



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
29 MARCH 2023

REPORT ON: MENTAL HEALTH AND LEARNING DISABILITY IMPROVEMENT PLAN

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB15-2023

1.0 PURPOSE OF REPORT

The purpose of this report is to bring forward a detailed Mental Health and Learning Disability Services Improvement plan for approval.

This plan was prepared in response to six recommendations set out in the final report of the Independent Oversight and Assurance Group into Tayside Mental Health Services published in January 2023. It is set in the context of a revised governance structure and work to refine the priorities which had been identified in the Living Life Well Strategy.

In line with section 6.6 of the Integration Schemes for Angus, Dundee and Perth and Kinross Integration Joint Boards, this report is submitted by the Lead Partner Chief Officer to each Integration Joint Board for approval, and, subsequently to NHS Tayside Board, before submitting the plan to Scottish Government by end of March 2023.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the Mental Health and Learning Disability Services Improvement Plan - attached as Appendix 1 to the report;
- 2.2 Authorises the Chief Officer for Perth and Kinross IJB as Lead Partner to submit the Mental Health and Learning Disability Services Improvement Plan to Scottish Government by 31 March 2023 following approval by the three Tayside Integration Joint Boards and consideration by NHS Tayside Board;
- 2.3 Requests that the Chief Officer brings forward a further iteration of the Mental Health and Learning Disability Services Improvement Plan for approval by end of June 2023 which includes detailed plans for implementation in relation to the additional four priorities; and
- 2.4 Notes the revised governance arrangements for the Tayside Mental and Learning Disability Whole System Change Programme – attached as Appendix 2 to the report.

3.0 FINANCIAL IMPLICATIONS

The Mental Health and Learning Disability Improvement Programme will require a financial framework which takes account of the budgets for the entire service landscape in order to support new models of care and a rebalancing towards community provision. This is now contained within the improvement plan as a key deliverable.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The final report of the Independent Oversight and Assurance Group (IOAG) on Tayside's Mental Health Services was published on Wednesday 11 January 2023. The final report followed a 12-month period of engagement with a range of key stakeholders across Tayside. The IOAG's remit was to provide independent assurance to the Minister for Mental Wellbeing and Social Care about progress being made in relation to 49 recommendations made within Trust and Respect, the report of the Independent Inquiry into Mental Health Services in Tayside, Dr David Strang, published in February 2020.
- 4.1.2 The IOAG reflect positively within the report that, whilst there remain areas where the respective RAG assessments differ, there is now more of a shared view about some of the fundamental areas that require further improvement/ attention. The IOAG met many individuals and groups across Angus, Dundee, and Perth and Kinross and NHS Tayside within the course of their work. Their discussions with the workforce, local organisations and people with lived experience was commented upon positively in terms of their keenness to listen and understand, offer constructive challenge and share experience. A number of local services and developments are highlighted as demonstrating good practice.
- 4.1.3 There are six areas of priority laid out in the report. The six priorities are set out in table 1 below.

Table 1 IOAG priorities

| IOAG Priorities | |
|------------------------|--|
| 1 | Progress on "single site"; Strathmartine; and delayed discharges <ul style="list-style-type: none">• Progressing the decision around single site provision in Tayside for inpatient mental health care• The physical environment in Strathmartine which raised concerns for both patients and staff• Addressing the issue of significant delayed discharges, meaning patients are kept in inpatients beds longer than they need to |
| 2 | Streamline and prioritise the change programme in support of Living Life Well <ul style="list-style-type: none">• Simplify governance arrangements• Prioritise areas for improvement• Put in place clear resource framework to support delivery |
| 3 | Making integration work <ul style="list-style-type: none">• Collaborative working to make the new arrangements work in practise• A clear understanding of the role of each partner• The role of TEP in providing leadership to ensure innovation flourishes and sustainable change can take place |
| 4 | Engaging the workforce <ul style="list-style-type: none">• Resources, support, and leadership• Effective engagement in major decisions |
| 5 | Engaging with patients, families, partners, and communities <ul style="list-style-type: none">• Build relationships• Meaningful engagement• Third sector as partners |
| 6 | Continued focus on patient safety <ul style="list-style-type: none">• Systems, processes, and physical infrastructure to ensure patient safety across partners |

- 4.1.4 A detailed improvement plan has been prepared which addresses these six priorities and this is provided at Appendix 1 (The Mental Health and Learning Disability Improvement Plan). Priority 1 seeks progress on the issue of dedicated site provision for inpatient adult mental health services and this is encompassed within a programme of work to redesign adult inpatient mental health services. Priorities 2 – 6 relate to actions which are already being taken forward and for which progress has been reported in previous reports to the IJBs and NHS Tayside Board.
- 4.1.5 In advance of the publication of the IOAG, the recently formed Executive Leadership Group and Programme Board for Tayside Mental Health Services had already begun to refine the priorities for a refreshed Mental Health and Learning Disability Whole System Change Programme. It is positive to see that there is significant overlap and agreement about the focus for a revised improvement programme and the areas identified by the IOAG.
- 4.1.6 The Executive Leadership Group and the Programme Board are in agreement that the improvement programme should also address four of additional key areas as priorities and that these should be developed in a similar format to set out key milestones and deliverables. It is proposed that these will be developed and presented as additions to the Mental Health and Learning Disability Services Improvement Plan by end of June 2023. Together this will form the Mental Health and Learning Disability Whole System Change Programme for Tayside, our whole-system strategic plan for the next 2 years.
- 4.1.7 The additional priorities for the Mental Health and Learning Disability Whole System Change Programme which will be set out in a detailed improvement plan are:
- Whole Systems re-design of Learning Disability Services
 - Specialist Community Mental Health re-design
 - Crisis and Urgent Care Pathway
 - Integrated Substance Misuse and Mental Health Services
- 4.1.8 The development of the improvement plan has been underpinned by a series of engagements and opportunities to comment and influence the content of the plan. This has ensured that it has been prepared in the spirit of openness, transparency and with appropriate engagement on its content. The development of the plan has included discussion and commentary as follows:
- Executive Leadership Group 8 Feb and 15 March
 - Programme Board 15 Feb and 9 March
 - Tayside Executive Partners 28 Feb and 24 March

A series of opportunities to consult and engage has included:

- Members of Integration Joint Boards
- Local Strategic Planning Groups in the three HSCPs
- Area Clinical Forum
- Stakeholder Participation Group
- Area Partnership Forum
- Workstream workshops which included stakeholder and health staff partnership representation

In addition, fortnightly engagement has taken place with the Lead Partner Chief Officer, members of the Programme Team, and Scottish Government Mental Health Directorate officials which has enabled external support and challenge in the process.

4.1.9 The table below is a reminder of the timeline previously approved for the development of the plan.

Table 2 Timeline for the development and approval of a detailed action plan

| | | |
|--------------------|---|---|
| 8 Feb 2023 | Strategic Leadership Group (now renamed the Executive Leadership Group) | Comment on draft plan & agree workstream leads |
| 8 Feb – 7 Mar 2023 | Workstream Leads | Develop <i>final</i> draft plan |
| 15 Feb 2023 | Programme Board Perth and Kinross IJB Angus IJB | Comment on draft plan Asked to approve refined priorities and timeline |
| 23 Feb 2023 | NHS Tayside Board | Asked to approve refined priorities and timeline |
| 24-27 Feb 2023 | Tayside Executive Partners | Asked to comment on draft plan |
| 28 Feb 2023 | Submit high level draft plan to Scottish Government | |
| 15 Mar 2023 | Executive Leadership Group | Comment on draft plan |
| w/b 20 Mar 2023 | Programme Board Stakeholder Participation Group Tayside Executive Partners | Comment on <i>final</i> draft plan |
| 27-30 Mar 2023 | Perth and Kinross IJB Angus IJB Dundee IJB NHS Tayside Board | Approve <i>final</i> plan |
| 31 Mar 2023 | Submit <i>final</i> plan to Scottish Government | |

4.2 Update on strengthening governance

4.2.1 In response to feedback from the IOAG, the Lead Partner Chief Officer has worked in collaboration with the Chief Officers for Angus and Dundee, the Executive Nurse Director as Lead for Mental Health and Learning Disability Services in NHS Tayside, the Medical Director for NHS Tayside, senior officers across partners and the programme team to:

- Revise the governance arrangements, using existing structures and streamlining wherever possible;
- Take account of responsibilities set out in the revised Integration Schemes;
- Clarify decision-making & use of Directions by IJBs;
- Provide a forum to enable collaboration across the three IJBs;
- Resource a permanent programme team;
- Refine and clarify priorities for the 31 workstreams for Living Life Well;
- Provide leadership to increase pace of change and transformation and to focus on new models of care;
- Give prominence to developing a financial and resourcing framework to deliver the programme; and
- Ensure that meaningful engagement & co-production with people with lived experience and across the whole workforce are central to the work

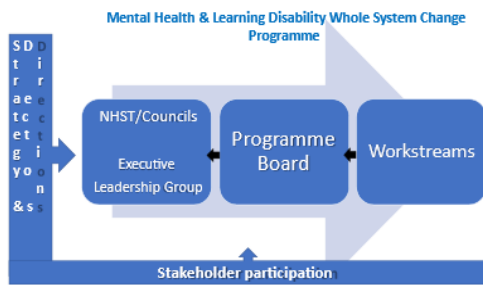
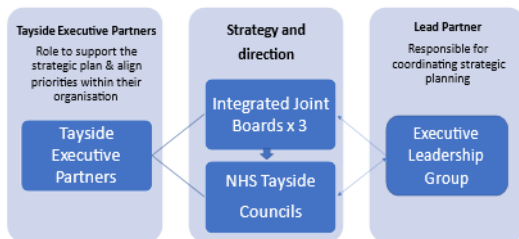
4.2.2 The Integration Scheme approved in June 2022 clarifies that operational management responsibilities for mental health and learning disability inpatient services rests with NHS Tayside and the Executive Lead for Mental Health and Learning Disabilities. The Scheme states that they will have in place appropriate reporting structures which provide adequate and effective oversight and assurance to the Integration Joint Board

in relation to performance, professional, clinical and care governance. It also clarifies that the coordination of strategic planning for Inpatient Mental Health Services and Learning Disability Services is delegated to the Integration Joint Boards.

4.2.3 As previously reported, a review of the governance structures has been underway for Listen Learn Change and Living Life Well and soundings taken from the Tayside Executive Partners, the Strategic Leadership Group, members of the Integrated Leadership Group and the Programme Board.

4.2.4 A new streamlined arrangement takes account of the roles and responsibilities of the parties and delegated functions set out in the Integration Schemes. It also includes the introduction of an Executive Leadership Group (ELG) to bring together senior leaders and provide collective leadership of the whole-system change programme. This includes the introduction of Executive Sponsors for each element of the action plan/change programme. The Terms of Reference for the ELG are agreed and produced at Appendix 2 (The Terms of Reference of the Executive Leadership Group for the Mental Health and Learning Disability Whole System Change Programme). The Programme Board now reports to the ELG and the Terms of Reference are being refreshed to include a broader membership. These changes are designed to better support transformational change and strengthen reporting on progress to the Integration Joint Boards and NHS Tayside Board. The diagrams below illustrate the relationship and reporting lines.

Mental Health & Learning Disability Whole System Change Programme



4.2.5 A productive workshop took place on 30 January 2023 which involved the IJB Chairs, Vice Chairs and Chief Officers supported by senior officers who led on the development of the revised integration schemes. The aims were to:

- To gain a deeper understanding of the Integration Scheme
- To explore the role and responsibilities of the Integration Joint Board
- To consider the role of the Chief Officer and Lead Partner arrangements
- To highlight the operation of Directions
- To have an open discussion on cooperation and collaboration across the three Tayside IJBs and opportunities for improving governance

This has provided a platform for cooperation across the IJBs and for integration to succeed. This is bringing about confidence in the authority of the IJBs to direct the strategic planning for mental health and learning disability inpatient services and new mechanisms for working together on shared aspirations for these services. The workshop will be of interest for all IJB members, and it was agreed that further sessions will be arranged.

4.2.6 The first of a series of relationship-building experiences involving senior managers and people with lived experience of mental health services and their carers took place on 30 November 2022. This was attended by 10 people and supported by Norman Drummond and Calum MacSween of Columba 1400 who gave their time and experience voluntarily. The Gannochy Trust have also provided a neutral venue free of charge. The experience was entitled *Leading Through Relationships* and was extremely successful in building positive relationships, shared purpose, and values. This was followed by a second event on 12 December 2022. Participants felt listened to, safe and respected. This successful approach has now been considered by the Programme Board and viewed as a productive way to build relationships, involve people with lived experience, and to move from engagement to co-production. A proposal to resource this approach and embed this across the Mental Health and Learning Disability Whole System Change Programme will be brought forward.

4.3 Conclusion

4.3.1 This report updates the IJB on the current position in relation to mental health services across Tayside and steps being taken by the IJBs to strengthen cooperation and in making integration work in this complex area. The work of the Independent Oversight and Assurance Group into Tayside's Mental Health Services has concluded culminating in a final report published on 11 January 2023. The IOAG report sets out six priority areas for improvement and it is reassuring that these correspond closely to the reprioritisation of the Living Life Well workstreams which has been carried out. The Minister for Mental Health and Social Care has requested a detailed action plan which sets out how these six priorities will be addressed. The Mental Health and Learning Disability Improvement Plan has been developed in response to the Minister's request. A draft was prepared by end of February 2023 and over the last few weeks been considered by a number of important groups and stakeholders. This plan is presented to the each of the three Tayside IJBs for approval.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An Integrated Impact Assessment is to follow and will be based on a Tayside wide assessment.

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

DATE: 24th March 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 Jul26-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 31Mar2023 | 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 30Apr2023 | Appraisal and costing of estate options is completed alongside stakeholders, to include consideration of wider estate to support short term service continuity. | |
| 3 | By 31May2023 | 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 30June2023 | Options paper presented to NHS Tayside which aligns with progress of other work streams to support change. | |
| 5 | By 31Jul2023 | Clarity on timescale for Implementation of short-term contingency alongside ongoing engagement with people using the service. | |
| 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. | | | |
| 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 | | | |

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| <p>qualitative assessment of the nature and meaning of the problem from the perspective of those who experience it. It typically has three parallel assessments: Epidemiological analysis, Comparative analysis and Corporate analysis</p> | | |
|--|------------------|--|
| # | Timeline | Activity |
| 6 | By 31Mar2024 | 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 30Sep2024 | Implement data plan |
| 8 | By 30Nov2023 | Workforce and recruitment analysis completed |
| 9 | By 31Jan2024 | 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 30Jul2024 | 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 31Jan2025 | Corporate analysis completed – stakeholder engagement – review/consider findings alongside on the ground expertise and experience to help shape option appraisal |
| 12 | By 31Mar2025 | 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 30Jun2025 | 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 31Dec2025 | Consultation with our communities on the results of the option appraisal |
| 14 | By 31Mar2026 | 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 30Jun2026 | Agree a detailed implementation plan, governance, evaluation plan and timelines which clearly sets out the involvement of staff, service users and providers in the design and implementation of the new inpatient model. Alongside this review the data/intelligence plan to ensure fit for purpose and adapt as appropriate. |
| 17 | July2026 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)

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| 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: Aug 2023 | | Route to Delivery: Operational Line | |
| Milestones: | | | |
| # | Timeline | Activity | |
| 1 | By 28Feb2023 | Analysis of current environment has been completed. | |
| 2 | By 30Jun2023 | Plans are brought forward for a whole system redesign of Learning Disability Services, including consideration of the whole available estate. | |
| 3 | By 31Aug2023 | Environmental concerns that can be resolved within current provision have been attended to, with the appropriate maintenance agreements in place. | |
| 4 | By 31Aug2023 | 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: March 2024 | | Route to Delivery: Programme |
| Milestones: | | |
| # | Timeline | Activity |
| 1 | By 30April2023 | Reasons for significant delay are understood and acted upon. Other relevant services including housing and welfare rights are active participants. Improvement work is underpinned by accurate delayed discharge reports to enable improved tracking of performance. |
| 2 | By 31July2023 | There is a personalised planning process for discharge in place, and information is available on progress and plans for all Inpatients |
| 3 | By 31July2023 | 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. |
| 4 | By 31Oct2023 | Mental Health Planned date of discharge is reliably embedded within GAP Inpatient pathways, underpinned by inclusive approaches to patient involvement. |
| | By 31Oct2023 | Learning Disabilities Planned date of discharge is reliably embedded within LD Inpatient pathways, underpinned by inclusive approaches to patient involvement. |
| 5 | By 30Nov2023 | 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. |
| | By 31Dec2023 | Learning Disabilities 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. |
| 6 | By 31March2024 | Mental Health A commissioning plan is in place to support people with learning disabilities and which will; reduce the likelihood of unnecessary admissions to hospital; reduce the likely hood of unnecessary delays once people are ready for discharge; ensure that community health and |

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| | | |
|---|---------------------------|--|
| | <p>By 31March2024</p> | <p>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 | | <p>Moves to Business as Usual.</p> |

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.

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| Priority 4: Streamline and Prioritise the LLW Change Programme | | Intended Outcome: Streamlined programme, clear governance, appropriate resources for the changes needed. |
|--|--|--|
| Executive Sponsor: • Chief Officer, P&K HSCP (Lead Partner) | Workstream Lead(s): • Programme Manager, Mental Health Whole System Change Programme | Responsible Officer(s): • Chief Officers, Medical Director, Executive Nurse Director |
| Delivery Timeline: • Implement June23 • Review June24 | | Route to Delivery: Executive Leads and Programme |
| Milestones: | | |
| # | Timeline | Activity |
| 1 | By 31Mar2023 | 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 Feb 2023. |
| 2 | By 30Apr2023 | 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 30Jun2023 | The resourcing framework to support delivery of a Whole System Change Programme is agreed and in place, including an outline financial plan. |
| 4 | By 30Jun2023 | 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 30Sep2023 | Detailed Financial Framework including agreed financial recovery actions for inpatient services will be reported to IJBs and NHS Tayside |
| 5 | By 30Apr2024 | 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. |

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| 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: 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 30Jun2022 | 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 30Jun2023 | 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 30Jun2023 | Collaborative working arrangements in place to make the new integration arrangements work in practice. |
| 3 | By 31Oct2022 | Programme support team appointed on a permanent basis, funded by all partner organisations to support change programme. |
| 4 | By 30Nov2022 | Integration Schemes approved by 3 IJBs and Scottish Government. - Complete |
| 5 | By 30Apr2023 | 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 30Apr2023 | 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 30Jun2023 | 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. |

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|----|-----------------|--|
| 8 | By 30Jun2023 | 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 30Jun2023 | The Integrated Joint Boards and NHS Tayside Board have clear systems in place to ensure appropriate directions are provided and decisions made. |
| 9 | By 30Apr2024 | 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 |

Tayside Mental Health and Learning Disabilities Improvement Plan Mar23



| 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: 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: Dec 2023 | | Route to Delivery: Programme | | | | | | | | | | | | | | | | | | | | | |
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| 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: 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: Aug 2024 | | Route to Delivery: Programme |
| Milestones: | | |
| # | Timeline | Activity |
| 1 | By 31May2023 | 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 30Jun2023 | Data about current engagement methods/stakeholders/groups will be analysed and any gaps identified. With good practice highlighted. |
| 3 | By 30Sep2023 | 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 31Jan2024 | A co-evaluation tool will be developed and tested which measures the impact of the change that will be undertaken. |
| 5 | By 30Jun2024 | 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 31Aug2024 | Learning will be shared with all stakeholders. This will inform the next cycle of planning and improvement. |
| 7 | | Moves to Business as Usual. |

Tayside Mental Health and Learning Disabilities Improvement Plan Mar23



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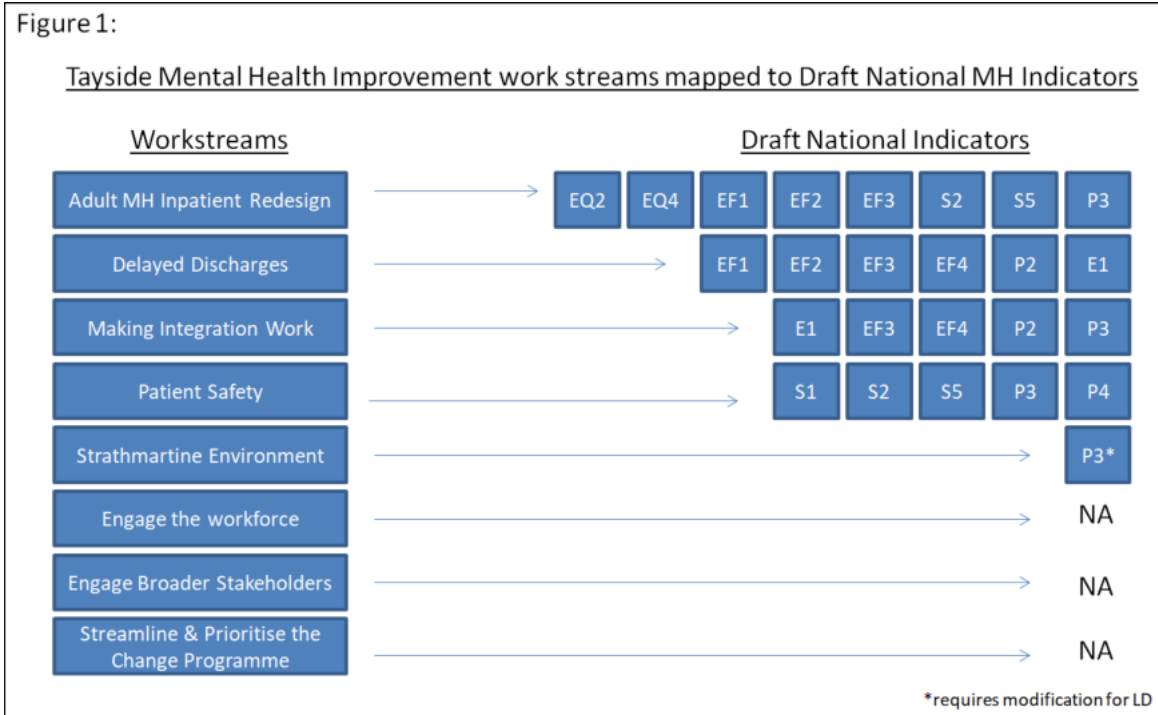
| Priority 8: Continue to focus on Patient Safety | | Intended Outcome: All patients will experience high quality, safe and person centred care every time. | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|----------|----------|---|--------------|--|---|--------------|---|---|--------------|---|---|--------------|--|---|--------------|---|---|--|-----------------------------|--|--|--|
| Executive Sponsor: Medical Director, NHS Tayside | Workstream Lead(s): <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 | Responsible Officer(s): <ul style="list-style-type: none"> Heads of Service/Strategic Commissioning Leads, General Managers, Clinical Leads, Clinical Directors | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivery Timeline: Sep 2023 with the arrangements to monitor the outcome transferred into an ongoing programme centred on Least Restrictive Practice, reviewed in Sep2024 | | Route to Delivery: Clinical Governance arrangement and reporting | | | | | | | | | | | | | | | | | | | | | | | | |
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Tayside Mental Health and Learning Disabilities Improvement Plan Mar23

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

Reference

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

Executive Leadership Group

Mental Health & Learning Disabilities Whole System Change Programme

TERMS OF REFERENCE

| | |
|--|---|
| Author: | Jacque Pepper, Chief Officer/Lead Partner |
| Executive Director Responsible: | Jacque Pepper, Chief Officer/Lead Partner |
| Governance or Assurance Committee | Reporting to <ul style="list-style-type: none"> • NHS Tayside Board • Angus Integrated Joint Board • Dundee Integration Joint Board • Perth & Kinross Integration Joint Board |
| Version Number Date | 1 21 February 2023 |
| Review Date | End of March 2024 |
| Responsible Person | Jacque Pepper, Chief Officer/Lead Partner |

Executive Leadership Group: Mental Health & Learning Disabilities Whole System Change Programme

1. Purpose: Strategic Leadership, Direction & Scrutiny

Provide a whole-system strategic leadership forum to provide leadership and direction to the Mental Health & Learning Disabilities Whole System Change Programme Board;

Provide collective and collaborative leadership for the delivery of the **Mental Health & Learning Whole System Change Programme** and for achieving the best possible care and treatment for the people of Tayside;

Oversee progress and successful implementation of the Mental Health & Learning Disabilities Whole System Change Programme ensuring appropriate priority and pace to the delivery of the **detailed improvement plan** to deliver on the recommendations set out in the final report of the Independent Oversight and Assurance Group (January 2023) and additional priorities approved through the governance route;

Ensure a coherent approach to the coordination and interface of whole system change activity with business-as-usual activity, including the resolution of competing demands;

Jointly scrutinize, support and challenge progress and provide overall assurance that the change programme is delivering the expected benefits at the required pace;

Providing strategic direction for a whole system model of care with optimal resourcing at each tier of care driven by need, and, where possible supports a shift in the balance of care from acute inpatient services to high quality prevention and early intervention at a community level;

Devise and deliver a Mental Health Property Strategy for inpatient mental health and learning disability services and community services;

Ensure a Financial Framework to support the delivery of the programme;

Provide strategic direction for whole system communications, engagement and co-production/design activity;

Provide strategic direction for managing whole system risks and dependencies for the programme;

Provide strategic direction on deployment of resources to ensure programme support, project prioritization and support for delivery; and

Promote an energized culture focused on transformation and whole-system collaborative working.

2. Membership

The membership will be:

1. Chief Officer for Perth and Kinross IJB/Lead Partner Coordination of Strategic Planning (CHAIR)
2. Chief Officer for Angus IJB
3. Chief Officer for Dundee IJB
4. NHST Medical Director
5. NHST Employee Director
6. NHST Executive Nursing Director
7. NHST Director of Facilities
8. NHST Director of Finance
9. NHST Director of Corporate Communications & Engagement

Also attending in support:

- Senior Responsible Officer for Programme Board
- Associate Director Improvement
- Operational Medical Director Mental Health and Learning Disabilities
- Nurse Director Mental Health and Learning Disabilities
- Members of the Programme Team, Workstream leads as required

3. Quorum

A quorum will exist when FOUR members are present at the meeting.

4. Frequency of meetings

The group will meet monthly until April 2024 and at this point the TOR will be reviewed.

Timing of meetings will be scheduled to ensure a timely flow of information from the Mental Health & Learning Disabilities Whole System Change Programme Board and reporting through the governance routes to NHS Tayside Board and the Integration Joint Boards.

Ad-hoc meetings can be called as required.

5. Agenda and Papers

The agenda and supporting papers will be relevant to the business of the day and sent out at least 5 working days in advance of the meeting.

The target day for distribution of minutes will be 1 working week following each meeting.

Secretariat support will be arranged through the Programme Team.

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