



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
21st JUNE 2023

REPORT ON: TAYSIDE MENTAL HEALTH SERVICES: MENTAL HEALTH AND
LEARNING DISABILITIES SERVICES WHOLE SYSTEM CHANGE
PROGRAMME

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB43-2023

1.0 PURPOSE OF REPORT

The purpose of this report is to bring forward the completed Whole System Mental Health and Learning Disabilities Change Programme for approval.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the Mental Health and Learning Disability Whole System Change Programme as attached at Appendix 1;
- 2.2 Notes the emerging partnership with the V&A in Dundee as detailed in section 4.1.6; and
- 2.3 Notes the additional investment required to deliver the programme as detailed below and in section 4.1.5.

3.0 FINANCIAL IMPLICATIONS

There is currently recurring funding for the programme met by the three Health and Social Care Partnerships and NHS Tayside (£215k). In addition, the Executive Leadership Group will be asked to approve and source additional investment to provide the required capacity to support the programme. This will include additional project and business support; backfill for clinical leadership to lead on the workstreams; commissioning external expertise to support values-based relational leadership and to embed collaborative design thinking/mindset across the programme. An assessment of the additional resourcing requirements has been carried out and this will require circa £200k part-year in 23/24 and £450k in 24/25.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 This change programme follows on from and builds upon the detailed Mental Health and Learning Disability Services Improvement plan which was submitted to Scottish Government in response to recommendations set out in the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services published in January 2023. The Whole System Mental Health and Learning Disabilities Change Programme plan is set in the context of a revised governance structure and refines the priorities set out in the Living Life Well Strategy.

- 4.1.2 The Executive Leadership Group and the Programme Board have agreed revised Terms of Reference and together provide the collaborative leadership for the delivery of the Mental Health & Learning Disabilities Whole System Change Programme ensuring appropriate priority and pace. This is providing leadership and challenge to deliver on the strategic direction for a whole system model of care and importance to the promotion of an energised culture focused on transformation and whole-system collaborative working. It is also providing formal engagement of a wide range of stakeholders including people with lived experience as members of the Board and within the workstreams.
- 4.1.3 The Whole System Mental Health and Learning Disabilities Change Programme is set out in Appendix 1 and covers 12 areas/workstreams which will be the focus of transformational change over the next 2-3 years. The 12 areas/workstreams are a combination of enablers, process/system improvement and service redesign which together set out an ambitious programme to deliver improvements so that people in Tayside receive the best possible care and treatment. These are summarised below in Table 1.

Table 1

| | Workstream | Category |
|----|---|-------------------------|
| 1 | Adult Inpatient Redesign Phase 1 | Improvement |
| | Adult Inpatient Redesign Phase 2 | Service Redesign |
| 2 | Strathmartine Physical Environment | Improvement |
| 3 | Address Significant Delayed Discharges | Improvement |
| 4 | Streamline and Prioritise Change Programme | Enabler |
| 5 | Make Integration Work | Enabler |
| 6 | Engage the Workforce | Enabler |
| 7 | Engage with Patients, Families, Partners, and Communities | Enabler |
| 8 | Continue to Focus on Patient Safety | Improvement |
| 9 | Integrated Mental Health and Substance Misuse Services | Service Redesign |
| 10 | Whole System Redesign of Learning Disability Services | Service Redesign |
| 11 | Crisis and Urgent Care | Service Redesign |
| 12 | Specialist Community Mental Health Service Redesign | Service Redesign |

- 4.1.4 The development of the additional four workstreams numbered 9-12 have been underpinned by a series of engagements and opportunities to comment and influence. This has ensured that the entire change programme has been prepared in the spirit of openness, transparency and with appropriate engagement on content. The development of the programme has included discussion and commentary as follows:

- Executive Leadership Group 8 Feb;15 March;19 April, 17 May, and 14 June 2023
- Programme Board 15 Feb; 9 March; 3 May
- Angus, Dundee, and Perth & Kinross IJBs in March 2023
- NHS Tayside Board 30 March 2023.

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

continuous improvement cycle. There is currently recurring funding for programme met by the three Health and Social Care Partnerships and NHS Tayside (£215k). In addition, the Executive Leadership Group will be asked to approve and source additional investment to provide the required capacity to support the programme. This will include additional project and business support; backfill for clinical leadership to lead on the workstreams; commissioning external expertise to support values-based relational leadership and to embed collaborative design thinking/mindset across the programme. An assessment of the additional resourcing requirements has been carried out and this will require circa £200k part-year in 23/24 and £450k in 24/25.

4.1.6 A workshop with a focus on developing our culture in mental health services was held on 21 April 2023. A helpful case study of organisations which have successfully developed a values-based behaviour framework led by staff will be used to generate ideas and our own approach to this. In addition, a partnership arrangement with the V&A is emerging with an offer to work together on supporting meaningful activity to support alignment and the culture and behaviours required to ensure true co-production. The V&A Design for Business Strategic Lead has offered to support the Mental Health and Whole System Change Programme through a number of tried and tested activity, and we have agreed to work up a programme for all participants in the service redesign workstreams. These include:

- **Creating a Design Culture**

Workshops in which participants will develop a manifesto of behaviours they will use while collaborating. It will involve multiple stakeholders - a range of people including senior managers, staff, patients, and their representatives – including those who do not usually work together and will focus on the development of a healthy culture for co-designing effectively.

- **Design Thinking Accelerators**

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

4.2 Assessment

4.2.1 The Mental Health and Learning Disability Improvement Plan was submitted to the Scottish Government on 31 March 2023. The Whole System Mental Health and Learning Disabilities Change Programme has expanded on the Improvement Plan and includes four additional areas for service redesign. There has been considerable engagement on the development of the programme and an assessment of the additional requirements to resource and provide the required capacity to deliver. The Angus, Dundee and Perth & Kinross Integration Joint Boards are asked to approve the Whole System Mental Health and Learning Disabilities Change Programme at their meetings to be held in June 2023.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. A Tayside wide Integrated Impact Assessment was completed and is attached at Appendix 2.

6.0 RISK ASSESSMENT

| | |
|---|--|
| Risk 1 Description | There is a risk that the implementation of the Mental Health and Learning Disability Improvement Plan is not delivered within the reported time framework |
| Risk Category | Operational; Governance; |
| Inherent Risk Level | Likelihood 3 x Impact 4 = 12 (High) |
| Mitigating Actions (including timescales and resources) | Identification of additional resources to support implementation Clarity of improvement plans and new governance framework Increased leadership to support development across Mental health, learning disabilities and drug and alcohol services |
| Residual Risk Level | Likelihood 2 x Impact 4 = 8 (High) |
| Planned Risk Level | Likelihood 2 x Impact 4 = 8 (High) |
| Approval recommendation | Although the risk levels remain high, the impact of revised framework will support early identification of any barriers to implementation and enable a whole Tayside approach to address these. |

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
Chief Officer, DH&SCP

DATE: 13th June 2023

Jacque Pepper
Chief Officer, Perth and Kinross H&SCP

Tayside Whole System Mental Health and Learning Disabilities Change Programme

June 2023



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| Priority 1: Progress the decision about Adult Inpatient Redesign | | Intended Outcome: Excellent care and treatment for people for whom inpatient treatment is the best option through a redesigned service model with a strong evidence base. | |
| Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, P&K HSCP (Lead Partner) | | Workstream Lead(s): <ul style="list-style-type: none"> General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison, NHS Tayside Clinical Lead, GAP Inpatients, NHS Tayside | |
| | | Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers Medical Director Executive Nurse Director | |
| Delivery Timeline: <ul style="list-style-type: none"> Phase 1: July-2023 Phase 2: Decision March 2026 Implementation Jul 2026-onwards | | Route to Delivery: <ul style="list-style-type: none"> Phase 1: Operational Line Phase 2: Programme | |
| Milestones: | | | |
| Phase 1: Plan to support sustainability of safe Inpatient care. The aim of this phase is to understand the current pressures on the system and develop a short term plan to support sustaining safe delivery of Inpatient care. | | | |
| # | Timeline | Activity | |
| 1 | By 31 Mar 2023 | Analysis of immediate pressures completed and shared with stakeholders which assists in decision-making about what actions may be required to maintain stable service in short term. | |
| 2 | By 30 Apr 2023 | Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity. | |
| 3 | By 31 May 2023 | Equality Impact Assessment to be undertaken to assess the impact of all options. Approval of a plan for rapid whole-system engagement on short-term stability and continuity options. Communication and engagement with wider group of internal and external stakeholders, prior to submitting a plan for a rapid short term contingency for approval by NHS Tayside. | |
| 4 | By 30 Jun 2023 | Options paper presented to NHS Tayside which aligns with progress of other work streams to support change. | |
| 5 | By 31 Jul 2023 | Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service. | |
| 6 | By May 2024 | NHS Tayside must exercise its end of contract options for the Carseview site (a Private Finance Initiative PFI contract). A business case which demonstrates the clinical strategy aligned to the Carseview Centre will be produced. | |
| 7 | By May 2026 | NHS Tayside will exercise the preferred option for the end of PFI contract. | |
| Phase 2: Mental Health Needs Analysis, Option appraisal and development of an implementation and evaluation plan with timelines. The aim of this phase is to understand the current and future mental health service needs of the population of Tayside and come to an agreed plan for redesigning MH services to best meet that need both now and for the next 20 years. This phase includes ongoing engagement with our communities, through analysis, development and scoring of | | | |

| options. | | |
|--|----------------|--|
| <p>Definition of a health needs analysis A health needs assessment is 'a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.'* It includes a quantitative approach to enumerate the size and scale of the problem alongside a qualitative assessment of the nature and meaning of the problem from the perspective of those who experience it.</p> <p>It typically has three parallel assessments: Epidemiological analysis, Comparative analysis and Corporate analysis</p> | | |
| # | Timeline | Activity |
| 6 | By 31 Mar 2024 | Epidemiological analysis and prepare data plan in order to describe the mental health needs of people in Tayside, to inform future service provision and planning. |
| 7 | By 30 Sep 2024 | Implement data plan |
| 8 | By 30 Nov 2023 | Workforce and recruitment analysis completed |
| 9 | By 31 Jan 2024 | Review of existing service (Inpatients, Outpatients, Emergency Dept, community including crisis hub, primary care i.e. all MH services) is completed. This will include an equality impact assessment. |
| 10 | By 30 Jul 2024 | Comparative analysis completed – review of best practice models via literature search and also by learning from and about Mental Health services in other Health Boards and other parts of the UK. This may include a site visit and time with service leads. This would then allow a gap analysis to be undertaken – identifying areas where NHS Tayside could learn from/improve. |
| 11 | By 31 Jan 2025 | Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal |
| 12 | By 31 Mar 2025 | Modelling of options incorporating cost analysis, with forecasted projections by working with Whole System Modelling Team. Model existing service using historical trends and then use Scottish Burden of Disease analysis and epidemiological analysis of service pressures to both assess existing pressures and project forwards to assess what impact that will have on the service. Future projections can then be translated across to other scenarios (as identified from the options appraisal to assess impact of different service models. Incorporate an economic analysis and generate a modelled costed options appraisal alongside the rest of the Needs analysis. |
| 13 | By 30 Jun 2025 | Option appraisal development - Pull together all the information gathered to develop a fully costed options appraisal. This would include equality impact assessments of each option. |
| 15 | By 31 Dec 2025 | Consultation with our communities on the results of the option appraisal |
| 14 | By 31 Mar 2026 | The 3 x IJBs and NHS Tayside Board will consider the Options Appraisal and will make a decision about which option to pursue, including agreement on the resourcing for the preferred option and considering both service needs now and potential service needs over the next 20 years |
| 16 | By 30 Jun 2026 | Agree a detailed implementation plan, governance, evaluation plan and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient |

Tayside Whole System Mental Health and Learning Disabilities Change Programme: June 2023

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| | | model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate. |
| 17 | July 2026 onwards | Implementation - preferred option is fully enacted and evaluated using performance, safety, financial and health intelligence data. |

*(Wright J, Williams R, Wilkinson JR. Development and importance of health needs assessment. BMJ 1998;316 (7140):1310-13. doi: 10.1136/bmj.316.7140.1310)



| Priority 2: Improve Strathmartine Physical Environment | | Intended Outcomes: <ul style="list-style-type: none"> • Significant reduction in volume of environment-related incidents, • Improved experience for people receiving care in Strathmartine | | | | | | | | | | | | | | | |
|--|--|---|---|----------|----------|---|----------------|---|---|----------------|---|---|----------------|---|---|----------------|---|
| Executive Sponsor: <ul style="list-style-type: none"> • Director of Facilities | Workstream Lead(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service, NHS Tayside | Responsible Officer(s): <ul style="list-style-type: none"> • General Manager, Inpatient Learning Disability Service | | | | | | | | | | | | | | | |
| Delivery Timeline: 31 August 2023 | | Route to Delivery: Operational Line | | | | | | | | | | | | | | | |
| Milestones: <table border="1"> <thead> <tr> <th>#</th> <th>Timeline</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>By 28 Feb 2023</td> <td>Analysis of current environment has been completed.</td> </tr> <tr> <td>2</td> <td>By 30 Jun 2023</td> <td>Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate.</td> </tr> <tr> <td>3</td> <td>By 31 Aug 2023</td> <td>Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place.</td> </tr> <tr> <td>4</td> <td>By 31 Aug 2023</td> <td>Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4.</td> </tr> </tbody> </table> | | | # | Timeline | Activity | 1 | By 28 Feb 2023 | Analysis of current environment has been completed. | 2 | By 30 Jun 2023 | Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate. | 3 | By 31 Aug 2023 | Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place. | 4 | By 31 Aug 2023 | Re-evaluation of the current LD Inpatient environment has taken place, including the views of people who need and use this service. If satisfactory, moves to Business as Usual. If not, repeat steps 1, 3 and 4. |
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| Priority 3: Address significant delayed discharges | | Intended Outcome: People are able to leave hospital without delay, to home or community with the support they need. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------|--|--|---|----------|----------|---|----------------|--|---|----------------|--|---|----------------|---|---|----------------|--|----------------|---|---|----------------|--|----------------|--|---|----------------|--|
| Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP Chief Officer, Dundee HSCP Chief Officer, P&K HSCP | | Workstream Lead(s): <ul style="list-style-type: none"> Head of Community Health and Care Services, Angus HSCP MH&LD Strategic Commissioning Lead/ Locality Manager, Dundee HSCP Mental Health Strategic Lead, P&K HSCP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Responsible Officer(s): <ul style="list-style-type: none"> General Managers and Inpatients, Strategic Commissioning Leads | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery Timeline: 31 March 2024 | | Route to Delivery: Programme | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2 | By 31 Jul 2023 | There is a personalised planning process for discharge in place, and information is available on progress and plans for all Inpatients | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | By 31 Jul 2023 | Effective joint and multi-agency/ disciplinary working between Inpatients and Community is embedded into ways of working. This should include relevant agencies and organisations who are involved in discharge planning process. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | By 31 Oct 2023 | Learning Disabilities Planned date of discharge is reliably embedded within LD Inpatient pathways, underpinned by inclusive approaches to patient involvement. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | By 30 Nov 2023 | Mental Health A strategic needs assessment in relation to the factors influencing delayed discharges has been completed to support future commissioning of care and support to reduce delays in hospital for people with mental health needs. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | By 31 Mar 2024 | <p>once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p> <p>Learning Disabilities A commissioning plan is in place to support people with mental health needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible.</p> |
| 7 | | Moves to Business as Usual. |

This work will be underpinned by ongoing conversation with people who use and need our services, as well as with carers and third sector delivery partners, to ensure people understand the processes being put in place as well as seeking their views as part of how we evaluate revisions to the service.



| Priority 4: Streamline and Prioritise the LLW Change Programme | | Intended Outcome: Streamlined programme, clear governance, appropriate resources for the changes needed. |
|--|--|--|
| Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, P&K HSCP (Lead Partner) | Workstream Lead(s): <ul style="list-style-type: none"> Programme Manager, Mental Health Whole System Change Programme | Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers, Medical Director, Executive Nurse Director |
| Delivery Timeline: <ul style="list-style-type: none"> Implement June 2023 Review June 2024 | | Route to Delivery: Executive Leads and Programme |
| Milestones: | | |
| # | Timeline | Activity |
| 1 | By 31 Mar 2023 | The governance arrangements for the Whole-System LLW Change Programme are agreed by all Parties through a formal report to NHS Tayside Board and the three Integration Joint Boards. By end of March 2023 the priorities for a refreshed Programme are reviewed and agreed. Completed for Perth and Kinross IJB 15 February 2023. |
| 2 | By 30 Apr 2023 | Revised governance structures for the Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams. |
| 3 | By 30 Jun 2023 | The resourcing framework to support delivery of a Whole System Change Programme is agreed and in place, including an outline financial plan. |
| 4 | By 30 Jun 2023 | The Executive Leadership Group is providing collaborative leadership across the whole system change programme. and the Strategic Programme Board is taking responsibility for the delivery of the revised and refined Whole System Change Programme - the system "to be". The role of the Integrated Leadership Group is clarified as working together to manage the system "as is". |
| | By 30 Sep 2023 | Detailed Financial Framework including agreed financial recovery actions for inpatient services will be reported to IJBs and NHS Tayside |
| 5 | By 30 Apr 2024 | There will be a review and evaluation completed of the effectiveness of how we are making integration work and improvements identified and actioned. |
| 6 | | Moves to Business as Usual. |



| Priority 5: Make Integration work | | Intended Outcome: Clear and effective arrangements for integration in place, which supports collaborative leadership across partners and sustainable strategic change and innovation. Clarity for staff and the general public with regards to the roles and responsibilities of each organisation across Tayside. Clear governance and decision-making structures. |
|--|---|--|
| Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP | Workstream Lead(s): <ul style="list-style-type: none"> Chief Officer Angus HSCP Chief Officer Dundee HSCP Chief Officer Perth & Kinross HSCP | Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers, Medical Director, Executive Nurse Director |
| Delivery Timeline: June 2023, review April 2024 | | Route to Delivery: Executive Leads and IJB Chairs |
| Milestones: | | |
| # | Timeline | Activity |
| 1 | By 30 Jun 2022 | Revised Integration Schemes (IS) drafted, consulted upon with communities, updated based on feedback, and approved. The IS include the delegation of responsibility for the strategic planning and coordination for inpatient mental health and inpatient learning disability services to IJBs and to the Chief Officer of Perth and Kinross IJB as lead partner. - Complete. |
| | By 30 Jun 2023 | Approval of revised Directions Policy for each IJB which sets out how decisions and directions in relation to strategic planning for inpatient services will work in practice through approval by all IJBs, ensuring effective consultation at a local level, and therefore have regard to the needs of all communities in Tayside. |
| 2 | By 30 Jun 2023 | Collaborative working arrangements in place to make the new integration arrangements work in practice. |
| 3 | By 31 Oct 2022 | Programme support team appointed on a permanent basis, funded by all partner organisations to support change programme. |
| 4 | By 30 Nov 2022 | Integration Schemes approved by 3 IJBs and Scottish Government. - Complete |
| 5 | By 30 Apr 2023 | Revised governance structures for a Whole System Change Programme will be approved across all parties with revised terms of reference and membership of the Mental Health and Wellbeing Programme Board. The role of each partner in the Integration Scheme, the priorities, roles and responsibilities will be set out in easy to understand Governance diagrams. |
| 6 | By 30 Apr 2023 | There will be agreed re-prioritisation for the whole-system change programme work for 2023-2025, taking cognisance of the work progressing within each of the HSCP areas related to their Strategic Commissioning Plans and respective Mental Health and Wellbeing Plans. |
| 7 | By 30 Jun 2023 | Staff, service users, and their careers, and the general public will have clear information about what is going to change, what will be different for them, who will be responsible for making the change and how they can take part. |

Tayside Whole System Mental Health and Learning Disabilities Change Programme: June 2023

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| 8 | By 30 Jun 2023 | The Executive Leadership Group is providing collaborative leadership across the whole system change programme to ensure innovation flourishes and sustainable change can take place in line with the integration scheme and revised governance structures. |
| | By 30 Jun 2023 | The Integrated Joint Boards and NHS Tayside Board have clear systems in place to ensure appropriate directions are provided and decisions made. |
| 9 | By 30 Apr 2024 | There will be a review and evaluation of the effectiveness of how we are making integration work and improvements identified and actioned. |
| 10 | | Moves to Business as Usual |



| Priority 6: Engage the Workforce | | Intended Outcome: An engaged workforce who feel listened to, involved and engaged in service design, evidenced through feedback and participation in major decisions. | |
|--|---|---|--|
| Executive Sponsor: <ul style="list-style-type: none"> Executive Nurse Director, NHS Tayside | Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director Mental Health & Learning Disability Services, NHS Tayside Nurse Director Mental Health & Learning Disability Services, NHS Tayside HSCP Chief Officers x 3 | Responsible Officer(s): <ul style="list-style-type: none"> General Managers and Strategic Commissioning Leads Clinical Leaders | |
| Delivery Timeline: 31 December 2023 | | Route to Delivery: Programme | |
| Milestones: | | | |
| # | Timeline | Activity | |
| 1 | By 30 Jun 2023 | A workforce development and engagement plan and work at a system-wide level around culture, is agreed. | |
| 2 | By 31 Aug 2023 | A review and refresh of leadership training, for key staff groups (Senior Nurses test), which includes how to engage staff and service users in service design, is in place. | |
| 3 | By 31 Jul 2023 | The arrangements for monitoring progress against the workforce development plan are agreed and in place. | |
| 4 | By 30 Sep 2023 | A Codesign and Coproduction Plan is agreed and implemented. | |
| 5 | By 31 Dec 2023 | An evaluation of the extent to which change is being coproduced by people who work in our services has been completed and used to inform the next cycle of planning. | |
| 6 | | Moves to Business as Usual. | |



| Priority 7: Engage with patients, families, partners and communities | | Intended Outcome: Patients, family, friends, carers and the wider community are partners in the change programme and in redesigning new models of care. Stakeholder consultation will be a core element throughout the Whole System Change Programme. Leading through relationships - started in December 2022 will be expanded to all of the workstreams to build a broad platform of working in equal partnership throughout the programme. Appropriate systems will be in place throughout the whole system of care to enable co-production, meaningful engagement and feedback, and relationship building. | |
|--|--|--|--|
| Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP | Workstream Lead(s): <ul style="list-style-type: none"> Head of Community Health and Care Services, Angus HSCP MH&LD Strategic Commissioning Lead/Locality Manager, Dundee HSCP Mental Health Strategic Lead, P&K HSCP | Responsible Officer(s): <ul style="list-style-type: none"> General Managers and Strategic Commissioning Leads | |
| Delivery Timeline: 31 August 2024 | | Route to Delivery: Programme | |
| Milestones: | | | |
| # | Timeline | Activity | |
| 1 | By 31 May 2023 | There will be a shared understanding across the whole system of care regarding current approaches to leading together and co-production. Good practice will be shared and new mechanisms for supporting meaningful engagement, collating views and experiences will involve all relevant stakeholders/groups who support the engagement, building relationships; with the Third Sector as partners in this work. | |
| 2 | By 30 Jun 2023 | Data about current engagement methods/stakeholders/groups will be analysed and any gaps identified. With good practice highlighted. | |
| 3 | By 30 Sep 2023 | A co-design and co-production Plan will be agreed and implemented across the whole system of care, with independent support provided from Healthcare Improvement Scotland to support this work. Patients, carers, family, friends and the wider community will be supported to meaningfully engage in planning. Key performance and quality indicators will be established and monitoring systems put in place. | |
| 4 | By 31 Jan 2024 | A co-evaluation tool will be developed and tested which measures the impact of the change that will be undertaken. | |
| 5 | By 30 Jun 2024 | A co-produced evaluation of the impact of the change will be completed. The outcomes will inform the effectiveness of the processes, highlight good practice and identify areas for improvement. | |
| 6 | By 31 Aug 2024 | Learning will be shared with all stakeholders. This will inform the next cycle of planning and improvement. | |
| 7 | | Moves to Business as Usual. | |



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| <p>Priority 8: Continue to focus on Patient Safety</p> | <p>Intended Outcome: All patients will experience high quality, safe and person centred care every time.</p> |
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| <p>Executive Sponsor:</p> <ul style="list-style-type: none"> Medical Director, NHS Tayside | <p>Workstream Lead(s):</p> <ul style="list-style-type: none"> Operational Medical Director, Mental Health & Learning Disability Services, NHS Tayside Director of Nursing, Mental Health & Learning Disability Services, NHS Tayside | <p>Responsible Officer(s):</p> <ul style="list-style-type: none"> Heads of Service/Strategic Commissioning Leads, General Managers, Clinical Leads, Clinical Directors |
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| <p>Delivery Timeline: September 2023 with the arrangements to monitor the outcome transferred into an ongoing programme centred on Least Restrictive Practice, reviewed in September 2024</p> | <p>Route to Delivery: Clinical Governance arrangement and reporting</p> |
|--|--|

Milestones:

| # | Timeline | Activity |
|---|----------------|---|
| 1 | By 31 Jul 2023 | The required scope of the continued focus on patient safety work will be developed in collaboration with stakeholders. |
| 2 | By 31 Jul 2023 | The draft Terms of Reference for a patient safety collaborative/group will be developed to include: <ul style="list-style-type: none"> scope and focus role and remit governance reporting chair and deputy chair membership |
| 3 | By 31 Aug 2023 | The draft Terms of Reference is agreed and ratified through the Programme Board |
| 4 | By 30 Sep 2023 | The revised Tayside Mental Health Patient Safety Collaborative will have had its first meeting |
| 5 | By 30 Sep 2024 | A 1-year review of the Patient Safety Collaborative against the Terms of Reference will be completed to inform any required developments/changes. |
| 6 | | Moves to Business as Usual. |
| | | |



| Priority 9: Integrated Substance Use and Mental Health | | Intended Outcome: There are processes in place to ensure that people who have co-occurring substance use and mental health needs are able to access appropriate services, and that these services work together to support the people's needs. |
|---|---|---|
| Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Dundee HSCP | Workstream Lead(s): <ul style="list-style-type: none"> Head of Health and Community Care, Dundee HSCP Lead Clinician, NHST Drug and Alcohol Recovery Psychology Service | Responsible Officer(s): <ul style="list-style-type: none"> Heads of Service/ Strategic Commissioning Leads General Manager Clinical Leads |
| Delivery Timeline: 31 March 2024 | | Route to Delivery: Operational and via Programme |
| Milestones: | | |
| # | Timeline | Activity |
| 1 | By 31 May 2023 | a) Development of Operational Group; b) Develop implementation plan and sign off. |
| 2 | By 31 Oct 2023 | Mechanisms are in place to enable staff in Mental Health and Substance Use Services to report concerns and advocate on behalf of patients at risk of falling between services |
| 3 | By 31 Oct 2023 | At the point of referral, there will be a named professional as the main contact responsible for communication between services, and with the person and their family member or nominated person(s). |
| 4 | By 31 Oct 2023 | Protocols in place for effective communication and information sharing between Mental Health and Substance Use services. |
| 5 | By 30 Nov 2023 | There are procedures in place to ensure that staff in Mental Health and Substance Use Services are up to date with local treatment pathways and referral criteria for NHS primary and secondary care services, social care and third sector agencies. |
| 6 | By 31 Dec 2023 | There will be agreed referral pathways across the local ROSC, to support anyone identified with substance use or mental health difficulties. |
| 7 | By 31 Dec 2023 | Development of training and workforce development plans to ensure staff are trained and supported to: <ul style="list-style-type: none"> a) Carry out assessment of substance use and dependence; b) Recognise acute crises such as overdose, withdrawal or physical health consequences; c) Provide accurate and evidence-based harm reduction information and support to people with non-dependent substance use; d) Provide motivational interviewing where appropriate. |
| 8 | By 31 Dec 2023 | Development of a training and workforce development plan to ensure staff are trained and supported to: <ul style="list-style-type: none"> a) Have the knowledge and skills to recognise acute mental health crises, suicidality/psychosis and respond appropriately; b) Know about availability and make use of skilled diagnosis and treatment within substance use teams, if not available through mental |

Tayside Whole System Mental Health and Learning Disabilities Change Programme: June 2023

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| | | health assessment services; c) Make use of local protocols around severity and complexity of mental health disorder for treatment in substance use, primary care or mental health teams. |
| 9 | By 31 Dec 2023 | Clear governance structures are in place to co-ordinate care (e.g. care programme approach) and establish effective joint working arrangements to care for those with severe mental illness and substance use. |
| 10 | By 31 Mar 2024 | Agreed care pathways are in place to support any identified mental health care needs and clear governance structures, to establish effective joint working arrangements to care for people with co-occurring mental health difficulties and substance use |
| 11 | By 31 Mar 2024 | Assessment protocols are in place, which include enquiry about mental health and/or substance use through appropriate screening tools. |



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| <p>Priority 10: Whole System Redesign of Learning Disabilities</p> | <p>Intended Outcomes:</p> <ul style="list-style-type: none"> • People with a learning disability will experience reduced health inequalities • People with a learning disability receive the right support at home/community to maintain their health and wellbeing • People with a learning disability will receive the right support to minimise the likelihood of requiring admission to hospital • People with a learning disability will be less likely to be unnecessarily delayed within in-patient care longer than required • People with a learning disability will be less likely to require a placement out with their local area | |
| <p>Executive Sponsor:</p> <ul style="list-style-type: none"> • Chief Officer, P&K HSCP | <p>Workstream Lead(s):</p> <ul style="list-style-type: none"> • Strategic Commissioning Lead, Dundee HSCP • General Manager, Inpatient Learning Disability Service | <p>Responsible Officer(s):</p> <ul style="list-style-type: none"> • General Manager LD Inpatients • Strategic Commissioning Leads |
| <p>Delivery Timeline: By 31 March 2024</p> | | <p>Route to Delivery: Programme</p> |
| <p>Milestones:</p> | | |
| <p>#</p> | <p>Timeline</p> | <p>Activity</p> |
| <p>1</p> | <p>By 30 Sept 2023</p> | <p>Pathways between home and hospital have been mapped and revised to ensure processes are clearly understood, seamless and that the right support is in place at the right time</p> |
| <p>2</p> | <p>By 30 Sept 2023</p> | <p>Planned date of discharge is reliably embedded within Learning Disability Inpatient pathways, underpinned by inclusive approaches to patient involvement</p> |
| <p>3</p> | <p>By 31 Oct 2023</p> | <p>A detailed analysis of admissions and discharges since January 2021 has been undertaken, taking into account available benchmarking information</p> |
| <p>4</p> | <p>By 31 Oct 2023</p> | <p>Workforce needs have been identified that will support the availability of multi- disciplinary support wherever a person may be</p> |
| <p>5</p> | <p>By 31 Dec 2023</p> | <p>A strategic needs assessment, in relation to the factors influencing delayed discharges, has been completed to support future commissioning of care and support to reduce delays in hospital for people with learning disability needs</p> |
| <p>6</p> | <p>By 31 Mar 2024</p> | <p>A commissioning plan is in place to support people with learning disability needs and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likelihood of unnecessary delays once people are ready for discharge; ensure that community health and social care resources are increased to avoid admission to, and support timely discharge from, hospital wherever possible</p> |



| Priority 11: Crisis & Urgent Care | | Intended Outcome: The re-design of a centralised crisis response to enable a Tayside-wide specialist emergency mental health assessment function, with clear links to local Emergency Departments, Scottish Ambulance and NHS Scotland Police Triage. | |
|--|-----------------|---|--|
| Executive Sponsor: <ul style="list-style-type: none"> TBC | | Workstream Lead(s): <ul style="list-style-type: none"> Nurse Director, Mental Health and Learning Disabilities Clinical Lead for Mental Health and Learning Disabilities, Dundee HSCP | |
| | | Responsible Officer(s): <ul style="list-style-type: none"> General Managers Operational Medical Director Nurse Director | |
| Delivery Timeline: By 31 December 2023 | | Route to Delivery: Programme | |
| Milestones: | | | |
| # | Timeline | Activity | |
| 1 | By 31 May 2023 | Liaison with, and visit to, Lothian Mental Health sites to enable learning on live implementation of Standard Operating Procedure, which will inform re-designed framework in NHS Tayside | |
| 2 | By 30 June 2023 | Carry out self-assessment of current system and map against the National Roadmap, identifying gaps and areas requiring review | |
| 3 | By 30 June 2023 | Revisit and review the self-assessment against Best Practice Guidance for Home Treatment | |
| 4 | By 30 June 2023 | Training Needs Analysis Carried out across IHTT and Crisis Assessment Function | |
| 5 | By 31 Jul 2023 | Review existing data sets and agree a revised data set which would include demographics, patient journey and patient outcomes | |
| 6 | By 31 Jul 2023 | Implementation of Trakcare across Crisis and IHTT | |
| 7 | By 31 Jul 2023 | Workforce training plan to be developed across IHTT and Crisis | |
| 8 | By 31 Jul 2023 | Prioritise which routes of referral require review and mapping | |
| 9 | By 31 Jul 2023 | Appraise the Carseview site to assess current estate and optimum environment required for delivery of the Crisis Assessment Function | |
| 10 | By 31 Aug 2023 | Complete and evaluate the test of change in relation to Early Supported Discharge | |
| 11 | By 31 Aug 2023 | Complete and evaluate the test of change in relation to the gatekeeping role | |
| 12 | By 31 Aug 2023 | Workforce planning across IHTT and Crisis Assessment Function, with production of indicative workforce model | |
| 13 | By 31 Oct 2023 | Review and agree referral routes and pathways, aligned to the National Roadmap for Urgent Care and the revised IHTT clinical model | |
| 14 | By 30 Nov 2023 | Implement a mechanism for feedback from people who use and need the service Review and develop Crisis and IHTT packs for patients and carers | |
| 15 | By 31 Dec 2023 | Finalise and establish new Standard Operating Procedure for re-designed service linked to National Redesign of Urgent Care workstream. | |

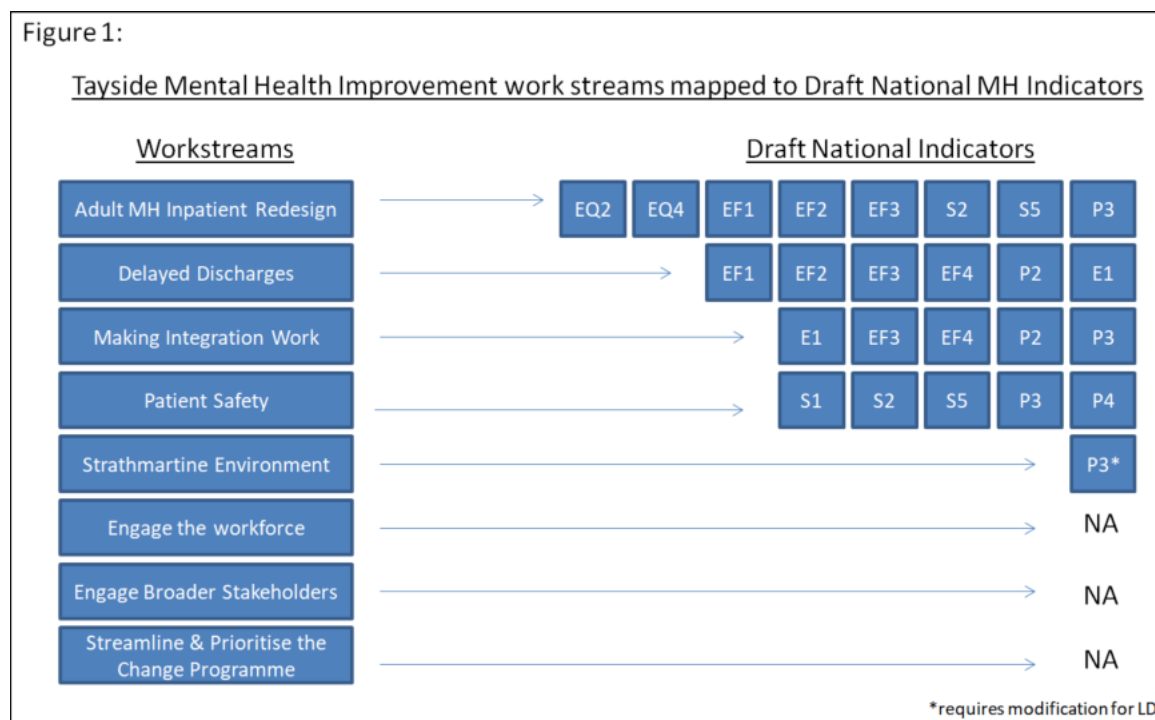


| Priority 12: Specialist Community Mental Health Service Redesign | | Intended Outcome: By April 2024, redesign a co-produced model of care for the Tayside Specialist Community Mental Health Service ensuring equitable, effective, treatment, care and support for people living in the community with complex and severe mental illness. | |
|--|----------------|--|---|
| Executive Sponsor: <ul style="list-style-type: none"> Chief Officer, Angus HSCP | | Workstream Lead(s): <ul style="list-style-type: none"> Operational Medical Director, Mental Health and Learning Disabilities Service Manager, Mental Health Services, P&K HSCP | Responsible Officer(s): <ul style="list-style-type: none"> Chief Officers x 3 Strategic and Commissioning Leads |
| Delivery Timeline: 30 April 2024 | | Route to Delivery: Programme | |
| Milestones: | | | |
| # | Timeline | Activity | |
| 1. | By 31 Oct 2023 | Define key performance indicators, care standards, measures and audit mechanisms (including service user and carer measures) | |
| 2. | By 31 Oct 2023 | Review and redesign the clinical model for Community Mental Health | |
| 3. | By 31 Oct 2023 | Create a learning network for the Community Mental Health Service | |
| 4. | By 31 Dec 2023 | Revised Demand, Capacity, Activity and Queue data readily available and evidenced to be used by Community Mental Health Team's across Tayside | |
| 5. | By 31 Dec 2023 | Complete a review of current planned care pathways within Community Mental Health Teams to ensure people are accessing the appropriate care and support | |
| 6. | By 31 Mar 2024 | Assess and target improvements in compliance by the Community Mental Health Teams with key performance indicators, care standards and measures (including service user and carer measures) | |
| 7. | By 30 Apr 2024 | Review the workforce required within the Tayside Community Mental Health Service to deliver the new models of care | |



Appendix One: Mapping of work streams to draft National Mental Health Indicators

Measurement plans are in the process of being prepared for all work streams, in order to ensure that progress and achievement of outcomes is well evidenced. There is a connection to the work elsewhere to develop national Mental Health indicators. An initial mapping of work streams to the indicators in development has been undertaken and is summarised in figure 1. Descriptions of the indicators and a link to the source publication are also provided.



Glossary of Indicator Descriptions

Timely –

T1 % of people who commence Psychological therapy-based treatment within 18 weeks of referral.

T2 % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral.

T3 % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports recovery.

Safe –

S1 suicide rates per 100,000 population.

S2 % of all discharged psychiatric inpatients followed-up by community mental health services within 7 calendar days.

S5 incidents of physical violence per 1,000 occupied psychiatric bed days.

Effective –

E1 number of days people spend in hospital when they are clinically ready to be discharged per 1,000 population (Integration indicator 19).

Efficient –

EF1 rate of emergency bed days for adults.

EF2 % of readmissions to hospital within 28 days of discharge

EF3 total Psychiatric inpatient beds per 100,000 population (NRAC adjusted)

EF4 total mental health spend as a % of total spend.

EF5 % of did not attend appointments for community based services of people with mental health problems.

Reference

[Quality Indicator Profile for Mental Health \(publichealthscotland.scot\)](https://publichealthscotland.scot)

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EQUALITY IMPACT ASSESSMENT (EQIA) TEMPLATE

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| Manager | Group |
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| Established | Last updated | Review / Expiry |
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Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview

Name of Policy, Service Improvement, Redesign or Strategy:

Tayside Mental Health & Learning Disabilities Whole System Change Programme
(referred to hereafter as “the programme”).

Lead Director or Manager:

Jacqueline Pepper, Chief Officer - Perth and Kinross Health and Social Care Partnership
Lead Partner – coordination of strategic planning for inpatient mental health and learning disability services.

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

The programme aims to bring about person centred improvements in across the whole system of care and treatment for people experiencing mental ill-health and people with a learning disability. It aims to integrate health and social care delivery at a community level to meet needs. Strategic planning and improvement will focus on what matters to people and will be informed by what people are telling us works best for them. Improvements will be evidence based and will focus on what’s achievable and sustainable within the available resources. Our ambition is to design and deliver high quality care and treatment for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, where people in Tayside can achieve the best possible mental health in inclusive communities which reduce/ eliminate stigma and discrimination.

Description of the Policy, Service Improvement, Redesign or Strategy – What is it? What does it do? Who does it? And who is it for?

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Whole-system improvement of mental health and learning disability services. The programme is focused on prevention, proactive care, access to joined up and co-ordinated services and with a highly skilled and confident workforce to deliver better person-centred services. The programme will have the views and experiences of people who require care and treatment as central to making improvements and co-produce plans for transformational change. It reflects the needs of our patients, service users, their families, and carers and the needs of our staff who plan, provide, and deliver mental health services. The programme focuses on services for adults under 65.

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?

The programme is intended to provide people with:

- An investment in prevention of mental health disorders and proactive care to address poor mental health
- Services that tackle stigma and discrimination as a core 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 and circumstances
- Co-ordinated treatment and supports for people with severe and complex mental illness
- Improvement in the physical health of people living with mental illness and reducing early mortality
- Assurance 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 (safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity) central to mental health service delivery.
- Carer support; unpaid carers are supported to be partners in care and are signposted to carer support, in line with the Triangle of Care approach.
- An approach that promotes peoples' freedom to make their own decision and the rights they have to take risks and have autonomy over their lives.

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Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

The Whole System Change Workstream Leads reporting to the Executive Leadership Group.

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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
|------|--|--|---|--|
| 1.1 | <p>Will it impact on the whole population? Yes or No.</p> <p>If yes, will it have a differential impact on any of the groups or protected characteristics identified in 1.2. If no go to 1.2 to identify which groups or protected</p> | <p>Yes.</p> <p>The programme seeks to improve outcomes and experiences for anyone in Tayside who either has or is connected to someone with a mental health or learning disability need. It seeks to do so regardless of protected characteristics, so it is not anticipated that people with protected characteristics will be specifically affected in a</p> | <p>Providing the same service for everyone doesn't always achieve the same outcomes for those with protected characteristics.</p> <p>Each work stream of the programme will conduct its own EQIA to ensure that, where necessary, steps/activity are included to ensure those with protected characteristics and those with circumstances that are known to affect people more (Health inequalities) receive equitable service.</p> <p>This might mean for example offering appointments with interpreters- cultural awareness of why people from minority ethnic communities experience more mental health crisis- offering culturally aware and competent services.</p> | |

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| | characteristics could be affected. | different way to those without. | |
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SECTION 1 Part B – Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected?

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
|------|---|--|--|--|
| 1.2 | Protected characteristics: <ul style="list-style-type: none"> ○ Race - Minority ethnic population (including refugees, asylum seekers & gypsies / travellers) ○ Sex - Women and men ○ Religion/Belief - People in religious / faith groups ○ Disability - Disabled people | <p>All people - with and without protected characteristics - will benefit from the programme, and especially people with mental health problems.</p> <p>The programme aims to bring about person centred improvements in health and social care delivery, in line with need. The programme will have a focus on community planning and will be community based and</p> | <p>Public Health analysis on p26 & p27 of strategy details what is known about the Tayside population.</p> | <p>Each work stream will consider the population characteristics and protected characteristics within the planning of actions, timescales and outcomes, and will identify and track actions to address any potential equality gaps.</p> <p>There are potential impacts as staff groups</p> |

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| | <ul style="list-style-type: none"> ○ Age - Older people, children and young people ○ Sexual Orientation – Is the orientation of persons of the same sex, opposite sex or either sex ○ Gender Reassignment ○ Pregnancy/Maternity <p>Other:</p> <ul style="list-style-type: none"> ○ People with mental health problems ○ Homeless people ○ People involved in criminal justice system ○ Staff ○ Socio- economically deprived groups ○ People with mental health problems ○ Homeless people ○ Socioeconomic deprivation groups ○ Carers ○ Literacy ○ Rural | <p>multi-agency in its approach. Our ambition is to design and deliver high quality specialist services for people with Mental Health or Learning Disability needs, and better mental health and wellbeing for all, within Tayside. By adopting this programme, individuals will receive a robust service that is able to be flexible in its approach and offer a variety of support and treatment options.</p> | | <p>are likely to be predominantly female and maybe, for specialist staff, older. Homeless people may find it difficult to have appointments emailed and specific action might be needed like use of SMS messages</p> <p>Impact on carers will need to be considered. For example, - if location of inpatient care is changed and further away or if more people are supported at home the potential impact for carers of needing to provide increased support. These considerations will be picked up in each work stream EQIA.</p> |
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| | ○ Language / social origins | | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
|------|--|---|---|--|
| 1.3 | <p>Will the development of the policy, strategy or service improvement/redesign lead to</p> <p>Direct or Indirect discrimination Unequal opportunities Poor relations between equality groups, people with a protected characteristic(s) and other groups Other</p> | <p>No</p> <p>Through an EQIA within each work stream, all changes will be assessed for potential unintended consequences on people with protected characteristics. For example, if a planned change includes an increased reliance on digital resources, work will be undertaken to ensure that people living in poverty without access to the internet, and people with low digital literacy skills are not inadvertently disadvantaged.</p> | <p>The strategy was codesigned with people who use and need our services, to ensure that at this stage of planning, ambitions, changes and communication has been done in a way that reflects genuine need and capability. Each workstream is required to engage with people who have lived experience.</p> | <p>As stated previously, as programme activity crystallises on clear actions and decisions, separate detailed EQIAs will be undertaken</p> |

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SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 8, 9 and 11. (ECHR: European Convention on Human Rights)

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
|------|---|---|---|---|
| 2.1 | <p>On Life (Article 2, ECHR)</p> <ul style="list-style-type: none"> ○ Basic necessities such as adequate nutrition, and safe drinking water ○ Suicide ○ Risk to life of / from others ○ Duties to protect life from risks by self / others ○ End of life questions | <p>The programme seeks to have a positive impact on;</p> <ul style="list-style-type: none"> ● Rate of completed suicide ● Risk to life of/ from others ● Duties to protect life from risks by self/ others ● Freedom from ill treatment It is envisaged that the programme will improve outcomes for those at risk of harm. This is due to the planned improved flexibility of services and having a person centred approach throughout this programme. The | <p>Human Rights - p32 of strategy sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing.</p> <p>Suicide – p24 of strategy sets out what we know about suicide and how that has been factored into the programme plans</p> | <p>We know that suicide risks include a large number of young (protected characteristic) men (protected characteristic)</p> <p>So for example, the Crisis and Urgent Care work stream will seek to look behind this and plan supports with these protected characteristics in mind.</p> |

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| | | programme will ensure that the views of service users is taken into consideration and will help with its delivery. | | |
| 2.2 | <p>On Freedom from ill-treatment (Article 3, ECHR)</p> <ul style="list-style-type: none"> ○ Fear, humiliation ○ Intense physical or mental suffering or anguish ○ Prevention of ill-treatment, ○ Investigation of reasonably substantiated allegations of serious ill-treatment ○ Dignified living conditions | <p>The programme plans to have a positive impact on;</p> <ul style="list-style-type: none"> ● Fear, humiliation ● Intense physical or mental suffering or anguish ● Prevention of ill-treatment, ● Investigation of reasonably substantiated allegations of serious ill-treatment ● Dignified living conditions | <p>Human Rights - p32 of strategy sets out our understanding of human rights as they pertain to matters of Mental Health, Learning Disability and wellbeing.</p> <p>There is a strong association between mental health and long term conditions. The relationships are complex and are shown in both directions. The same is true of people with Learning Disabilities. Both groups are at greater risk of physical illness than the general population. Some people with mental illness or a learning disability require different approaches to engagement and differences in how care</p> | <p>The programme has to date been designed alongside people with mental health or learning disability needs. This approach will continue.</p> |

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| | | | is accessed, delivered and communicated. | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 2.3 | On Liberty (Article 5, ECHR) <ul style="list-style-type: none"> ○ Detention under mental health law ○ Review of continued justification of detention ○ Informing reasons for detention | The programme seeks to have a positive impact on; <ul style="list-style-type: none"> ● Detention under mental health law ● Review of continued justification of detention ● Informing reasons for detention | Human Rights - p32 of strategy | A key part of this work will be the continuing commitment to work closely with, and communicate well with people detained under mental health law and where appropriate their families/ carers |
| 2.4 | On a Fair Hearing (Article 6, ECHR) <ul style="list-style-type: none"> ○ Staff disciplinary proceedings ○ Malpractice ○ Right to be heard ○ Procedural fairness ○ Effective participation in proceedings that determine rights such as employment, damages / compensation | The programme seeks to have a positive impact on; <p>The right to be heard Procedural fairness, and Effective participation in change, in line with the NHS Scotland Staff Governance Standard.</p> <p>The programme will have a positive impact on detention under mental health law by giving service users the skills to self manage and the opportunity to seek help</p> | NHS Scotland Staff Governance Standard has been followed throughout delivery of the programme. Extensive consultation with staff about what needs to be changed, why, when , how, where and by whom has taken place to date and that will continue. | A comprehensive communication and engagement plan including stakeholders within and outside of the system of care is in development within each work stream. |

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| | | at an early stage to prevent the development of a spiral into mental health crisis. | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 2.5 | <p>On Private and family life (Article 8, ECHR)</p> <ul style="list-style-type: none"> ○ Private and Family life ○ Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse) ○ Personal data, privacy and confidentiality ○ Sexual identity ○ Autonomy and self-determination ○ Relations with family, community ○ Participation in decisions that affect rights ○ Legal capacity in decision making supported participation and decision making, | <p>The programme seeks to have a positive impact on all articles of private and family life listed.</p> <p>Private and family life can be enhanced by improved mental health and wellbeing.</p> <p>Physical and moral integrity can be improved through many therapies and mental health interventions and by societal work around stigma associated with mental health and learning disabilities.</p> <p>Each work stream will consider the right to privacy and confidentiality.</p> <p>Mental ill-health is more prevalent in groups with protected characteristics around sexual identity, and</p> | <p>Ref: Strategy Page 95 values Page 32 panel principles</p> <p>are Participation Accountability Non-discrimination and equality Empowerment and Legality.</p> <p>The programme is committed to working to these principles across all change.</p> | <p>EQIAs within each work stream will consider what specific elements of change need to be put in place to continue managing the impact of changes on private and family life.</p> |

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| | <p>accessible information and communication to support decision making</p> <ul style="list-style-type: none"> ○ Clean and healthy environment | <p>so improved services will positively impact those areas.</p> <p>The rights people have to take risks and make decisions about their lives holds true regardless of the presence of a mental illness or learning disability. Our services have a good track record of finding ways to support people in those groups with these rights.</p> | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research /Data to support the consideration of impact | Further Actions or improvements required |
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| 2.6 | <p>On Freedom of thought, conscience, and religion (Article 9, ECHR)</p> <ul style="list-style-type: none"> ○ To express opinions and receive and impart information and ideas without interference | <p>The programme seeks to have a positive impact on the right to express opinions and receive and impart information and ideas without interference, in line with the NHS Scotland Staff Governance Standard</p> <p>There are lots of channels that have been used to date to bring the voice of people who need and use our services into the programme. These include conversations, focus groups, consultation exercises, use of long standing networks for people with protected characteristics, mailboxes, newsletters and invitations for specific comment around specific service plans.</p> | <p>Ref: Strategy Page 95 values Page 32 panel principles</p> <p>NHS Scotland Staff Governance Standard</p> | <p>The communication and engagement plans within each work stream, and their associated EQIAs will consider how to meaningfully engage with people about planned changes in a way that brings those with protected characteristics along with us as partners.</p> |

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| 2.7 | <p>On Freedom of assembly and association (Article 11, ECHR)</p> <ul style="list-style-type: none"> ○ Choosing whether to belong to a trade union | No – the programme will not adversely affect a person’s right to choose whether to belong to a trade union | | |
| 2.8 | <p>On Marriage and founding a family</p> <ul style="list-style-type: none"> ○ Capacity ○ Age | No | | |
| 2.9 | <p>Protocol 1 (Article 1, 2, 3 ECHR)</p> <ul style="list-style-type: none"> ○ Peaceful enjoyment of possessions | No | | |

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SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
|------|---|---|--|--|
| 3.1 | <p>What impact will the function, policy/strategy or service change have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> ○ Diet & nutrition ○ Exercise & physical activity ○ Substance use: tobacco, alcohol or drugs ○ Risk taking behaviours | <p>The programme views Mental Health as a public health priority. It seeks to reduce inequalities in the following areas:</p> <ol style="list-style-type: none"> 1. Mentally healthy environments and communities 2. Mentally healthy infants, children and young people 3. Mentally healthy employment and working life 4. Mental healthy later life 5. Reducing the prevalence of suicide, self-harm and common mental health problems | <p>Ref: strategy p19</p> <p>Ref: strategy p78 - 79</p> | |

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| | <ul style="list-style-type: none"> ○ Education & learning or skills ○ Other | <p>6. Stigma and discrimination</p> <p>7. The programme seeks to reduce instances of risk taking behaviours by supporting people to live in mentally health environments where they are free from stigma and discrimination and have the skills and opportunities to make more informed life choices</p> | | |
| 3.2. | <p>Does your function, policy or service change consider the impact on the communities?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> ○ Social status ○ Employment (paid/unpaid) ○ Social/family support | <p>The programme has considered a range of environmental factors, social circumstances and individual protective and risk factors for good mental health.</p> | <p>Ref: strategy p78 - 79</p> | <p>Each work stream will include plans to address risk factors across all tiers of service provision for people with mental health and learning disability needs.</p> |

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| | <ul style="list-style-type: none">○ Stress○ Income | | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 3.3 | <p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example will there be impacts on:</p> <ul style="list-style-type: none"> ○ Living conditions ○ Working conditions ○ Pollution or climate change ○ Accidental injuries / public safety ○ Transmission of infectious diseases ○ Other | <p>In addition to the response in 3.2, the programme seeks to improve the physical environment in a number of healthcare-related settings, for example within the Adult Inpatient redesign, and within the Learning Disabilities whole system redesign.</p> <p>This will be achieved by improving the Physical environment to improve safety and ensuring that the transimisson of infections is reduced through robust implementation of the Infection control policy</p> | | |

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| 3.4 | <p>Will the function, policy or service change affect access to and experience of services?</p> <p>For example</p> <ul style="list-style-type: none"> ○ Healthcare ○ Social services ○ Education ○ Transport ○ Housing | <p>The programme seeks to positively influence healthcare, social services and housing for some parts of our communities. There is no direct impact on how people access and experience Education Services. Transport plans will need to be considered as part of significant service changes where hospital sites and out-patient bases are being changed.</p> <p>This will be achieved through</p> <ul style="list-style-type: none"> • Collaborative working • Providing people with the skills to access education • Ensuring that individuals are able to access transport • Create accessible and friendly facilities for treatment and support. | | |
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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 3.5 | <p>In relation to the protected characteristics and other groups identified:</p> <p>What are the potential impacts on health?</p> <p>Will the function, policy or service change impact on access to health care? If yes - in what way?</p> | <p>Yes. The programme seeks to have a direct and positive impact on health, particularly for people with Mental Health or Learning Disabilities related needs, and in a range of ways.</p> <p>These will include:</p> <ul style="list-style-type: none"> • Participation and engagement with service users • Ensure services are easily accessible through appropriate referral routes. • Create a range of interventions that can be delivered flexibly. Including digital delivery, self help and social support through Link workers. | <p>Ref : Strategy P8</p> | |

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SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
|------|--|---|--|---|
| 4.1 | <p>Is the purpose of the financial decision for service improvement/redesign clearly set out</p> <p>Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at</p> | <p>Tayside Inpatient Mental Health and Learning Disability Services are budgeted for within the overall budget within NHS Tayside. Community Mental Health Services are budgeted for within each Integrated Joint Board and supported by local partners. A financial framework to support the strategic direction of the improvement programme and a shift in the funding balance from inpatient to community-based provision</p> | | <p>A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream,</p> |

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| | | will be achieved wherever possible. Changes in funding will take account of the EQIA carried out by each workstream. | | |
| 4.2 | <p>Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision making</p> <p>Have you identified methods for mitigating or avoiding any adverse impacts on equality groups</p> <p>Have those likely to be affected by the financial proposal been consulted and involved</p> | <p>Yes</p> <p>TBC</p> <p>This will be integral to each workstream and decision-making guided by a Programme Board which includes stakeholders, advocates and people with lived experience.</p> | | <p>A financial framework to support the programme will be developed and will be in line with the outcomes and mitigations required in the EQIA for each workstream.</p> |

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SECTION 5 – Involvement, Engagement and Consultation (IEC)

| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 5. | Involvement, Engagement and Consultation (IEC) <ul style="list-style-type: none"> ○ What existing IEC data do we have? ○ Existing IEC sources ○ Original IEC ○ Key learning ○ Have staff Networks been part of the consultation? (where required and not limited to, nor to exclude any other | The programme has engaged with and intends to continue to engage with all relevant stakeholders throughout all phases of service development; from needs assessment, translation of need into service planning, implementation and review of outcomes being sought. This includes the voice of those with lived experience and those involved in the care of, and delivery of care for people who need and use our services. The Programme Board includes representation from people with experience of | LLW Communications and Engagement report details the approach, reach and achievements around communication and engagement which enabled the coproduction of the strategy. | Communications and engagement plans for each work stream are in the process of being developed. |

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| | <p>community involvement, engagement and consultation).</p> <ul style="list-style-type: none"> ○ Do you have lived experiences? <p>What further IEC, if any, do you need to undertake?</p> | <p>interacting with our services as well as a range of subject matter professionals and accountable officers. The membership is designed to ensure that conversations, decisions and actions within the programme are underpinned by the principles of codesign, coproduction and codelivery. In addition, existing mechanisms for engagement within our communities have been mapped and these mechanisms will be used throughout the lifespan of the programme until outcomes are achieved. Finally the programme intends to seek feedback from existing networks across Tayside including but not limited to:</p> <ul style="list-style-type: none"> ● BAME network ● Disability network ● Carers network and | | |
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| | | <ul style="list-style-type: none"> • LGBTQIA+ <p>This feedback will ensure that the ambition of improving Mental Health and Learning Disabilities Services for all is realised in a way which leaves nobody behind.</p> | | |
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Section 6 – Have Potential Negative Impacts been Identified?

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| Item | Considerations of impact | Outcomes Explain the answer and if applicable detail the Impact | Document any Evidence / Research / Data to support the consideration of impact | Further Actions or improvements required |
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| 6. | <p>Have any potential negative impacts been identified? If so, what action has been proposed to counteract the negative impacts? (if yes state how)</p> <p>For example:</p> <ul style="list-style-type: none"> ○ Is there any unlawful discrimination? ○ Could any community get an adverse outcome? ○ Could any group be excluded from the benefits of the function | <p>Potential negative impacts of the programme may include the impact of changes in configuration and relocation of existing services. For example, it may be necessary to relocate Inpatient beds to achieve greater benefit for all Tayside communities. That may in turn mean that some communities will see beds move further from them. In these cases, care will be taken to ensure that the rationale for such decisions is clear, and that the possible perceived negative impacts on some people will be minimised and appropriately managed to ensure that the standard of care on offer is not compromised.</p> | <p>The strategy sets out what we understand about the population we serve, what changes we and they are planning to make and how engagement will underpin the programme.</p> | <p>In addition to a commitment to continue engaging with people who use our services and those who care for them, the programme governance and infrastructure is designed to ensure that risks are articulated, that changes and outcomes are coproduced and agreed, and that measures to track progress towards those outcomes are monitored and reviewed and acted upon where necessary.</p> |

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| | <p>/ policy? (consider groups outlined in 1.2)</p> <ul style="list-style-type: none"> ○ Does it reinforce negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?) | | | |
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Section 7 – Data and Research

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| 7. | <p>Data and Research</p> <p>Is there need to gather further evidence / data?</p> <p>Are there any apparent gaps in knowledge / skills?</p> | <p>A needs analysis required to understand nature, prevalence and volume of need across our communities, and how our services and resources should be configured to best meet that need. The needs analysis will include a skills and workforce assessment to inform if and how our workforce needs to change in order to make best use of our resources in line with need.</p> <p>Data is also required to inform progress of the programme and the extent to which the programme’s stated outcomes have been met or are yet to be met.</p> |
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Section 8 – Monitoring Outcomes

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| 8. | <p>Monitoring of Outcome(s)</p> <p>How will the outcome(s) be monitored?</p> | <p>Through 2022-23 the governance arrangements are being refined. The programme reports to a Programme Board, which in turn is responsible for reporting progress and issues to the Executive Leadership Group. The Executive Leadership group is accountable to each Integration Joint Board and NHS Tayside Board.</p> <p>Measures and outcomes are in the process of being agreed for each work stream within the programme. These will be included in regular reporting to the Programme</p> |
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| | <p>Who will monitor?</p> <p>What criteria will you use to measure progress towards the outcome(s)?</p> | <p>Board and to inform communication with stakeholders more broadly on the progress of the programme.</p> <p>Each identified area has its own Clinical and Professional Governance arrangements and these in turn will feed into a Tayside wide Mental Health Clinical Governance Forum. Key Performance Indicators have been identified to support the governance arrangements .</p> |
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Section 9 – Recommendation(s)

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| 9. | <p>Recommendation(s)</p> <p>State the conclusion of the Equality Impact Assessment and any recommendation(s)</p> | <p>The Equality Impact Assessment concludes that the programme will not adversely affect people with protected or other characteristics. Indeed, successful delivery of the outcomes will result in a range of improvements for the people of Tayside in relation to those experiencing Mental Health and Learning Disabilities.</p> <p>It is recommended that the transformation of Mental Health services within Tayside progresses through a collaborative approach.</p> |
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Section 10 – Progress to Completion

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| 10. | <p>Completed function/policy</p> <p>Who will sign this off?</p> <p>When?</p> | <p>Initial EQIA complete.</p> <p>Further revisions following EQIA for each individual workstream.</p> <p>Executive Leadership Group to ensure whole system approval.</p> <p>14 June 2023</p> |
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SECTION 11 – Publication

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| 11. | <p>Publication –</p> <p>Where will it be published and who has responsibility to publish it?</p> | <p>NHS Tayside website/Living Life Well microsite</p> |
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| <p>Please also provide a copy of the approved EQIA following approval from the appropriate committee. Please email a copy to tay.corporateequalities@nhs.scot and a copy will be uploaded to the Equality and Diversity page on Staffnet and on the NHS Tayside Equality and Diversity public Internet page.</p> | |
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SECTION 12 – Fairer Scotland Duty Assessment

Each EQIA must have a supporting Fairer Scotland Duty Assessment to declare if the Duty has been applied or not. Please complete either section 12A – ‘Fairer Scotland Duty Assessment not Required Evaluation Tool’ or Section 12B – ‘Fairer Scotland Duty Assessment Applied Evaluation Tool’.

SECTION 12A – Fairer Scotland Duty Assessment Not Required Evaluation Tool

| | |
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| Title of the programme/ proposal/decision | |
| Programme/ proposal/ decision implementation date | |
| Directorate/ Division/ Service/ Team | |
| Responsible officer for taking decision | |
| Who else was involved in taking the decision | |
| Was the decision taken by a partnership? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Rationale for decision | [Delete after completing: Please record why an assessment under the Fairer Scotland Duty is not required and what your justification is for making that decision. This must include confirmation that the programme/proposal/decision concerned does not constitute a strategic decision and/or has no relevance re socio-economic inequalities - see, in particular the examples held in the Defining Inequalities of Outcome section of the guidance.] |

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| <p>Declaration: I confirm that the decision not to carry out a Fairer Scotland Duty assessment has been authorised by:</p> <p>Name and Job Title: Date Authorisation given:</p> | |

SECTION 12 B - Fairer Scotland Duty Assessment Applied Evaluation Tool

| Section 1 - Planning | Fully Met | Partially Met with Some Areas for Improvement | Not Met | Not Applicable |
|---|-----------|---|---------|----------------|
| 1. Due regard was paid during the development of the programme/proposal/decision, with a plan developed early to support the Duty assessment. | | X | | |
| 2. The aims and expected outcomes of the programme/ proposal/ decision were clearly articulated and confirmed at the planning stage. | X | | | |
| 3. Relevant stakeholders were involved in the planning stage. | | X | | |
| 4. The appropriate officers across the organisation were made aware that the assessment was underway and that it could have affected the final decision being made. | | X | | |

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| <p>Based on your responses to the statements above, please provide evidence/ positive examples.</p> | | <p>A communications and engagement subgroup was formed and jointly chaired by NHS Tayside Director of communications and engagement and the Chief Executive Officer of Feeling Strong – a third sector charity. The subgroup had more than 40 members including people with lived experience alongside representatives from the Third Sector, Stakeholder Participation Group, Health and Social Care. Through this mechanism, the strategy was codeveloped following an inclusive, workshop based method. Monthly engagement and media activity supported the development, with the strategy then published.</p> | | |
| <p>Based on the statements above, where could future Duty assessments be strengthened?</p> | | <p>Future Duty assessments would benefit from greater time and support to involve and consider how to involve more people disadvantaged by socio-economic factors. We intend to build Equality, inclusive of socio-economic factors, into work stream discussions, planning and delivery.</p> | | |

| Section 2 - Evidence | Fully Met | Partially Met with Some Areas for Improvement | Not Met | Not Applicable |
|---|------------------|--|----------------|-----------------------|
| <p>1. Evidence was reviewed to identify the programme/ proposal/decision's actual or likely impacts on socio-economic disadvantage and key inequalities of outcome.</p> | | X | | |
| <p>2. Any existing evidence on the effects and effectiveness of the programme/proposal/decision</p> | | X | | |

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| being developed was collated. | | | | |
| 3. EQIA planning work for this issue was reviewed to identify if sex, race, disability or other protected characteristics intersected with socio-economic characteristics and had to be factored into decision making. | | X | | |
| 4. Where possible, new evidence was collected for areas that were lacking in evidence to support decision making. | | X | | |
| 5. Communities of interest (including those with direct experience of poverty and disadvantage) were engaged with in this process. | | X | | |
| Based on your responses to the statements above, please provide evidence/ positive examples. | See response to section A. The codesign phase included contribution from the Fairness Commission, Healthy Minds Network and others, alongside Mental Health and Learning Disabilities specific user groups | | | |
| Based on the statements above, where could future Duty assessments be strengthened? | <p>Some of the right subject matter experts were involved and commented. More involvement could have taken place and over a longer timeframe, and more work to ensure that local need was correctly evidenced now needs to take place. In addition, there are important links to local Community Planning Partnerships and local Health and Wellbeing Networks that will need to be attended to.</p> <p>The programme has developed Engagement Maps for each HSCP</p> | | | |

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| | which set out the engagement landscape and the key mechanisms, groups and individuals that will ensure the programme appropriately evidences need and creates engagement with regard to the Fairer Scotland Duty Act. |
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| Section 3 – Assessment and Improvement | Fully Met | Partially Met with Some Areas for Improvement | Not Met | Not Applicable |
|--|------------------|--|----------------|-----------------------|
| 1. The assessment took place early enough for any impacts identified to inform the strategic decision being made and appropriate action taken. | X | | | |
| 2. The programme/proposal/decision was assessed to identify how it could be improved so it reduced or further reduced inequalities of outcome, with a particular focus on socio-economic disadvantage. | X | | | |
| 3. Senior decision makers were involved in the assessment. | X | | | |
| 4. Any adjustments to the programme/proposal/decision took account of how these could further benefit | | X | | |

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| particular communities of interest or of place, who are more at risk of inequalities of outcome associated with socio-economic disadvantage. | | | | |
| Based on your responses to the statements above, please provide evidence/ positive examples. | As above. The programme represents a work in progress. Work to date has been characterised by activity to be inclusive. As a result, the programme has undergone a number of revisions to ensure that as more information is gathered and understood, decisions about actions and outcomes are informed. | | | |
| Based on the statements above, where could future Duty assessments be strengthened? | Detailed work within work streams now needs to consider the requirements of the Fairer Scotland Duty Act. Further consideration will need to be given to the scope and extent of work required, and how that work can be structured, phased, coordinated and proportionate to the available resource. | | | |

| Section 4 – Decision | Fully Met | Partially Met with Some Areas for Improvement | Not Met | Not Applicable |
|---|------------------|--|----------------|-----------------------|
| 1. As a result of a Duty assessment, any changes required were made to the programme/proposal/ decision. | | X | | |
| 2. There is a collective understanding, including at a senior level, of why any changes, if required, were made and what the expected outcomes are. | | X | | |
| 3. If no changes were required to the | | | | |

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| proposal after a Duty assessment, this was clearly understood by all involved in the process. | | | | X |
| Based on your responses to the statements above, please provide evidence/ positive examples. | See above. Decisions about specific service changes to date have been made in partnership with people who use and need our services and with subject matter experts such as Health Inequalities Officers. Decisions going forward will continue to be made through mechanisms of coproduction and ensuring that all equality considerations, including the FSDA, are part of the process. | | | |
| Based on the statements above, where could future Duty assessments be strengthened? | Future Duty assessments could be strengthened by making clearer the links to Community Planning Partnerships, and, as above, resources and timing of exercises to engage with people well will be necessary. | | | |

| Section 5 - Publication | Fully Met | Partially Met with Some Areas for Improvement | Not Met | Not Applicable |
|--|------------------|--|----------------|-----------------------|
| 1. A record of the Duty assessment has been produced, that clearly and accessibly explains the impact of the assessment upon the process. | | | Not yet | |
| 2. The Duty assessment has been written up as either an annex to a publication setting out the proposal, or as a Duty assessment document published separately or as a | | | Not yet | |

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| separate section within an EQIA. | | | | |
| 3. The Duty assessment has been signed off by an appropriate officer and published where it can be easily accessed. | | | Not yet | |
| Based on your responses to the statements above, please provide evidence/ positive examples. | To be collated. | | | |
| Based on the statements above, where could future Duty assessments be strengthened? | By involving people with lived experience and who face socio-economic disadvantage in our change programme we will identify the particular challenges and potential adverse impact on outcomes that may arise from changes to service delivery. Wherever possible this will be highlighted at the outset and be taken into account in the design of the change to ensure that appropriate and practical mitigations can be made. | | | |

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Summary Sheet: Outcome of Equality Impact Assessment

Positive Impacts

(Note the groups affected)

The programme seeks to improve life for anyone in Tayside who either has, or is connected to, someone with a mental health or learning disability need. The programme therefore seeks to positively impact all groups with protected characteristics and those with other characteristics.

Negative Impacts

(Note the groups affected)

The programme is designed with the acknowledgement that people with mental health and learning disabilities are often disadvantaged in multiple ways and those with protected characteristics will experience disadvantage to a greater extent.

The coproduction, inclusivity and engagement that has characterised the programme thus far needs to continue into the detailed work stream planning and delivery. To this end each work stream is now asked to build into its planning approach consideration of matters of equity, and in particular issues of equity connected to protected characteristics and socioeconomic factors. Finally each workstream will evaluate, with the people who use and need our services, the extent to which the outcomes being pursued are being met. These steps will ensure that the programme continues to deliver benefits for all, and does so in a way which identifies addresses and closes the gaps in inequality that people experience.

What if any additional information and evidence is required?

Each work stream will conduct a separate EQIA and is developing a communications and engagement plan. Together, these documents will provide detail on the potential impacts of each work stream, will ensure that issues of equity remain central to delivery of outcomes, and will ensure that the commitment to coproduction is realised.

From the outcome of the Equality Impact Assessment what are your recommendations? (refer to section 5 - 12)

We recommend the Mental Health and Learning Disabilities Whole System Change Programme be supported and endorsed.

The programme represents a commitment to improve life for people with Mental Health and Learning Disabilities needs, and those connected with a similar need, in Tayside. There are several opportunities to do so which range from antenatal life through to end of life. The programme will improve the lives of all people across the Tayside geographical area connected to Mental Health and Learning Disabilities, and will specifically improve aspects of care through the spectrum of needs, from whole-population level needs, right through to highest acuity need. To date, the programme can demonstrate the positive impact of engaging widely and inclusively on its plans, and engaging with subject matter experts operating in the Inequalities domain. The programme acknowledges and places high importance on its commitment to continue to consult, involve and engage with the people who will experience improved outcomes from the change the programme plans to make.

This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.

MUST BE COMPLETED IN ALL CASES

Manager's Signature

Jacque Pepper

on behalf of the Executive Leadership group

Date

14 June 2023

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