2020

Identified **strategic change manager**

Senior Responsible Officer for Mental Health Programme of work

Responsible for:
› Trust & Respect Inquiry
› Co-creating the Tayside Mental Health & Wellbeing Strategy
› Co-creating the Mental Health & Wellbeing Change Programme with the people of Tayside

Held **over 120** stakeholder meetings since appointment

Led increased focus on co-creating strategy

Programme team recruited for specialist expertise and support

Jun 2020

Over **200** stakeholders have been engaged with in

65 meetings *(video conference, teleconference and face to face)*

Stakeholder Group

Purpose of the Meeting

Feb –Jun 2020

Over **200** inputs from Tayside Mental Health stakeholders

Mar–Jul 2020

Held 8 virtual scoping sessions

175 stakeholders participated including Service Users, GPs, Consultants, Third Sector, Staffside and more

Identified new areas of focus

600+ new stakeholder requests to contribute to the programme

Jul 2020

Engagement process and numbers

10 high impact changes formulated

Next Steps

Our focus is now on developing the Tayside Mental Health& Wellbeing Change Programme and Tayside Mental Health & Wellbeing Strategy. Our immediate work will be structured around the agreed scope of work set out in the Governance to identify all project leads and work stream members. We will set out a work plan to deliver the ten high-impact changes formulated during the engagement of the **Listen Learn Change Action Plan**.

We will continue to work closely with our key partners and will hold two stakeholder strategy development events in August and September 2020 to gain critical insights to inform the production of the draft strategy which we will share for agreement and approval to the Scottish Government in October 2020.

This 6 months snap shot gives an overview of our preparatory engagement work to implement the Trust and Respect recommendations and deliver the co-designed draft strategy in October 2020.

The strategy aims to: (1)

- Improve mental health & wellbeing of people in Tayside

- Speed up access to the most appropriate service

- Access to the right person first time

- Tackle stigma and discrimination

- Improved responses to common mental health problems

- More accessible community based mental health supports and services

- Seamless community, urgent, crisis and inpatient mental health services
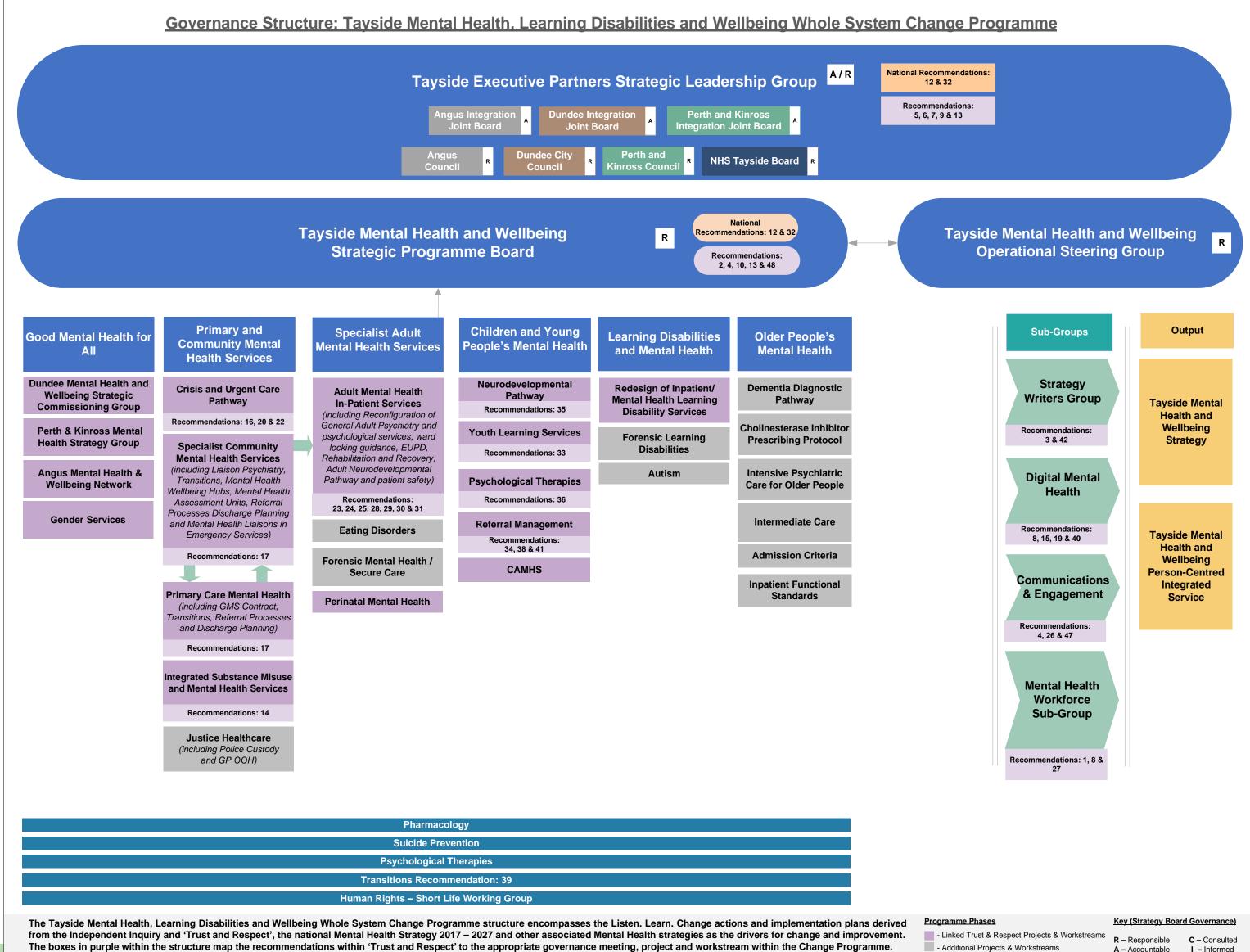
The strategy aims to: (2)

- Get patients home more quickly after inpatient treatment

- Integrate community, inpatient and crisis mental health services

- Services where staff are trained to deliver the most up to date care and in ways which are sustainable and patient-focused

- Highest quality care for an ageing population

Governance Chart

Governance Structure: Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme

Tayside Executive Partners Strategic Leadership Group A / R

National Recommendations: 12 & 32

Recommendations: 5, 6, 7, 9 & 13

Angus Integration Joint Board A	Dundee Integration Joint Board A	Perth and Kinross Integration Joint Board A

Angus Council R	Dundee City Council R	Perth and Kinross Council R	NHS Tayside Board R

Tayside Mental Health and Wellbeing Strategic Programme Board R

National Recommendations: 12 & 32

Recommendations: 2, 4, 10, 13 & 48

Tayside Mental Health and Wellbeing Operational Steering Group R

Good Mental Health for All

Dundee Mental Health and Wellbeing Strategic Commissioning Group

Perth & Kinross Mental Health Strategy Group

Angus Mental Health & Wellbeing Network

Gender Services

Primary and Community Mental Health Services

Crisis and Urgent Care Pathway

Recommendations: 16, 20 & 22

Specialist Community Mental Health Services
(including Liaison Psychiatry, Transitions, Mental Health Wellbeing Hubs, Mental Health Assessment Units, Referral Processes Discharge Planning and Mental Health Liaisons in Emergency Services)

Recommendations: 17

Primary Care Mental Health
(including GMS Contract, Transitions, Referral Processes and Discharge Planning)

Recommendations: 17

Integrated Substance Misuse and Mental Health Services

Recommendations: 14

Justice Healthcare
(including Police Custody and GP OOH)

Specialist Adult Mental Health Services

Adult Mental Health In-Patient Services
(including Reconfiguration of General Adult Psychiatry and psychological services, ward locking guidance, EUPD, Rehabilitation and Recovery, Adult Neurodevelopmental Pathway and patient safety)

Recommendations: 23, 24, 25, 28, 29, 30 & 31

Eating Disorders

Forensic Mental Health / Secure Care

Perinatal Mental Health

Children and Young People's Mental Health

Neurodevelopmental Pathway

Recommendations: 35

Youth Learning Services

Recommendations: 33

Psychological Therapies

Recommendations: 36

Referral Management

Recommendations: 34, 38 & 41

CAMHS

Learning Disabilities and Mental Health

Redesign of Inpatient/ Mental Health Learning Disability Services

Forensic Learning Disabilities

Autism

Older People's Mental Health

Dementia Diagnostic Pathway

Cholinesterase Inhibitor Prescribing Protocol

Intensive Psychiatric Care for Older People

Intermediate Care

Admission Criteria

Inpatient Functional Standards

Sub-Groups

Strategy Writers Group

Recommendations: 3 & 42

Digital Mental Health

Recommendations: 8, 15, 19 & 40

Communications & Engagement

Recommendations: 4, 26 & 47

Mental Health Workforce Sub-Group

Recommendations: 1, 8 & 27

Output

Tayside Mental Health and Wellbeing Strategy

Tayside Mental Health and Wellbeing Person-Centred Integrated Service

Pharmacology

Suicide Prevention

Psychological Therapies

Transitions Recommendation: 39

Human Rights – Short Life Working Group

The Tayside Mental Health, Learning Disabilities and Wellbeing Whole System Change Programme structure encompasses the Listen. Learn. Change actions and implementation plans derived from the Independent Inquiry and 'Trust and Respect', the national Mental Health Strategy 2017 – 2027 and other associated Mental Health strategies as the drivers for change and improvement. The boxes in purple within the structure map the recommendations within 'Trust and Respect' to the appropriate governance meeting, project and workstream within the Change Programme.

Programme Phases

- Linked Trust & Respect Projects & Workstreams
- Additional Projects & Workstreams

Key (Strategy Board Governance)

R – Responsible   C – Consulted
A – Accountable   I – Informed

MHW Programme – Core Projects

Vision

Stakeholders on the Communication & Engagement Sub-Group collectively developed the preferred name and vision statement for Tayside's Mental Health and Wellbeing Strategy & change programme.

This is now being consulted on as part of the draft strategy review.

LIVING
LIFE
WELL

A LIFELONG APPROACH TO MENTAL HEALTH IN TAYSIDE

Website

A website developed by the Communication and Engagement Sub-Group is now live and will continue to evolve as the one-stop-shop for information on the Living Life Well Strategy and change programme.

Stakeholder Updates

A monthly news update has been developed to provide all stakeholders with the latest information direct from the Programme Team.

These will focus on real changes for service users and their carers.

The first update was issued in October 2020.

Creating Connections
The latest from Tayside's Mental Health & Wellbeing Programme

WELCOME TO OUR OCTOBER UPDATE! This is the first in a new series of monthly news bulletins to give a 'behind the scenes' view of the work going on to co-create Tayside's Mental Health and Wellbeing Strategy and co-deliver the Change Programme, which will enable major changes to how we care for people living with mental health conditions, and those who look after them, across our entire region.

There has been a step change in our activities since the publication of the Listen Learn Change Action Plan in July this year. This forms a strong foundation to build improved mental health services for everyone across Tayside, alongside the Trust and Respect Independent Inquiry and its 51 recommendations as our blueprint for ambitious improvements and whole-system redesign.

The most significant change has been the commitment to put people with lived experience at the heart of every aspect of work, alongside Third Sector partners and representatives from mental health special interests groups, to ensure that we co-deliver the right changes, in the right ways for the right people.

I am personally grateful to every one of our stakeholders for committing their time to work with NHS Tayside's Programme Team to write the Strategy, redesign our services and co-define a meaningful approach to how we all talk about the changes we're making and the impact they'll have on peoples' lives.

I'd also like to thank the Programme Team, healthcare staff and all other partners for their continued hard work throughout the ongoing COVID-19 pandemic as we strive to co-create world class mental health and care services for all.

I'll not give anything else away, please read the update and share any feedback or ideas for future editions with us.

Kate Bell
Interim Director of Mental Health and Learning Disabilities, NHS Tayside

In Brief

Work is well underway to write Tayside's Mental Health and Wellbeing Strategy and begin to deliver real change for service users and their carers. Here are some highlights from the last month:

Communications & Engagement Sub-Group
We want everyone in Tayside to know about and feel involved in how mental health and wellbeing services are being prioritised and transformed. The Communication and Engagement Sub-Group is doing just that.

The group has members from Third Sector organisations, patient advocacy groups, the Stakeholder Participation Group (SPG) and NHS Tayside. They have met twice and are:

- **building a website to help raise awareness**
- **co-creating a communication and media plan**
- **planning a public open event**
- **co-developing a vision for the Strategy and Change Programme**

Find out more about these next month…

Integrated Mental Health, Alcohol and Drug Services
We're exploring the potential to streamline support and services across these three areas so it's easier for service users to make connections and access a range of services.

This work is being led by Dundee City Council on behalf of the Tayside Executive Partners and will look at new models of joined up services in line with recommendations in both the Trust and Respect Inquiry and also Dundee Drugs Commission report.

Mental Health Remobilisation
Tayside teams are linking with the Scottish Government on the national COVID-19 transition and recovery plan programme.

A key area for Tayside is the provision of an urgent assessment service. As part of the strengthening of the service, work is underway with Scottish Ambulance Service, Police Scotland, NHS24 and NHS Tayside's Emergency Department to consider a direct referral pathway to mental health services for people with no physical ill health issues. We are also redesigning the crisis home response team to align with the urgent assessment model.

Media

A media and events strategy has been developed in collaboration with stakeholders with lived experience on the Communication and Engagement Sub-Group.

The first news release has been issued to press announcing the publication of the first draft of the Living Life Well strategy.

'Living Life Well'
A lifelong approach to mental health in Tayside

Tayside Mental Health and Wellbeing Strategy and Change Programme

Media Information

Press Release

NHS Tayside

MONDAY, 2 NOVEMBER, 2020

Immediate release:

First draft Mental Health and Wellbeing Strategy launched

The first draft of a new Tayside-wide strategy to improve mental health and learning disability services has been published today (Monday) following a programme of work involving local stakeholders.

The first draft Tayside Mental Health and Wellbeing Strategy 'Living Life Well – A Lifelong Approach to Mental Health in Tayside' will be a live and developing document to continue to inform and influence the wider Mental Health and Wellbeing (MHW) Change Programme.

It is one of the key actions from the Listen Learn Change action plan which was developed in response to the Independent Inquiry into mental health services in Tayside and subsequent report 'Trust and Respect' which was published in February 2020.

People with lived experience have been fully involved in the co-creation of the strategy and change programme, alongside staff, third sector partners and representatives from mental health special interest groups. The name 'Living Life Well' has been chosen by stakeholders who are members of the MHW communications and engagement group.

The strategy is available to view on the new Mental Health and Wellbeing website at www.nhstayside.scot.nhs.uk. Members of the public are invited to give their feedback on the draft strategy by completing a short survey.

Interim Director of Mental Health and Learning Disabilities Kate Bell said, "We are fully committed to making this strategy reflect the needs of all and, in particular, reflect the voices of people living with mental health conditions, their carers and families. We will continue to work with all stakeholders, including all staff who provide support, care and treatment across our mental health services.

"Mental health affects us all and we want to make as many people as possible in Tayside aware of how we are changing how we care for those in need of our services and supports.

"We are seeking everyone's views on this first draft of the strategy so please get involved, share the strategy and survey, and give us your feedback to help us connect with as many people as possible."

NHS Tayside Press Release

2 November 2020

First draft Mental Health and Wellbeing Strategy launched

The first draft of a new Tayside-wide strategy to improve mental health and learning disability services has been published today (Monday) following a programme of work involving local stakeholders.

Strategy Design

Work to develop the visual style of the strategy document is continuing with input from stakeholders.

Recruitment

A series of job adverts has been developed promoting key mental health positions in Tayside.

The roles are promoted on the Living Life Well website and other recruitment sites.

The template can be used to advertise future positions.

Key messages are driving our vision...

Our shared vision is to develop a culture where people can get the right help at the right time, expect recovery, and fully enjoy their rights free from stigma and discrimination.
Source: Scottish Mental Health Strategy, 2017

The people of Tayside must have access to high quality, safe and effective services and have trust and confidence in the services provided.

Create a Tayside where people will find it easier to talk about mental health, can access mental health and wellbeing supports and services and live with an improved sense of equality and boost their life choices, and in time, their life circumstances.

Tayside has the potential to become an attractive place for mental health service professionals to work, where the population are served with commitment and passion.

Co-create modern, evidence-based, people centred, multi generational mental health services which will see Tayside strive towards a world class mental health system recognised for mental health excellence.

There is no health without mental health.
Source: Listen Learn Change Action Plan

To deliver a mental health services that is world class, person centred, effective and safe.

So everyone can live life.
Source: Listen Learn Change Action Plan

Work together to improve mental health services for those who need them and those who deliver them.

To co-develop world class mental health care and services.

What will be different for individuals?

People will:

- Be equal partners with their clinicians.

- Be supported to reflect on and express their preferences

- Receive less intervention, if simpler options would deliver the results that matter to them.

- Be supported to have the confidence, knowledge, understanding and skills to live well

- Have access to greater support from a range of supports and services,

- Encouraged to self-care/self-esteem and build resilience to promote people's wellbeing.

What will be different for individuals (2)

People will:

- See Health and social care professionals working closer together

- Older people/ complex needs receive the right support at the right time, Live well and independently by managing their conditions themselves.

- Hospitals will focus on the acute medical support and stays in hospital will be shorter.

- Individuals will benefit from more care being delivered in the community, and where possible, at home.

The Workforce Plan will:

- Integrated workforce planning to deliver better outcomes for people

- New Ways of working introduced

- Improved team working

- A workforce for children and young people's mental health

- Engagement with key community, voluntary, third sector organisations

- Building Mental Health capacity and capability into communities and local GP Practices

What will be different in communities

- Mental health & wellbeing in all Localities

- Care closer to home

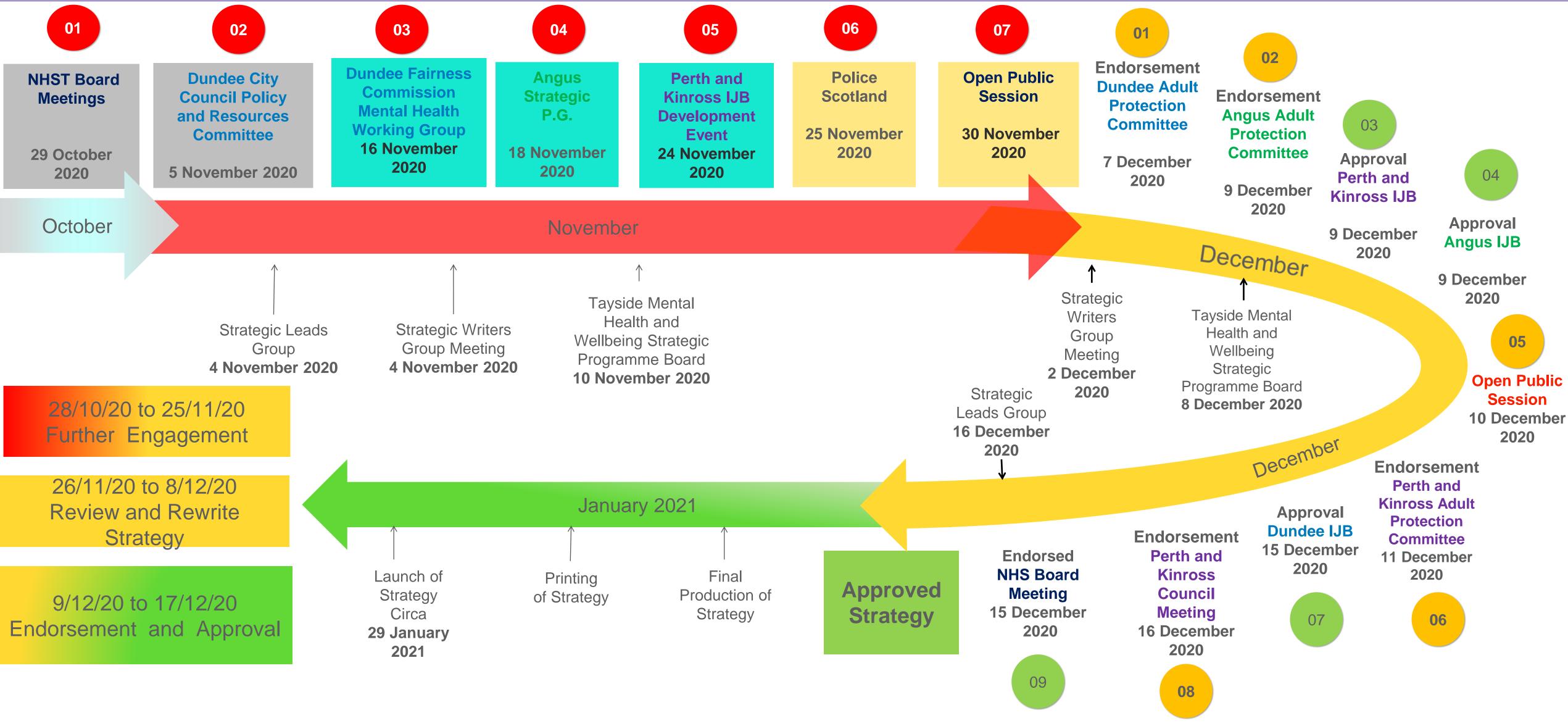- Easier access to the right supports, services and treatment

- Families will receive more mental health delivered in primary and community care settings.

- Specialist Mental Health services and supports at hospital sites when necessary

Tayside Mental Health and Wellbeing Strategy – final plans for development

01

NHST Board Meetings

29 October 2020

02

Dundee City Council Policy and Resources Committee

5 November 2020

03

Dundee Fairness Commission Mental Health Working Group
16 November 2020

04

Angus Strategic P.G.

18 November 2020

05

Perth and Kinross IJB Development Event
24 November 2020

06

Police Scotland

25 November 2020

07

Open Public Session

30 November 2020

01

Endorsement **Dundee Adult Protection Committee**

7 December 2020

02

Endorsement **Angus Adult Protection Committee**

9 December 2020

03

Approval **Perth and Kinross IJB**

9 December 2020

04

Approval **Angus IJB**

9 December 2020

05

Open Public Session

10 December 2020

October

November

December

December

Strategic Leads Group
4 November 2020

Strategic Writers Group Meeting
4 November 2020

Tayside Mental Health and Wellbeing Strategic Programme Board
10 November 2020

Strategic Writers Group Meeting
2 December 2020

Tayside Mental Health and Wellbeing Strategic Programme Board
8 December 2020

Strategic Leads Group
16 December 2020

28/10/20 to 25/11/20
Further Engagement

26/11/20 to 8/12/20
Review and Rewrite Strategy

9/12/20 to 17/12/20
Endorsement and Approval

January 2021

Approved Strategy

Launch of Strategy Circa
29 January 2021

Printing of Strategy

Final Production of Strategy

Endorsed **NHS Board Meeting**
15 December 2020

Endorsement **Perth and Kinross Council Meeting**
16 December 2020

Approval **Dundee IJB**
15 December 2020

Endorsement **Perth and Kinross Adult Protection Committee**
11 December 2020

09

08

07

06

THANK YOU

Thanks for Listening

Any Questions

CHEERS

ITEM No …15…..…..

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - <u>JANUARY 2020 TO DECEMBER 2020</u>

Organisation	Member	Meeting Dates January 2020 to December 2020						
		25/2	27/3*	28/4*	23/6*	25/8	27/10	15/12
Dundee City Council (Elected Member)	Cllr Ken Lynn	A				✓	✓	
Dundee City Council (Elected Member)	Cllr Roisin Smith	✓				✓	✓	
Dundee City Council (Elected Member)	Bailie Helen Wright	✓				✓	✓	
NHS Tayside (Non Executive Member)	Trudy McLeay	✓				✓	✓	
NHS Tayside (Non Executive Member)	Jenny Alexander	✓				A	✓	
NHS Tayside (Non Executive Member)	Professor Rory McCrimmon							
NHS Tayside (Non Executive Member)	Donald McPherson					✓	✓	
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓				✓	✓	
Chief Officer	Vicky Irons	✓				✓	✓	
Chief Finance Officer	Dave Berry	✓				✓	✓	
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Vacant							
NHS Tayside (Registered Nurse)	Kathryn Brechin	✓				A		
NHS Tayside (Registered Nurse)	Wendy Reid					A	A	
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr James Cotton	A				✓	A	
Trade Union Representative	Jim McFarlane	✓				✓	✓	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓				A	✓	
Voluntary Sector Representative	Eric Knox	✓				✓	✓	
Service User Representative	Linda Gray	✓				A	✓	
Carer Representative	Martyn Sloan	✓				✓	✓	
NHS Tayside (Director of Public Health)	Dr Drew Walker	✓				A	✓	
NHS Tayside (Director of Public Health)	Dr Emma Fletcher					A	A	

✓   Attended
A   Submitted Apologies
A/S   Submitted Apologies and was Substituted
      No Longer a Member and has been replaced / Was not a Member at the Time
*   These meetings were not held due to health emergency