


**MINUTE OF HEALTH, CARE AND WELLBEING EXECUTIVE BOARD HELD ON 22 NOVEMBER 2018**

- Present:** David Lynch, Dundee Health and Social Care Partnership (Chair)  
Peter Allan, Dundee City Council  
Elaine Cruickshank, NHS Tayside  
Allison Fannin, Dundee Health and Social Care Partnership  
Christine Lowden, Third Sector Interface  
Councillor Ken Lynn, Dundee City Council  
Diane McCulloch, Dundee Health and Social Care Partnership  
Jane Martin, Dundee City Council  
Arlene Mitchell, Dundee Health and Social Care Partnership  
Joyce Thompson, NHS Tayside  
Bailie Helen Wright, Dundee City Council
- In attendance:** Sheila Allan, DCC Community Health Inequalities Manager  
Ruth Brown, Mental Health Networking Co-ordinator, Third Sector Interface  
Kathleen Sharkey, Minute Taker
- Apologies:** Dr Jane Bray, NHS Tayside  
Ann Eriksen, NHS Tayside  
Kathryn Sharp, Dundee Health and Social Care Partnership  
Suzanne Smith, Police Scotland  
Graham Wark, Leisure and Culture Dundee

	<u>ACTION</u>	<u>BY</u>
<p><b>1 WELCOME AND INTRODUCTIONS</b> David welcomed everyone to the meeting and noted apologies as above.</p>		
<p><b>2 MINUTE OF PREVIOUS MEETING HELD ON 27 SEPTEMBER 2018</b> The minute of the meeting held on 27 September 2018 was accepted as accurate.</p>		
<p><b>3 ACTION POINTS UPDATE</b> Allison advised that the majority of the actions had been completed and some transferred onto the workplan. Other progress/completion was noted and the action plan updated accordingly.</p> <p>Elaine now has the final draft of the 1<sup>st</sup> annual report on the Tayside Plan for Children, Young People and Families 2017-2020 for Board members' information/interest (embedded below).</p> <div style="text-align: center;">  </div> <p><b>Tayside Plan annual report 2017 2018FIN</b></p>		
<p><b>4 PERFORMANCE MANAGEMENT</b> Alison spoke to the report which provided the Health, Care and Wellbeing Executive Board with high level performance information in relation to the achievement of the City Plan Outcomes for which the Executive Board is responsible.</p>		

Allison highlighted some main points of the report:

- There had been no shift in the performance indicators as these are only updated on an annual basis;
- One action point has been identified as being behind schedule which relates to Mental Health Awareness training. Although a significant amount of training has been undertaken this has not happened as quickly as we would have liked;
- The narratives on obesity, mental health and wellbeing and drug misuse have been updated ;
- Allison is working together with Peter’s team to make sure the reporting timescales suit both the Executive Board and the Partnership Management Group;
- Allison and Peter are also working with other Executive Boards via the Co-ordinating Group to ensure best practice around their performance management reporting;
- Jane Martin said that mental health and wellbeing is a critical action for the Children and Families Executive Board and asked if this group felt they were sighted enough on actions they have been taking such as transitions around vulnerable women which would be relevant to this discussion. Allison thought it was a good idea to get together to centralise the reports and a judgement to be made centrally to see where there are any gaps and to give a more rounded picture. Peter suggested including actions from other boards in the executive plans which were relevant.

**Allison Fannin**

**5 MENTAL HEALTH AND WELLBEING**

**Information Update**

Allison Fannin presented the Board with some data regarding the mental health and wellbeing of people in Dundee. Much of this information has been based on the Strategic Needs Assessment carried out by Dundee Health and Social Care Partnership and this has been updated where possible.



Mental Health and Wellbeing in Dundee

Information and intelligence is provided so that executive board members feel more informed and able to ask the right questions. It was noted that information presented related to adults but that there is also work going on with children and families and we need to ensure these are joined up.

**Prescribing Data**

The high rate of prescribing for mental health issues in Dundee is being discussed by the Mental Health SPG. It was agreed that Allison would work with Arlene to explore what prescribing information could be included within future performance reports.

David highlighted the difference in localities and that work is required to better understand the variation. Not all of the variation can be attributed to deprivation. The work of the LIST team was highlighted as being particularly helpful.

It was noted that most information is provided as a rate rather than an absolute number and that, although rates may vary significantly, the actual absolute numbers may not be significantly different. It was agreed that Allison would ask for absolute numbers to also be reviewed.

**Allison/  
Arlene**

**Presentation by Arlene Mitchell/Sheila Allan/Ruth Brown**

A presentation (copy below) was given regarding Mental Health and wellbeing developments in Dundee by the Mental Health SPG.



Health, Care and  
Wellbeing Executive

External influences that affect partnership developments at this time were highlighted

- **Independent Inquiry** ongoing into Tayside mental health services, focus groups have met re people's experience and written and oral evidence is being analysed. Some themes are emerging – Prevention, the therapeutic environment, the need for a focus on long term recovery and working more closely with the voluntary sector.
- **The Transformation Programme** with regards to mental health and learning disability services. It was noted that the preferred option had been agreed – which would broadly see Carseview becoming a mental health centre of excellence and learning disability inpatient beds being moved to a single site at Murray Royal Hospital in Perth. In recent months there has been quite a lot of activity beyond bed base (including crisis response and home treatment services) which has been very welcome. A strong view has emerged that mental health services should sit in communities and link to other services to respond quickly to people's needs where they are as opposed to a hospital setting.
- **Poverty Truth Commission (PTC)** has been meeting for well over a year and is due to report its findings this month. The PTC includes representation from people directly affected by poverty along with civic commissioners from the city. The PTC has identified priorities for sub groups to work on, including mental health. The group developed a detailed questionnaire which targeted vulnerable groups and gave support to help completed it. This was in addition to a brief staff survey and some focus groups. The sub group explored factors in terms of access to mental health supports. A clear message was given that signposting would have helped, particularly within a general practice setting. Four recommendations have been developed which are to be presented at a meeting next month.

The Mental Health SPG has agreed its Vision and key principles to take work forward. A purely medical model will not address issues for people so 3 principles have been agreed:

1. An integrated approach that brings together medical and social models of mental health
2. An upstream approach that is focused on mental health promotion, prevention and early intervention, as well as services for treatment and care.
3. A person centred and strengths based approach which focuses on recovery, assets, quality of life and hope rather than the deficits and problems of individuals and communities.

In addition 4 strategic priorities have been identified:

- Reducing health inequalities
- Providing the Right Support at the right time
- Prevention/early intervention
- Approaches that focus on recovery

The Board was informed about the ongoing development of social prescribing in the City and the work going on to develop a local framework for social prescribing in the widest sense. It was noted that levels of social prescribing are increasing and that training has been provided to over 1700 staff to raise awareness.

The Board was updated regarding the ongoing work re mainstreaming the pilot for Short breaks scheme for carers and the increase in provision of Low intensity psychological support.

Risks associated with current waiting times were discussed and it was noted that creative approaches to workforce planning were being taken including the development of more associate posts.

It was noted that A&E currently has limited range of mental health supports available which we aim to expand. . *Bailie Wright left the meeting at this point.*

The development of a navigator scheme is being explored which will support people immediately who present in distress.

Much has been learnt to support our focus on recovery this through our experience of making recovery real. The aim is to shift the balance of power to people who have experience of mental health challenges. An extensive range of activities is taking place including, recovery cafes, swap shops, experience sharing groups, and the development of peer volunteering opportunities

The Board was updated re “Action 15” – the national strategy aspiration is to increase the mental health workforce by an additional 800 specialists over next 4 years – 24 people by 2021/22 for Dundee.

We have submitted detailed plans to Scottish Government on how we are using the action 15 monies within the city which has been received quite well. These plans will increase our workforce by more than 24. Action 15 monies will help improve access around primary care, A and E and custody suites in prison.

Arlene was asked about opportunities to develop an in-house service for courts and how this would link to in reach services Arlene agreed to find out more.

**Arlene  
Mitchell**

The board was updated re development of an Enhanced Community Pharmacy support model for mental health and the anticipated outcomes of the Patient Assessment and Liaison Mental Health Service.

David stated that after listening to the presentation and discussion he felt confident in the actions being taken and felt that he and the other executive board members had a greater sense of assurance around this topic.

Peter said he was very impressed and noted that the quality of the co-production had paid dividends. However Peter expressed concerns about the level of resources required to support all the detailed developments.

The Board welcomed the improvements seen in bringing services together rather than working separately and noted that there is scope to make decisive shift in how supports and services are delivered. It was also noted that the SPG is feeling very positive about the direction of travel.

The Board was assured that more clarity around timescales would be known by June 2019.

It was noted that consideration is being given to locality working and that much of the early intervention/prevention work and low level supports will be based in local communities.

David thanks Arlene, Ruth and Sheila for their very helpful and informative input.

**6 WORKPLAN 2018/19**

The workplan had been distributed, there will be some changes in the future meetings of this group – to be advised.

**Allison/  
Kathleen**

**7 FOR INFORMATION**

The following two items were noted for information:

*Briefing re Dundee Health and Social Care Strategic and Commissioning Plan 2019/2022*

*Scottish Government Consultation Paper on Reducing Health Harms of Foods High in Fat, Sugar or Salt*

**8 AOCB**

None.

**9 DATE OF NEXT MEETING**

The next meeting will be held on Thursday 21 March 2018 at 2.00 pm in Room 4.7, Floor 4, Dundee House.